



APRRN SEA RMHT
15th June 2012
Working with Children

Derina Johnson
Child and Youth Psychosocial Services


 promoting the mental health and psychosocial well-being of adults and children along the Thai-Burma border

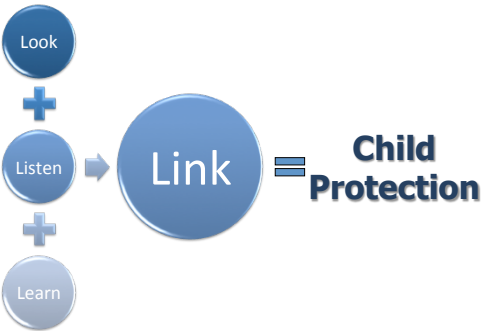



Focus:
Child in Context
Communication and Care
Examples of Child Psychosocial Programs

Self Awareness and Self Care:

- Talking about abuse can be upsetting and distressing
- Self Care:
 - Take breaks when you need to
 - Get a glass of water
 - Go outside
- Peer Support:
 - As a group, let me know when it is too much / need a break


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Preparations for working with children


1. Know yourself & know your motivation
2. Know children and know this child
3. Know your environment & know the context

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1. Know yourself and your motivation
Exercise


Who are you...

- Why do you work with children?
- Which children do you find easy / difficult to work with?
- How do you feel sometimes? Energised? Sad? Impatient? Over-burdened?
- How could different feelings affect your work?

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Who are you? Discussion point

- Who are you in the child's eyes?
- How might that affect their ability to communicate with you? Positive and negative
- Perhaps someone else could or should be present with you so they feel more comfortable
 - Who? teacher / friend / relative




Gender / age / cultural sensitivities:

- Girls and women more comfortable speaking to a woman.
- Boys & men - difficult to discuss sensitive subjects with a woman.
 - Especially around gender based violence where the violation was directed against the child due to her/his sex or identity.
- Age/position in society




2. Knowing children and knowing this child

- Understanding children
 - Abuse
 - Trauma
 - Development
 - Communication
- A child is not just his 'problems' but has a story – what lead the child to being as he is?



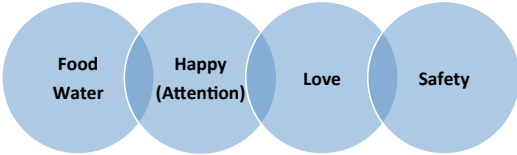

To be a child Activity

- Your childhood – what was that like to be a child?
- Draw a picture of your favourite memory of childhood



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Basic needs of Child: What is most important to children?


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Children's Challenges Distinguishing Differences

Intellectual /
Mental
Disability

Learning
Difficulty

Mental /
Psychosocial
Health difficulty



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Intellectual / Mental Disability (Mental Retardation)

- Occurs as a result of brain damage
 - During pregnancy: Foetal Alcohol Syndrome
 - During birth: Cerebral Palsy
 - Childhood illness: Encephalitis, Mumps
 - Genetic: hereditary / congenital / chromosomal
 - Genetic causes may account for 5%-25% of children with developmental delay

Learning Difficulty

- Learning Difficulty: Not associated with level of intelligence
- Difficulties in learning
 - Dyslexia

Mental / Psychosocial Health Difficulty

- Occurs through life experiences
 - Child Abuse – neglect / emotional abuse (which accompanies each other type of abuse)
 - Childhood Trauma / Ongoing severe stress

Presentations of All can be similar

- **Child with Intellectual disabilities** - lack of self regulation - anger, no boundaries, difficulty expressing self and communicating.
- **Child with learning difficulty** - frustrated, angry and boisterous in class, unable to learn and thus fall behind peers
- **Child after trauma or abuse** - withdrawn, untrusting, fearful – rejecting everyone through anger and violence in an effort of self-defence

Know the background

- Underlying cause is due to a functional difficulty or a coping difficulty?
- Important to understand the history of child

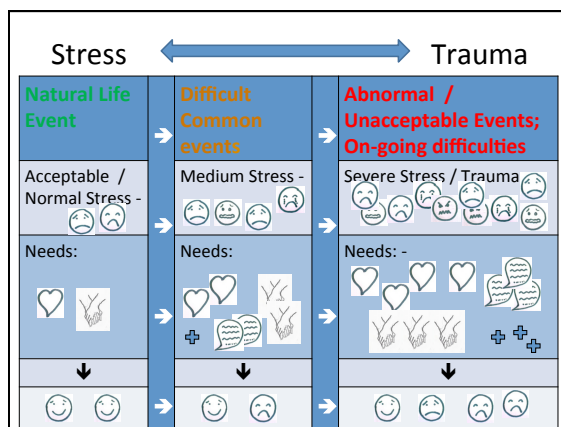
All children can grow and reach their individual potential

Stress > Trauma

Some Stress is Normal

- Important to normalise stress for children when you can: Ok to feel anxious, scared, angry. Let them know that you're confident that they can handle the situation and that you are there to help.
- Explain stress to children: (Balloon exercise)
 - Sometimes people are like volcanoes. We can feel our emotions so strongly, it's like an eruption. When your emotions erupt, you lose control – and that can get you into trouble

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What children need to cope with stress:

- Safe, comfortable environment.
- Proper rest and good nutrition
- Attention and affection

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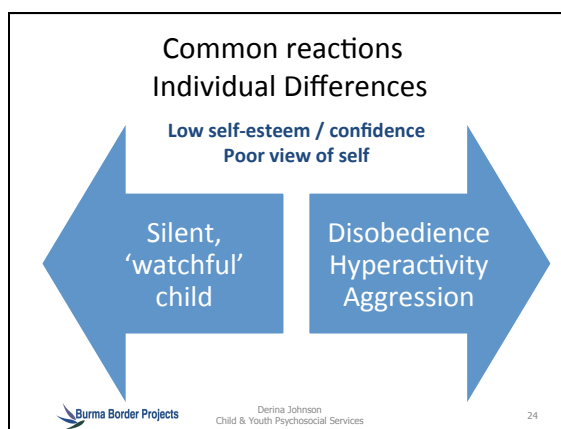
Childhood Trauma & Child Abuse Children's Reactions

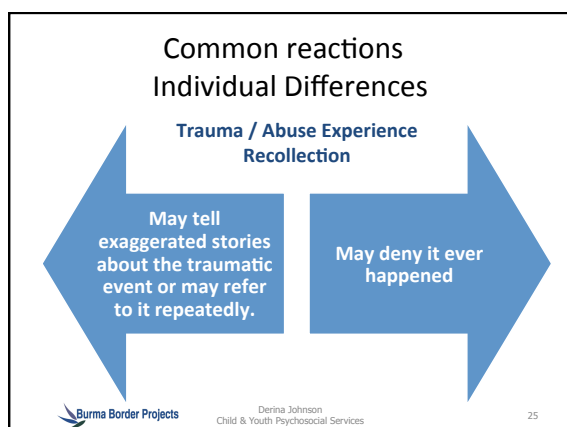
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Common reactions in children

- Very clingy, seeks lots of attention
- Unwilling to leave a place where they feel safe
- Changes in eating & sleeping; wetting / soiling
- Aches and pains in body with no explanation

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**3. Knowing your environment, place
and context**

- Places are emotionally charged for children.
- Where do you meet children for your work? How could that affect how the child behaves / reacts?

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Child in Context

- Community beliefs and traditions impact:
 - how children are treated and cared for,
 - what is appropriate behavior and what is unacceptable behavior

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**Child in Community
Activity**

- In groups:
- Your community: words adults use to talk about children; How are adults expected to talk / act with children? Names they call children – nice / not nice
- How are children expected to talk / act with adults?
- When do children become adults? Legally? Culturally? (i.e .When does the community expect a child to behave like an adult?)

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**Communication
with and by
Children**

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Communication challenges

Sarah, age 5, showed the interviewer her dress when asked for her address. The interviewer questioned her ability to communicate.

However, Sarah knew the answer to the question
“where do you live?”

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Children's expectations / fears with adults

- Am I safe?
 - I don't know you. Will I be safe with you? Is this a safe place? What is going to happen to me here? What are you going to do with me?
- Can I cope?
 - What if I can't do what you ask me to do? What if I don't know the answers to your questions? What if I say or do the wrong thing?
- Will I be accepted?
 - Will you like me? Will you like what I do? What can I do to make sure you like me?

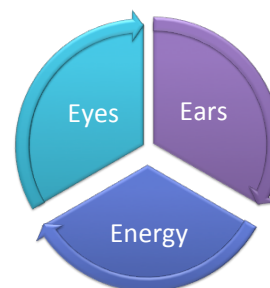
How children communicate

- Verbal and non-verbal clues and signals
- Physical and behavioural signs and symptoms
- CAUTION: should be viewed in context of child and their individual situation as there may be other explanations

Exercise How do children communicate?

- To explore the ways children communicate that may be the same and different from adults
- Think of times you have noticed children communicating with you or other children
 - When do they use words? When do they show you? When is it difficult to understand what they mean?

Helping children communicate



Eyes Ears Energy

- EYES: Keep your eyes on the person you are talking to
- EARS: Block out extra noise, don't listen to others around you; if you are talking to someone, you should only hear what they are saying
- ENERGY: Put all your energy into the person you are dealing with, don't work on anything else or try to do two things at once

Talking to an abused child

- Be open and remain calm.
- A common reaction to news as unpleasant and shocking as child abuse is denial.
- However, if you display denial to a child, or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down.
- As hard as it may be, remain as calm and reassuring as you can.

Interviewing a Child

Interviewing Skills

- Sometimes you will have to carry out more formalised interviews in cases of abuse in order to fill out necessary paperwork.
- Important:
- Child comes first, the paperwork second.
- If time is limited, that is not their problem. They need whatever time they need to get through what they need to say.

Where to conduct the interview

- Quiet, private space, where the child can feel comfortable and safe. If possible let them choose it.
 - If perfect is not possible > most suitable place?
 - What type of places are good / not good?
 - Consider: privacy, safety, non-distracting environment
- Who else should be present?
 - Parent / teacher / relative / friend

Explain, explain, explain...

- Children respond really well to clarity. If they have been abused, they will be used to secrecy and lying. They will also be more likely to be open with you if you are open with them

Explain – 3 steps

- Explain who you are, who you work for and why you are there
 - I am... I work for... If you feel comfortable, I would like to ask you some questions about what happened to you.
- Explain to the child that you understand this is scary and that you want to ask some questions about when they were hurt etc.
- Explain to the child that you are interested in hearing what they think/feel about what happened to them.

Encouraging openness

- Even if a parent or carer has indicated consent NEVER try to make / persuade a child to talk.
 - Research has shown that this may influence negatively a young child's report about sensitive topics (such as abuse). (Ceci & Bruck 1993)

Reassurance

- Children usually feel that they are to blame when bad things happen. They need reassurance over and over again:
- “You did nothing wrong. I’m not here because you are in trouble.”
- Remind them there is no right or wrong answer – their story is most important
- Children usually try to work out what they think an adult is wanting or expecting them to say and will say this, rather than what actually happened



Finding their ‘words’

- Some children may not have the words to describe their experiences, for instance sexual assaults – listen carefully and do not expect specific words or descriptions that an adult may use.



No ‘Why’ Questions

- Avoid asking ‘why’ questions.
- Children don’t know why adults do things and usually feel that they are to blame when bad things happen.



Taking Notes

- If you are taking notes during the interview: Let the person/child know why you are doing so.
 - “I know I’m taking lots of notes, it is because I really want to get everything right as your story is important to me”
- If appropriate, you may want to read a little of what you have written to make sure you got it right, and/or so they know what you’ve been writing about them



Slowly, Slowly

- Be mindful of the attention span of your interviewee, especially as they may also be in a lot of pain.
- If they get too uncomfortable or upset, stop and take a break. Move away from the issue.
- Take breaks as you or they feel necessary.
- Make sure there is someone nearby to comfort them if they get too upset.




Flashbacks

- When? Child’s face goes blank; body seems ‘frozen’ OR child lashes out when someone accidentally brushes against them
- May occur randomly or when child is remembering or talking about event
- What is it? Child may be unable to tell you what is happening; but they may be re-experiencing the trauma / abuse




Flashbacks 2 When you notice

- Gently bring the child back to the present
- Speak calmly, encourage child take a deep breath
- Let the child know where she is and remind her who you are. Tell her the day, the time. Be gentle.
- Reassure the child
 - 'You are safe. No one is being hurt, you're not being hurt, nothing bad is happening right now, you are okay.' 'Breathe. You are safe'
- When she is calm offer a drink of water or wash her face.


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Flashbacks 3

- Pick an object which means safety for her - a stuffed animal, a squeeze-ball, a simple stone she can hold or keep in her pocket
- Help her put into words what happened – “a police car went by, but it is gone now. Everything is okay here.” or “There’s a child crying outside, and she is being helped” or “So and so bumped into you by mistake and you got upset.”



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Ending the interview

- Respect the child’s confidence.
 - Put away your notes carefully
- Do not talk about the child with their carers or your colleagues in front of them.
- Make sure there is someone who can comfort them afterwards if they are upset



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Psychosocial Support


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Designing a psychosocial program

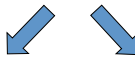
- Can look very differently
- Sri Lanka - # of different programs!


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Psychosocial Care


Is there a correct way and an incorrect way?

Aim



To learn or To express

“I will show / teach you the correct way” “I want to know more about you”


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Fun Rules & Routine

- Small number of simple, positive rules / guidelines
'be kind to each other'
NOT negative "no fighting" or "no teasing"
- Create a Coloring Book / Children can act out the rules – that way they practice the behavior
- Create a poster of pictures of the positive behaviour (as many children cannot read)
- Establish and maintain daily routines
 - Clear Daily Schedule – regular morning & evening routine

Praise and encouragement

- The more attention children get for the good things they do, the more they want to repeat the behaviour.
- However, we often give attention and energy to the times when children do things wrong
- Start day with 5 pebbles in your right-hand pocket OR 5 elastic bands on your right wrist
- Praise a child, move a pebble to your left hand pocket or a band to your left wrist. By the end of the day, you should have 5 pebbles or bands on the left

Teach through fun

- Safe Touch
 - Very serious topic taught through games and interaction

The Importance of Play

- Play is the most important thing a child can do.
- Play is not only fun and makes children happy but it is a great way for them to learn - about their bodies, their environment, and the people and objects around them.

Play is "serious business"

- Through play, a child develops self-confidence, learns to express feelings, make decisions and cope with life.
- It is the way a child learns how to be a future adult

Play – Me and You

- What I like about me:
 - I like my _____
 - I'm really good at _____
 - I have a great _____
 - I like to _____
 - I am proud of _____
- What I like about you:

Play - Drawing

- Ask the child to draw what kids are scared of (Say that it is okay to be scared of some things).
- Let the child tear the drawing apart or cross out the scary things or stomp on it.
- Then, ask the child to draw something that makes him/her happy (Tell him to think about them when he's scared or not happy).
- Purpose: This gives the child voice his fear, remind him of happy things, and makes him feel better that a kind adult is with him to listen to him.

Play - Superhero

- Pretend that you are a Superhero who has never been invented before – What do you look like? What are your superpowers? How do you use them?
- Now: invent your Superhero - draw your Superhero in action! (6-part story)
- How could this be useful for children?

Youth

- Difficult population all over the world
- Life-skills either directly to adolescents or through teachers
 - Self Identity
 - Role Models
 - Stress / Anger
 - Self-Expression
 - Peer Support & Peer Pressure

Psychosocial Programs - examples

Classroom Based Intervention Burundi & Indonesia 2002

- Aimed at children with psychosocial problems, at risk of developing disorders
- Combining cognitive-behavioral techniques (psycho-education, safety building, relaxation, exposure-techniques) with creative-expressive therapy techniques:
 - Symptom reduction (e.g. PTSD, depression, anxiety)
 - Strengthening resilience (e.g. hope, coping, social support)

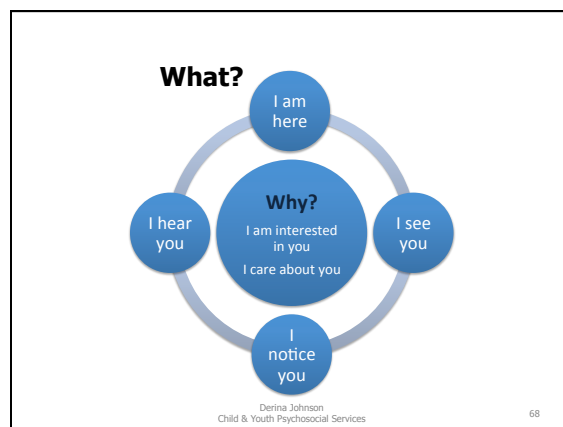
Result CBI Burundi & Indonesia

- Burundi – no benefit
- Indonesia: an effect of treatment for:
 - Girls: PTSD symptoms, function impairment, hope
 - Boys: Hope
- Why different?
- **Severe damage of civil war and poverty on families, schools, and communities. IMPORTANT: Basic care may need to be addressed first.**
 - Interaction with poverty was highlighted

Mae Tao Clinic – Child Recreation Centre



An Introduction by Burma Border Projects



What?: “I am here”

How?

- Sit facing them and at the same eye level
- Smile, give eye contact
- Listen
- Follow them as they move
- Show them your full attention and respect as another person

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What? “I hear you”

How?

- Say what the child says
- “They are friends”

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What? “I see you”

- HOWEVER As we know sometimes children do not talk!

How?

- Say what the child does
- “They are fighting now”
- “You are using a different colour”
- “You are not sure what to do next”

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What? “I notice you”

How?

- “Ah” ; “Um” ; “I see”
- “You are working really hard at that”
- “You’ve used lots of colours”
- “You always want your little brother to be happy”

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Care for Carers

Care for carers

FACT: working with children is difficult

- Think of your work
- Think of the positives and negatives that come with your work
- How does it divide? Half & half? More one way or the other?
- Fold a sheet reflecting this division – and show it through colours, symbols, textures

Do you ever feel?

- Increased irritation or impatience with children
- Difficulty planning and doing usual work
- Decreased concentration
- Denying that traumatic events impact children or feeling numb or detached
- Intense feelings and intrusive thoughts that don't lessen over time, about a child's trauma
- Dreams about children's trauma

Compassion & Satisfaction

- There are lots of positive as well as negatives about our jobs as carers
- Positives include – “I like being a caring person”
- Negatives include – “Nothing I do makes a difference” or “I can't concentrate on anything due to thoughts about a child”

Compassion Fatigue = Carer overload

- The negative impact on ourselves from caring for people can be broken down into two main categories:

Burnout & Secondary Traumatic Stress

Burnout

Happens gradually, they build up as a result of ongoing difficulties or feelings of hopelessness in your work

- Feel worn out
- Feel helpless to help children's situation
- Notice you are beginning to care less about things
- Feel impatient and less understanding, putting less importance on the impact of the trauma or stress on the child

Secondary Traumatic Stress

Can happen quickly as a result of a particular event – when you are exposed to others' extremely or traumatically stressful events

- Upsetting images or thoughts pop into your head
- Cannot concentrate
- Feel anxious about various things all the time
- Feel depressed because of the situations and traumatic experiences of the children
- Have dreams of the various stories and children
- Avoid things that they remind us of the frightening experiences of the children



Compassion Fatigue what to do?

- Self-care
- Daily practice of relaxation skills is very important for your wellness.
- Talk to colleagues / friends / family
- Take care of it now to prevent illness or worsening of symptoms



Self compassion

- Be kind to yourself
- Be gentle with yourself
- Be patient with yourself
- Understand you cannot be perfect
- Understand that you did not create this situation
- Talk to people who love and care for you



- Very important – treat yourself how you treat the children
- What is the one thing that is central to your work?
What is the one thing you like to show children?
 - Show it to yourself!
- Self Care skills
- The Wave



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FURTHER INFORMATION

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Child Rights – UN CRC

- Child < 18 years
- Right to Life = nutrition, shelter, adequate living standard, medical services
- Right to Develop = education, play, leisure, cultural activities, religion
- Right to Protection = protection against all forms of abuse, neglect and exploitation. Special care for refugee children.
- Right to Participate = freedom to express opinions about matters affecting their lives



What are adults' responsibilities to children and their development?

- Physical Development:
 - Physical Care: food, drink, warmth, shelter, clean and appropriate clothing and hygiene.
 - Safety: Protection from harm or danger.

What are adults' responsibilities to children and their development?

- Psychological / Emotional Development:
 - Child feels valued
 - Providing safe, stable and affectionate relationships
 - Showing warmth, praise & encouragement
 - Giving comfort and cuddling.

What are adults' responsibilities to children and their development?

- Social Development:
 - Providing opportunities to interact with other children
 - Teaching appropriate social behaviours
 - Setting boundaries, effective discipline

Behavioural Signs - Physical Abuse

- become quiet & withdrawn
- talk to only those they trust
- angry, frightened, fearful
- bully others

Behavioural Signs - Sexual Abuse

- Unusual fear in 'normal situations' e.g. toilet time / changing clothes
- Spontaneously describing sexual experiences
- Inappropriate sexual knowledge – shown verbally or through play with peers, toys or drawings
- Sexualised behaviour – squirming, rocking, stimulation with sticks etc
- Nightmares, bedwetting, reluctance to go to bed
- Sudden changes in mood / altered attitudes to certain adults

Behavioural Signs - Neglect

- Sad, dejected, passive
- Poor hygiene & health
- Poor body regulation – bloating, gas
- Developmental delays – intellectual disabilities – poor academic progress

Behavioural Signs - Emotional Abuse

- Poor / unusual interaction with parents & carers
- Unusual reactions / fear in normal situations
- Passive to change in carers / over-affectionate
- Self-stimulation – rocking / head banging
- Stealing (not due to need), Lying, Disruptive in school, Drop out of school / repeated lateness
- Low self-esteem/confidence; poor self image – silent, 'watchful' child
- Wetting and soiling
- Loss of vitality/energy; tiredness

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Reactions by age Children ages 1–4

- Find it hard to adjust to change and loss – need parents, family members, and adult carers to help them through difficult times.
- May fall back to an earlier developmental stage (act like a younger child)
 - E.g. thumb-sucking or bedwetting, or may become afraid of darkness, or “monsters.”

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Reactions by age Children ages 5–11

- May have some of the same reactions as younger children.
- May withdraw from peers, compete more for the attention of care-givers; and may return to more childish behaviours
- At school, become aggressive, or find it hard to concentrate.

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Reactions by age Children ages 12–14

- Often have vague physical pains / sickness.
- Compete for attention from care-givers;
 - or, may withdraw, resist authority, become disruptive
- Begin to experiment with high-risk behaviours - alcohol or drug use.
- *In later adolescence, teens may experience feelings of helplessness and guilt because they are unable to be a 'proper' adult and take care of their loved-ones.
- *Older teens may deny the extent of their reactions to the traumatic event.

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