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# **Helping Children and Families with Special Needs: A Resource-Oriented Approach**

Henning Rye

## **Contours of a “paradigm shift”**

Current ideas about how we can best help children and adolescents and their families are undergoing significant change at the present time, particularly when compared with previously accepted ideas and assumptions.

This change has even been referred to as a “paradigm shift”, although whether we can actually describe it as such is perhaps a matter of debate. Nevertheless it seems clear that we are undergoing a change in our assumptions about how to best enhance a child’s development of self-awareness and competence, a change that implies a radical shift in insight and, consequently, ways of thinking and acting. This kind of change, however, takes time. It is an evolutionary process towards a radical new way of thinking about how we can enhance the self-worth of both parents and children, and the discovery of their own resources and opportunities for growth. Traditional beliefs and professional practices are challenged. As this shift touches on the very core of our understanding of how we can help children and parents, traditional beliefs and professional practices are challenged.

We can look at this evolutionary process through three perspectives regarding services for children and families with special needs. First, by considering the changes in professional philosophy, attitudes and practices. Second, by considering the philosophical and conceptual developments reflected in the scholarly literature. And third, by considering the impact of the recent acknowledgement of children’s psychosocial needs and the role parents and teachers play in children’s development and learning.

### ***Professional philosophy, attitudes and practice***

Let us first take a look at changes in professional philosophy, attitudes and practice connected to helping children with special needs. Both specific intervention measures, and the philosophy behind them, have changed significantly over the last 30 years.

From the Second World War through the latter half of the 1970s, intervention was dominated by

what we can call a “professional-centered” approach. This orientation implied that professionals made the diagnosis, prescribed treatment, and were responsible for its implementation. The treatment process left little room for the participation of parents or other care-providing professionals, with the possible exception of advice or recommendations relating to everyday care. Often such advice and guidance was so general or abstract that it became difficult to apply to concrete, everyday situations.

In the 1980s, professional practices changed in many areas to what can be called a more “family-oriented” approach. Although this approach meant that the diagnosis was still made by a professional who also prescribed treatment, parents, teachers and other care-providing professionals were involved to a greater degree and in a more systematic fashion in the implementation of the changes in activities and routines in the home environment. This represented an acknowledgement that the measures would have greater impact on the child’s development and competence if the caregivers and others in the child’s everyday environment actively participated in the effort to use and build on the skills the planned activities were designed to enhance.

Towards the end of the 1980s, but mostly in the 1990s, there was a further shift towards what can be called a more “family-centered” approach to intervention. This approach involves family members to a much greater degree in describing and determining the nature and extent of the problems, as well as evaluating the course of treatment in terms of sufficiency and feasibility. This also means that the family, to a greater degree, takes responsibility for implementation and sees itself as an important actor in the effort to help the child

It is interesting that this shift in professional practices has taken place concurrently with a development of new concepts that reflect a change in how professionals should work with families and the appearance of these concepts in the scholarly literature. In this context, let us briefly review examples of some of these concepts:

**Empowering:** This is a term that can be traced back to Freire’s liberation philosophy, and in this context it refers to working with families in a way that both maintains and develops their feelings of self-determination, self-confidence, and ability to act in everyday life. (Dunst, Trivette, Deal 1988; Freire 1973.)

**Enabling:** This term refers to laying the groundwork and creating opportunities for families to draw and build on their own resources and abilities so that they are more able to meet the needs of their children. (Dunst & Trivette 1987; Shelton, Jeppson & Johnson 1987.)

**Partnership or Parent participation:** These terms reflect a positive attitude towards working actively with parents and other care-providers, which implies an acknowledgement that such cooperation enhances the outcome for both the children and their families, exceeding what can be achieved with a professional-centered form of treatment. This implies, among other things, that professionals must be willing to work with parents to find the best solutions (Kramer, McGonigel, Kaufmann 1991).

For many, these concepts represent new attitudes and modes of cooperation where the following characteristics become important:

- mutual respect
- mutual openness, also with respect to feelings and attitudes
- exchange of experiences and knowledge
- “negotiation” to discover solutions that everyone agrees to.

**Client-centered helping:** This concept means that the point of departure for treatment is the client’s needs, not the professional models or theories. It represents an approach whereby the clients are encouraged to actively explore their own problems, needs and opportunities, design plans for treatment, and consciously attempt to implement them. These ideas stem from Carl Rogers’s *Client-centered therapy*” (1951), which made a significant contribution towards new approaches both within psychotherapy and education (Rogers 1983).

### ***Practical implementation***

There is little doubt that these changes expressed in much of the scholarly literature in this area today are, in principle, well on their way to being accepted. When it comes to practical implementation, however, there still appears to be a long way to go. The United States has perhaps come further than Europe; these attitudes are, for example, reflected in the program “Individualized Family Service Plan,” (Mc Gonigel, Kaufmann, Johnson 1991).

Paulo Freire’s theory of education (“Pedagogy of the oppressed,”) became known in the seventies,

a time when social movements for liberation from old values and traditions were key elements of the Western social debate. It is clear that Freire's ideas about education – expressed in such terms as, “democratization,” “consciousness raising,” “influence,” and “dialog” (Faureholm 1997) – has had a tremendous influence on the new attitudes and ways to work with clients. These thoughts were eventually manifested in the way working with families and children with special needs was organized, as mentioned above. Freire's rejection of a patronizing and oppressive view of people, and his encouragement of a highly resource-oriented quality of cooperation with respect to people needing support and assistance, are reflected in the terms “empowering” and “enabling” with respect to the relationship between the professional and the client.

It is this philosophy and attitude that is also reflected in the modern form of cooperation that characterizes the “second generation” of intervention programs for children and families with special needs, which will be presented later in this chapter.

In Europe there appears to be varying attitudes and practices. In the Scandinavian countries there is, in principle, widespread agreement that the focus should be on the client's needs and that it is important to have a more resource-oriented attitude towards intervention. However, there is still a tremendous amount of work to be done in the area of putting this into practice.

There is currently a growing acknowledgement that there are limits to how far focusing on shortcomings and employing traditional forms of treatment can take us. A more powerful approach is to focus on developing children's and families' existing resources as a point of departure, where emphasis is put on raising awareness and mobilizing the family's own abilities and competence-building opportunities. This approach is now becoming more accepted. In theory it has long been known that for children to learn and develop, they need to become more self-aware and their motivation must come from within. The problem has been discovering ways to effectively implement this insight in practice.

### **Concurrent changes in social structure and value-orientation with an impact on families and children**

When it comes to values and religious orientation, Nordic societies were relatively homogenous until just after the Second World War. Christian faith, morals, and ethics were generally accepted as a value-foundation for most people. The post-war period, however, brought with it an increased

exposure to the international community. International cooperation became institutionalized through the United Nations and a number of other international forums. Development of television eventually brought people's everyday lives throughout the world into the living rooms of everyone. Other cultures, worldviews, and religions were increasingly represented also in the Nordic countries. Not least, increasing immigration contributed to greater diversity. Even though the Christian faith and worldview are still dominant – in Norway represented by more than 30% of the population (MMI 1999) – a new and dynamic diversity of religions and worldviews has also emerged in Scandinavia.

More than any other single factor, the industrialization process shaped the development of society in post-war Scandinavia. This eventually led to increased material growth, consumption, and interest in material welfare. At the same time, the growing entertainment industry began to penetrate society – capturing people's attention, taking up more and more of their free time, and having an unexpectedly powerful impact on their beliefs, attitudes, and feelings. A relevant example from research in this area is a study that demonstrates the clearly negative affect that violent entertainment has on children and young people (Berkowitz, 1993; *Sinnets Helse* (Mental Health magazine) 1996).

The development of the welfare state in the Nordic countries has led to a generally high standard of living that implies that virtually no one suffers material deprivation. This exceptional development in social welfare has, for many people, led to a strong material orientation. This aspiration to material wealth appears for many to also to be an attempt to compensate for a lack of meaning in other aspects of life. Thus today there is an increasing number of people who, despite their material comfort, are searching for meaning and a new direction in their lives.

### ***The changing family in the welfare state***

An important consequence of the post-war industrialization was the need for labor. For women, this provided new opportunities for income-generating work outside the home. Along with better opportunities for schooling, the greater acceptance of an independent role for women in the labor force and the idea of self-realization led to changes in the society that brought many women to seek employment outside the home. Today, most women have an independent occupation. This development has led to changes in roles and division of labor in the family. It is now more common for men and women to share care-providing and child-raising tasks in the home. Gender equality

and self-realization has become an integrated goal of social development, partnership, and family life.

In the post-industrial society where international capital power can virtually unhindered buy and sell firms and work places, and where there are continually greater demands being put on specialized knowledge, flexibility and mobility are becoming keywords in the workforce.

This has, in turn, placed new demands on the family's need to adjust. Family units have become smaller; the nuclear family with a couple of children has become the norm. The extended family disappeared in the first decades after the Second World War. In addition, single-parent families – most often a mother with one or two children – are soon becoming just as common as the nuclear family. The increased frequency of family disintegration has resulted in many children experiencing unstable relationships and home lives. The desire to increasingly improve standards of living, increasing demands for performance and effectiveness at the workplace, professional careers, and the desire to be a parent and have successful children represents for many a significant source of stress in everyday life, which many do not tackle effectively. The ideal of the “happy family” is often difficult to realize. Along with a greater acceptance of broken families in society, this can have contributed to the frequent splitting up of families that we see today. In addition, it appears that many children and young people cannot cope with the demands for adjustment and performance that are placed on them in a continually tougher society. The demand for competitiveness and success will always be on the terms of the strongest, which will cause many to fall by the wayside and experience feelings of failure and worthlessness. It is natural to believe that this may be a causal factor in the increasing abuse of drugs that we see today, a development parallel to the significant increase in the number of children and young people with serious emotional problems in Western countries (Norwegian Ministry of Health and Social Affairs 2000).

### **Milestones in our conception of children's development and learning**

Up until the 1950s, conceptions of how children learn were characterized by the perception that children are passive receptors of information from the world around them. They were considered to be “blank slates” that, through experience, would be filled with impressions and thereby learn about the world around them and their relationship to it. Eventually children would be able to take their knowledge and use it to solve problems and adapt to their environments.

Of course, some theoreticians assumed that learning by trial and error and learning by insight was a cognitive activity that could be initiated by the child himself, but the learning process was overwhelmingly assumed to be passive with respect to the child's role in his or her own learning. In the 1950s and 1960s, however, new conceptualizations emerged. The new voices included Jean Piaget (1952) and Maria Montessorie (1968), who contributed to a revolution in the understanding of children's cognitive development. In this new conception of children's learning about the world around them, it is assumed that children actively comprehend, organize, select, and process their experiences with their surroundings.

**Young children:**

- Actively comprehend
- Actively organize
- Actively select
- Actively process
- Actively explore their relationship to their environments
- Actively initiate interaction with others
- Are equal human partners

Not least important was the acknowledgement that children actively initiate and explore their relationship to their environments. After this development, children were no longer seen as "passive recipients" that were to be filled with experience, but rather as active and initiating cooperative partners, who in the learning process must be seen as equal human partners.

But children's experimentation with the material world was still given the greatest emphasis, while their social development was more or less taken for granted – it would come eventually as they grew and learned to master their relationship with their environment.

Modern empirical studies on infants and toddlers did not take place until the 1970s and 1980s. The results from these studies further altered our understanding of children's nature and development. First and foremost, we learned that children are social beings by nature. Children – as described by Piaget – were egocentric and individualistic, without the ability to understand and respond to other people's feelings, needs, and wishes. In Piaget's perspective, children were only slowly socialized as they absorbed the outside and real world. He also put much emphasis on children learning

primarily through direct experience with the material world, and primarily through their own exploratory activity. The psycho-social development in children was taken more or less for granted.

***Summarizing the conceptualizations of children and their early development as they appear in modern infant and toddler research reveals two main perspectives:***

- Children from birth are considered to be social beings by nature and to have an inborn potential to develop social interaction and complex organization of impressions and learning, a requirement for survival and development in a social context.
- Children, in early childhood, primarily learn through their interaction with caregivers, and that it is these caregivers who, particularly in the first few years of growing up, become the child's most important communicators and guides in the learning process.

Today there exists an extensive literature documenting that children are socially interactive human beings from birth. This inborn premise for creating social attachment and developing meaningful contact is not only important for obtaining the necessary care, but is a prerequisite for the child's ability to learn and develop. It is these innate premises that parents and other caregivers must ally themselves with in order to be able to enhance the child's well-being and learning. It is this social capacity that builds the "bridge" that communication of experience and learning must cross.

***Attachment, communication, and mediated learning: a holistic perspective on care, development, and learning***

Attachment, as a contact-related term, stems from John Bowlby's attachment theory (Bowlby 1969, 1988). Among other things, it refers to "attachment behavior" in newborns in the form of eye contact, smiling, crying, mimicking, and movement as an important premise for stimulating caring behavior in the parents and establishing a mutual, emotional bond.

It seems clear that children are predisposed to establish a close psychosocial relationship with their parents already at birth. This predisposition in children is expressed in their behavioral patterns, which Bowlby characterizes as "attachment behavior," as described above. An important aspect of the child's attachment, should it be established, is a positive relationship with the caregiver. The caregiver should be one that is characterized by tenderness, warmth, and security – a feeling we often describe as love. It is natural that this experience be associated with a sensitive interaction. The feeling of love is developed as an important aspect of experiences with the parents' care, which is the basis for the love bond between parent and child. The feeling of love must be assumed to be an important aspect of a secure attachment.

Among the emotional expressions that can first be identified in infants are crying and restless movements as expressions of discomfort, as well as a variety of “cooing” sounds, eye contact, and eventually smiles as expressions of well-being. A number of other nuances and expressions appear in the first months, connected to physical stabilization and maturation, as well as experiences with human contact and interaction. Eventually this builds a foundation for individual ways of expressing feelings that accompany more and more complex experiences with parents and other caregiver. Biological preconditions combined with experiences derived through interacting with the surrounding environment create, already in the first year of life, the basic patterns for contact and interaction.

One crucial premise for the creation of the early development of social relations appears to be the experience of mutual love and security. It is likely that it is this positive feeling, or bond of love, that makes the parent–child attachment usually last a lifetime.

If we describe “attachment behavior” only as a biological system for ensuring care and survival, it would be easy to overlook this positive feeling that accompanies meaningful interaction and is the driving force in attachment. Even though there is currently widespread agreement that development of attachment is based on a biologically determined predisposition in both children and parents, there is still much that cannot be explained about this phenomenon. There appears to be an innate psychobiological sense of connectedness, which particularly appears to be expressed between mother and child, and can be demonstrated already in the first months of life. An example of this psychobiological connectedness can be found in experiences with the use of the “kangaroo method” for low birth-weight children. Children with low birth weights easily lose body heat because they have a relatively large skin surface area compared to body volume. When these children are placed on their mother’s breast under the mother’s clothing, synchronization between the mothers and child’s body temperatures has been observed. If the child’s body temperature is below normal, the mother’s body temperature increases until the child reaches a normal temperature. At that point, the mother’s temperature drops until it reaches normal levels (Luddington-Hoe, Hadeed & Anderson 1989, cited in Anderson 1995). This example of biological synchronization illustrates the highly intimate relationship that potentially exists between mother and child from the very beginning. This biological and social nature of the child also includes the newborn’s predisposition to perceive human voices, face shapes, and human movements. It is possible to see “attachment” as a

manifestation of a “behavior system” that from a biological perspective ensures survival to the greatest possible extent. But attachment also implies adaptation to a social care-providing situation in that the child is capable to capture the parents’ attention, engage them emotionally, and communicate his or her needs and wishes to them. The innate prerequisites for developing attachment and communication are normally present in the child from birth.

### ***Importance of skin contact and touching in a child’s development***

Bowlby studied the effect of social deprivation on a child’s development, and was inspired by, among others, Harry Harlow’s studies of the effect of social deprivation on the development of monkeys (Harlow, H.F. 1958; Harlow, H.F. & Harlow, M.K. 1962). Some of the important findings in Harlow’s studies included the crucial importance of physical contact for monkeys’ psychosocial development. Recent studies of physical contact and signs of loving affection in a child’s development have clearly shown that they comprise fundamental prerequisites for attachment, physical growth and development. Systematic physical touching can have a highly calming effect on children. Touching and signs of loving affection can help restlessness and lack of concentration change to alertness, attention, and a more focused mental function, which creates the possibility for interaction and learning.

Skin contact and touching thus appear to be connected to the experience of belonging and security, and can communicate positive feelings through, for example, light and firm stroking over the body, whereas pinching, hitting and unpleasant tickling signal negative or aggressive feelings and attitudes that threaten the child’s sense of security. Skin contact and touching thus seem to represent a fundamental experience of intimacy, which along with eye contact and sound comprise the biological and psychosocial foundation for development of attachment. Research indicates that skin contact and touching are intimately connected with the emotional experience of contact, and have a strongly positive calming effect on small children (Tronick 1995; Anderson 1991, 1995). This approach to contact has in all likelihood been underutilized in our work with children with special needs in our part of the world. In African countries and in the East, however, baby massage is common in daily care routines for children. Typically, the baby is massaged with oil every day after a bath before bedtime, particularly in the first year of life. In Western countries, baby massage is a relatively recent discovery and subject of study. In the United States it has become common in recent years that institutions teach parents how to perform baby massage.

The positive effects of baby massage are - among others, as follows:

- It improves the bond between caregiver and child by promoting a warm, positive relationship.
- It reduces the stress of painful and unpleasant experiences, for example, in connection with vaccinations.
- It reduces pain in connection with teething, as well as digestive problems.
- It reduces the pain of colic.
- It calms the child before bedtime.
- It provides parents with a good feeling by doing something the child enjoys.

Children with special needs – for example, blind and deaf children, children with cerebral palsy, and low birth-weight or pre-term children – are also reported to benefit from massage. Skin contact and touching remains for most people an important way to communicate closeness, intimacy, security, love, and caring, and it is an important aspect of our communication. Deprived children e.g. in traditional orphanages and residential schools, often suffer from a fundamental lack of positive human contact, particularly a lack of physical closeness and touching.

This lack can, however, also be observed in adults who live alone, for example, people in homes for the elderly where the staff have little awareness of the need for contact in the form of physical touching or have little time to put their awareness into practice. This insight is currently well documented and creates, among other things, an empirical rationale for the positive effect of “baby massage” (Field, 1995; Rye 1993).

Based on the importance of physical touching and signs of affection, there is reason to see this type of closeness as both a fundamental quality in the development of attachment and a crucial experience in the early development of communication. The importance of a secure attachment for a child’s mental development, social function, and learning, is well documented in several studies, including Ainsworth, et al. (1971; 1978). Ainsworth’s studies are based on Bowlby’s theory of attachment.

### ***Communication***

Communication as a concept and development of communication between children and parents has been central in empirical studies of infants and young children over the last 25 years. A number of researchers have described early mother–child communication in the form of mutual use of sounds, mimicking, and movement, where mother and child participate alternate exchanges in an incredibly

varied and fine-tuned way. Also the ability of infants to communicate and imitate expressions of feeling is described in detail (Bateson 1975; Newson 1979).

The emotional communication and the mutual adaptation and regulation of interaction that occurs between caregiver and child (Stern 1985, 1996; Trewarthen 1984, 1988) in the child's development as a social being creates the foundation for all mental development (Bruner 1975, 1990; Vygotsky 1978). Jerome Bruner describes in children what he calls a "transactional self," with an intuitive and presumed access to others' subjective consciousness. It is this natural seeking for common conceptions of meaning that he calls the "biology of meaning," a prerequisite for developing an environment with shared meanings and actions.

***The understanding of the psychosocial needs of young children and premises for developing the ability to communicate can be summarized in the following key points:***

- The child should be perceived as a person with individual qualities connected to needs, wishes, temperament, personality, and skills. The way caregivers see and understand the children determines how they are able to meet, accept, and give recognition to the child and meet his or her physical and psychosocial needs.
- Caregivers should be able to identify with the child and create an understanding of the child's needs and inner emotional state. This ability to understand and relate to the child's situation determines how the caregivers are able to meet the child's needs and understand the individual child's nature.
- A simple form of communication is already established just after birth. It begins with the caregiver looking for intentions or reactions that can be considered meaningful expressions of needs or wants that the caregiver can respond to and address. Eventually this simple form of communication develops into an increasingly complex interaction, which is often described as a spiral (Rye 1993).
- This ability to communicate remains a prerequisite for meaningful human development and learning and plays a key role throughout the child's entire life. (Hundeide 1996; Rye 1996).

The child as an active actor in the development of his or her own experiences and learning was first systematically described in Lev Vygotsky's works in the 1920s and 1930s. Vygotsky (1978) emphasized the parent-child interaction and the cultural context for the child's development of mental abilities and mastering of his or her surroundings. This forms the basis for development of

abstract concepts and language (Kozulin 1998). This way of thinking was further developed and became the source of Bronfenbrenner's socio-ecological perspective on children's development (Bronfenbrenner 1979). Vygotsky's works were, however, not commonly known in the West before the 1970-80s.

### ***Mediated learning***

Mediated learning as a psychological concept in this context, is based Reuven Feuerstein's theory of Mediated Learning Experience (Feuerstein et al. 1991). In relation to infant and child development it is however primarily connected to Pnina Klein's research and development of the MISC - program ("More Intelligent, Sensitive Child"), which is a program for early psychosocial intervention (Rye 1993). Pnina Klein's description and empirical exploration of the importance of mediation qualities in Feuerstein's theory, stresses the importance of the caregiver's role as guide, teacher, and supporting partner for the child in his or her building of self esteem and competence relating to experience, learning, and gradual mastering of the surrounding environment.

While the point of departure of Feuerstein's theory and Klein's early experimental research was the importance of mediation qualities for cognitive development, more recent research has shown that the interactional relationship in which the mediation qualities are present also involves, and plays a large role in developing, emotional communication and attachment (Klein 1992). This is also consistent with Bruner (1990), who argues that integration and modulation of affect in interaction is a prerequisite for developing a meaningful relationship and thus also the mental functions associated with interaction and language.

The three theoretical and empirically based descriptions of attachment, communication and mediated learning in the interaction between caregiver and child provide the framework for a holistic approach to preventive and early – as well as later – interventions to improve children's function and development.

### ***Why did it take so long to develop modern resource-oriented practices?***

Even though by the 1970s there already were new insights into the importance of the relationship between caregiver and child, there were still many unanswered questions:

- It was still unclear what qualities in the interaction between caregiver and child were the most important.

- There was still little awareness about the importance of change in the quality of the actual caregiver–child interaction, and that such a change would have to be based on the caregiver’s own premises and be built on from there.
- Research that was based on parents’ teaching of their children was, up until the 1980s, largely neglected and almost non-existent.
- In the 1970s, the focus was on “stimulation,” which reflected the idea that children needed experience for their mental development, for example, to develop intelligence and language. But there was still no awareness of the importance of the particular qualities of social interaction that later on were described as the basis of children’s early learning.

Some examples of conclusions from the 1970–1980s, which were expanded upon in later interaction studies:

- The ways in which mothers teach their children has a greater impact on the child’s mental development than the mother’s IQ and socio-economic status (Hess & Shipman 1968).
- The mother’s involvement and interest in teaching her child was crucial to the child’s mental development (Carew 1980).
- The mother’s involvement and responsiveness were among the most important exogenous variables connected to intellectual development (Gottfried 1984).
- The mother’s expectations and the relationship between the mother’s and child’s ways of interacting (contingency) has a great impact on the child’s adaptation and development (Collins 1984).

A main problem was, however, that the concepts described above were rarely operationalized or made concrete; they are general and relatively abstract descriptions that demand far more precision to be applied in practice. A number of programs for early intervention were, however, established in the 1970s, including the Portage program in Wisconsin. Most of these “first generation” intervention programs were instructive in their approaches, which implies that caregivers were given instruction in how they should relate to their children.

Even though positive results were reported from work with “first generation” programs, a number of reservations were eventually expressed:

- Caregivers felt devalued and inadequate in the sense that they had to learn other and new ways

to relate to children.

- Some stated that it felt strange to have to use certain types of material at certain times of the day.
- Another reservation was that it was easy to become dependent on the instructions and material.

The new ways to relate were not integrated into each person's individual way of being (Lombard 1981).

In the 1970-80s, results began to appear from various intervention programs based on different types of pre-school programs, including the Head Start program, which generated positive results as long as the intervention lasted. The demonstrable effect was, however, weakened after the programs were disbanded. Experiences from the 1980s indicated that the family-oriented intervention programs were the most promising for children and families with special needs (Shonkoff & Meisels 1990; Gallagher 1990).

### ***Second-generation intervention programs***

The new early-intervention programs – the “second-generation” programs – appeared in the 1980s. They build on modern infant research, particularly on knowledge about the emotional, communicative development of children (authors include Stern, Trewarthen, Tronick, Papousek), and the mediation-oriented approach (e.g., Vygotsky, Feuerstein, Klein). The most well known programs from these traditions are the ORION program (Marte Meo) from Holland and the MISC program from Israel.

These programs are special in that they:

- Build on a specific and nuanced description of the important interaction qualities in modern infant and child research, and
- Have a point of departure in relevant everyday situations and the caregiver's own repertoire of ways of interacting.

Some main conclusions from research and clinical experience with these programs:

- For young children, the home environment is crucial for learning and adjustment in school.
- The pattern of psychosocial interaction can be affected through social experience from birth.
- From the age of 2, children's cognitive and social function is systematically related to their cognitive function and social development in their school years.
- Studies show that mediation-oriented intervention, based on a mediated learning experience

principle, has long-term effects on emotional and cognitive development.

- Research shows that communication-oriented intervention has lasting positive effects on the parent–child interaction.
- Early intervention in the parent–child interaction has shown positive effects on development also for children with primarily biologically-related problems, such as
  - low birth weight
  - motor disabilities
  - mental retardation.

(Aarts 1988; Guralnick 1989; Klein 1992).

The research described above is also summarized in the book *Tidlig hjelp til bedre samspill* (Early intervention for improved interplay, Rye 1993).

In the interaction between caregiver and child, some important aspects of children’s psychological needs must be highlighted, such as the development of the child’s self-understanding and experience of being a person in relationship to close caregivers.

These interaction needs can be expressed through the following experiences:

- Being seen/heard/noticed
- Being met/experience of closeness
- Being understood
- Being accepted
- Being acknowledged
- Being loved

Progressing through these points increases involvement and complexity in the interaction process. These interpersonal experiences form the basis of a secure relationship to close caregivers, and continue to be important needs in interpersonal relationships throughout the child’s lifetime. To support the caregivers’ abilities to meet these basic human needs in children is therefore a built-in premise in most programs to improve the interaction between caregiver and child.

***ICDP's program for preventive and early intervention to improve the interaction between caregiver and child***

The Norwegian foundation “International Child Development Programmes” (ICDP) has developed a program that integrates the interaction qualities from the Marte Meo and the MISC programs. The ICDP program for early intervention is included in the parental guidance program in Norway, which is available through all municipalities in the country (Hundeide 1996; Rye 1996). A number of counties in Norway are now training people in the use of this intervention program.

ICDP's program is based on the idea that when problems arise in the relationship between caregiver and child, problems that appear to be long-term and ingrained, intervention can start with focusing on the caregiver, particularly in the following three ways:

- How the caregiver experiences and perceives the child.
- How the caregiver experiences his or her own abilities as a caregiver.
- How important the caregiver perceives his or her interaction with the child to be.

Typically when negative patterns of interaction are allowed to develop over time, caregivers form perceptions about the child and themselves that can hinder change in these patterns. Negative experiences and perceptions can easily create expectations and defensive attitudes that result in patterns of interaction that maintain and amplify the negativity. For example, if the caregiver perceives that the child as being bad, mean, or abnormal, he or she is likely to react defensively by rejecting the child, having negative expectations, and feeling resigned to the worst. The caregiver then feels guilty, inadequate, unloving – in short, like a bad parent and a failure. This, in turn, can make the caregiver withdraw from interacting with the child, and thus interact only as much as is necessary for practical care for survival. He or she may be largely unaware of how important interaction with a caregiver is to a child's development.

For an intervention to succeed in establishing more positive patterns of interaction, these negative perceptions and feelings must be addressed throughout the process. Addressing these issues helps build trust and establish contact in the introductory phase of the intervention. The person facilitating the intervention must be prepared to accept the frustration, anger, disappointment, guilt, and so on that often remain as a block to building a more positive relationship with the child.

The ICDP program identifies a number of aspects, or qualities, that comprise interaction. These qualities are grouped into eight different guiding principles that are designed to encourage self-observation, recognition, exploration, and further development. These guiding principles are not meant to be foolproof recipes, nor do they contain step-by-step instructions. Below, the guiding principles are formulated with young children and caregivers in mind.

***Eight guiding principles for positive interaction***

**1 Demonstrate positive feelings – show that you love your child**

Even if your child cannot yet understand regular speech, he or she is nevertheless capable of perceiving emotional expressions of love and rejection, happiness and sorrow. It is important for children's sense of security that you are emotionally accessible, that you demonstrate your affection, hold them in a loving manner, caress them, and display pleasure and enthusiasm.

**2 Adapt to your child and follow his or her lead**

In interacting with the child, it is important that you are aware of your child's wishes and actions, his or her state of being, feelings, and body language, and that you to a certain degree attempt to follow their cues and direct your focus to what interests them.

**3 Talk to your child about things he or she is interested in and try to initiate a “feeling dialog.”**

Even shortly after birth it is possible to initiate a feeling dialog through eye contact, smiles, and exchange of gestures and expressions of pleasure whereby the caregiver makes positive comments about what the child is doing or is interested in, and where they child “answers” with sounds of pleasure. This early “feeling dialog” is important for the child's future attachment and for his or her social and language development.

**4 Give praise and recognition for what the child accomplishes**

For children to develop normal self-confidence and initiative, it is important that someone makes them feel worthy and competent, that someone explains to them why something was good. This will help them develop self-confidence that is grounded in actual accomplishment.

**5 Help the child focus his or her attention so that you have a shared experience of things in**

### **the surrounding environment**

Infants and young children often need help focusing their attention. You can help them in this respect by attracting and directing their attention to things in their immediate surroundings.

#### **6 Give meaning to the child’s experience of his or her surroundings by describing them as you share experiences and by showing feelings and enthusiasm**

By describing, naming, and demonstrating feelings for what you experience together, the experience will “stand out,” and the child will remember it as something important and meaningful.

#### **7 Elaborate and explain a shared event**

Children need help developing their understanding of the world around them. You can help them in this respect by, for example, comparing a shared event to something the child has experienced earlier, by telling stories, by asking questions, by pointing out similarities and differences, by counting, and so on.

#### **8 Help your child learn self-discipline by setting limits in a positive way – through guidance, demonstrating positive alternatives, and planning together.**

Children need help to learn self-discipline and how to plan. This takes place largely through interaction with caregivers, who in a positive way lead the child, make arrangements, help plan step by step, and as the child grows up, explain why certain things are not permitted. Instead of always setting restrictions and saying “no” to the child, it is important to lead the child in a positive way and show him or her what is allowed.

### ***Some input on these guiding principles from developmental psychology:***

#### **1. Demonstrate positive feelings – show that you love your child**

This recommendation relates directly to enhancing the emotional bond by increasing the caregiver’s awareness of the child’s need for love and by encouraging the caregiver to express feelings of love in a way that is natural for them. Experience of close emotional contact often begins with eye contact, which again is the starting point for shared attention and interaction.

#### **2. Adapt to your child and follow his or her lead**

As a rule, children take initiative on the basis of their attention and interests. It is therefore a

good starting point to initiate interaction in connection with something the child is interested in and that the child can experience through his or her own direction, experience, and learning. Eye contact and the child's initiative are therefore important points of departure for interaction.

**3. Talk to your child about things he or she is interested in and try to initiate a “feeling dialog”**

By establishing a “feeling dialog” where sounds and words are a part of the exchange, both verbal and non-verbal communication become connected with the interaction. The sounds and words are associated with other sensory impressions and represent an important source of learning that, along with active experimentation with sound, forms the basis for the verbal language function. When the caregiver's naming and describing become part of a meaningful aspect of interaction, the child's attention is increased and more focused on the experience. When an adult labels and describes what the interaction is about, the adult's attention also becomes more focused on the subject of interaction. Not least, each turn in the dialog represents a mutual give-and-take relationship, with an opportunity to initiate, respond, or end sequences in the communication. This kind of communication helps develop the ability to share experiences, understanding, wishes, and needs, as well as facilitating an active steering of communication both between two people and in a group.

**4. Give praise and recognition for what the child accomplishes**

Children need their parents' reactions and guidance as a frame of reference for their own behavior and to maintain their sense of security about their parents' acceptance and love. Praise and acceptance are communicated with great individual, social, and cultural variation, and varies also with respect to age and development. Expressions of acceptance, recognition or praise provide an important foundation for development of the child's self-confidence, abilities, and social adjustment. With a great deal of cultural variation, demonstration of acceptance and recognition are normally integrated as important aspects in interaction and child rearing, but this is one of the first things to disappear when conflicts and tension arise. Genuine expressions of acceptance and recognition are connected to positive emotional relationships and are a basic premise for a child's socialization. Moreover, mutual positive responses are not only important for the child, but also for the adult – who needs to experience feeling understood, accepted and affirmed in his or her relation with the child. Without this kind of positive, mutual experience of one another, communication and development of positive interaction can easily stagnate.

Demonstration of acceptance and recognition is a prerequisite for the development of self-confidence, initiative, and social and practical competence.

**5. Help the child focus his or her attention so that you have a shared experience of things in the surrounding environment**

Mutuality in contact and communication and shared attention are prerequisites for communication to take place. When caregivers attempt to focus a child's attention on something, this usually implies that the caregiver intends to communicate something, to which the child's attention is directed. That the child's attention is directed to certain experiences implies, among other things, that the child will become more prepared and receptive to what the caregiver wants to communicate. Often this steering of the child's attention is combined with the caregiver selecting and arranging what the child will experience so that the child can get the most out of the experience. At the same time, the caregiver often helps the child to harmonize initiative and responses so that, to the greatest degree possible, they become part of a meaningful shared experience.

**6. Give meaning to the child's experience of his or her surroundings by describing them as you share experiences and by showing feelings and enthusiasm**

Expressions of feeling are an important accompaniment to our experiences of good and bad. Experiencing feelings – both our own and those of others – help our experiences stand out more clearly and with greater meaning. We remember people, objects, symbols, and situations in the context of the meaning they have for us personally. Of course, communication of meaning not only takes place through expressions of feeling, but also largely through what we express verbally by naming, talking about, and explaining what is experienced. Communication takes place in many ways, strongly characterized by each person's own style, situation, and social and cultural background. It varies from mimicry, gestures, and posture to verbal expressions, which are all combined for various expressions of pleasure and enthusiasm or sadness, anger, disgust, and worry. In this way, forms of expression are combined, shaped by individual and cultural factors, to create unique forms of expression that communicate both the content of meaning and the way of expressing it. It is thus not only the individual caregiver's experiences and expressions that are communicated to children, but also what stands out as important and why. Along with the adult's understanding of, and reaction to, that which is experienced, this process also communicates cultural traditions and values.

## **7. Elaborate and explain shared experiences**

An important task of caregivers is to communicate knowledge about the world in which the child grows up in ways that are adapted to the child's level of development, insight, and ability. How to help children discover how the world works and what they can do in relation to their environment is not equally obvious to all caregivers. Some believe that young children lack the ability to comprehend – regardless of how much is explained – thus making explanations unimportant to young children's daily survival. However, care provision and child rearing are not just about survival; they are also about introducing children to the world around them, and gradually helping them develop and master insight. Development of associations, concepts, and insight into relationships at the physical and social-emotional levels does not occur spontaneously. Developing meaning and building competency occurs largely through the caregiver showing, explaining, and guiding the child in his or her activity and experience of the surrounding world. Daily life provides a regular supply of situations, such as mealtimes, that are suited for this. By not only teaching the child how to eat, but also at the same time explaining where the food comes from, discussing qualities such as taste and color, and connecting the present experience to other times, places, and people helps the child to form associations and develop new concepts that are the "raw material" in cognitive development. There is a great variation in how this normally occurs, characterized by individual premises, situations, and cultures. For example, Western countries often focus on logical explanations, while traditional African cultures employ allegory, song, and folktale in the transfer of insight. The way of communicating insight and mastery has a significant impact on the development of interests and motivation for learning.

## **8. Help your child learn self-discipline by setting limits in a positive way – through guidance, demonstrating positive alternatives, and planning together.**

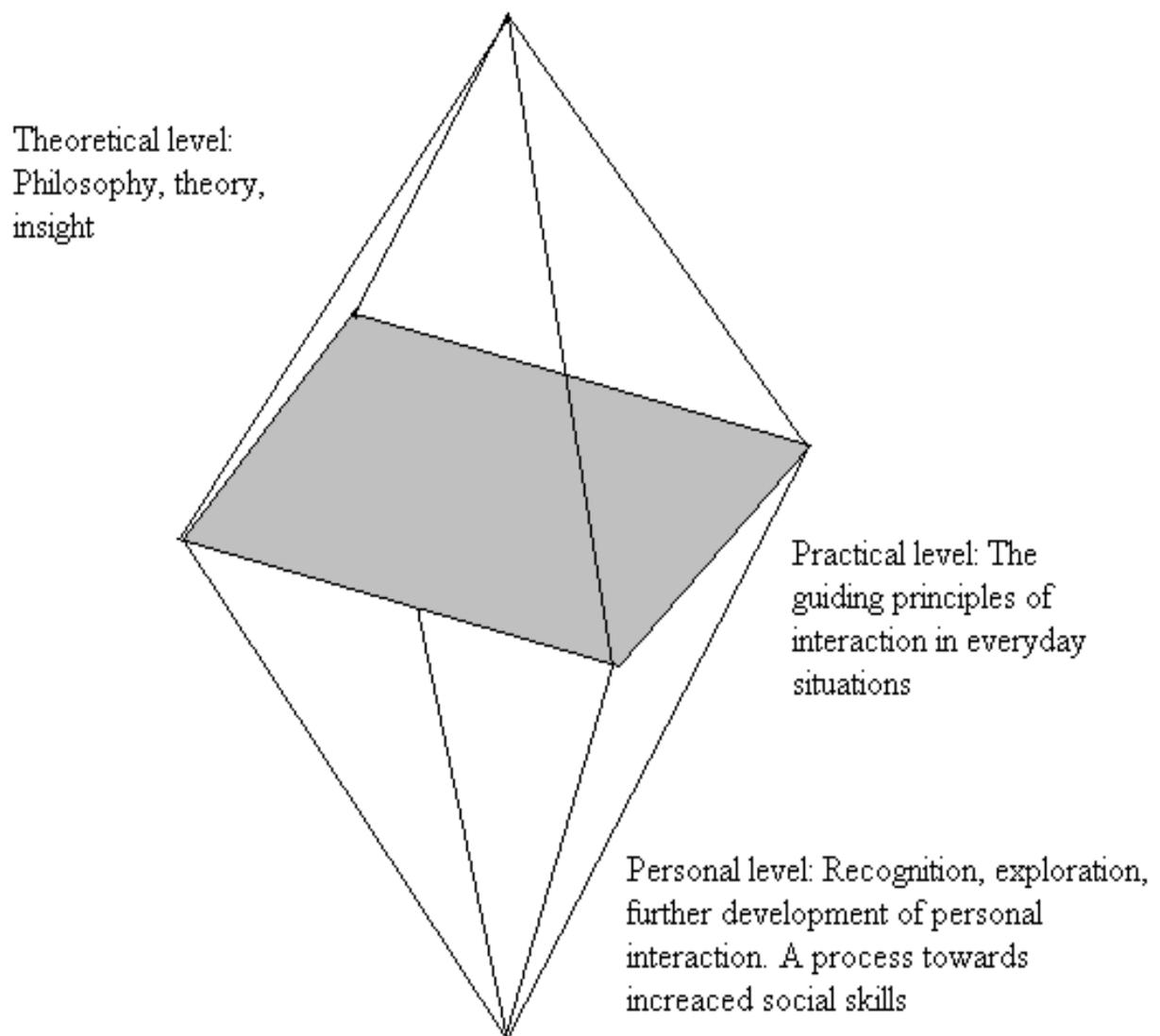
Children are normally introduced to a number of everyday routines from birth. The ways in which the caregiver and the child interact, as well as what they do and how, cause the child – even after only a few months – to develop expectations about what will happen and how. The daily routines provide the child with an awareness of what will happen and allows him or her to adapt to what is expected. Expectations based on experience, a growing ability to understand cause-and-effect relationships, and the ability to communicate with the surrounding environment are important premises for being able to predict and plan. The daily interaction between

caregiver and child is well suited to guiding the child in daily activities, helping the child develop strategies to get what he or she wants, helping him or her understand limitations of what's possible, leading the child to an understanding of what is acceptable, and setting clear and consistent limits for what is not permissible. These are important aspects of child rearing, and are important foundations for being able to engage in targeted activity and problem-solving, as well as social and cultural adjustment, school and adult life.

### ***Transformation and individual development***

As mentioned above, parents and other caregivers are encouraged to explore their own ways of interacting and how they can further develop in this respect.

### ***Illustration: MODEL for care-provider' interactional development***



With respect to a child's age and development and the caregiver's ability to adapt, there occurs what can be called a "transformation" of how the content in these principles is manifested in interaction. Even though we can say that the principles in the ICDP program are universal in the sense that they are recognizable in a wide variety of social and cultural contexts, it is primarily the intent, content, and meaning that are discernable. The specific situations and the social and cultural contexts shift. When the themes are used as a starting point for improving the quality of interaction in various cultures, it is thus necessary to translate not only the language, but also the cultural meaning of the principles.

However, it must be kept in mind that the way the content of these principles is expressed also depends on the caregiver's own experience and personality, the child's age and development, and the situation and activity upon which the interaction is based. There is no doubt that caregivers bring with them experiences from their own childhood and experience of care. Even though an adult caregiver may have learned much about caring for and raising children, in situations that are emotionally-loaded, conflict-filled, and require an exceptional amount of patience and skill with children, caregivers tend to repeat the patterns of reaction that they have experienced themselves in their own childhoods' - often with a feeling of powerlessness and regret (Brazelton 1995).

For caregivers to adapt successfully and transform their interaction with children into a more positive experience, they must learn to feel secure, have the energy and motivation, and demonstrate creativity in their care-providing situation. For many care-providers, adapting to the child's development and abilities seems to occur almost "automatically," without the need to dedicate special attention. Most, however, experience that interaction varies between harmonious, mutual adjustment, and more emotionally laden conflicts that must be resolved through diplomacy. This type of fluctuation is normal; but when the relationship becomes locked in negative feelings, actions, and attitudes, help may be required to find the way back to – or develop a more positive experience of one another and the situation. For the relationship to develop its necessary to reestablish the ability to communicate with empathy and mutual adjustment. It is in an

“atmosphere” of positive, mutual shared experience that the natural adaptation and transformation of the guiding principles in interaction can take place.

Caregivers are invited, with help from the individual principles in the ICDP program, to a process where recognition, discovery, and further development of their interaction is the key. With a point of departure in the child, the caregiver, and the current situation, the interaction in many ways becomes a journey of discovery, a process that normally has a “built-in” tendency to increase in complexity and continually encompass new experiences. But this development is always connected to and guided by the child’s own premises, the particular situation, and the caregiver’s ability to mobilize his or her own premises for interaction in a sensitive, adapted, but also at the same time, developmental way. It is this combination of sensitive care, encouragement, challenge, and guidance that characterizes a secure relationship in which psychosocial development, learning, and competence building can take place. Early interaction-oriented intervention is simply about helping to revive and further develop these qualities in interaction.

All interactions between caregiver and child have their own patterns, and it is not until important qualities are systematically deficient or absent that the pattern presents a “risk” to psychosocial development. The qualities in interaction represent a potential for continual development and improvement in a dynamic interplay. Thus they should not constitute a “recipe,” but rather qualities in the experience of a continually shifting interaction, a challenge to keep re-creating and further developing the close, personal relationship.

### ***The importance of interaction-oriented help for pre-school age children***

Traditionally, early intervention focuses on measures implemented in the pre-school years and includes both home- and day-care–based activities. Space restrictions here do not permit a review of the comprehensive literature in this area. The importance of adult–child and child–child relationships in day-care settings has been explored both in theory and in research over the last 30 years. The ICDP program has been systematically implemented to improve interactions between adults and children in day-care settings in Norway and has shown positive results. In connection with the parental guidance program in Norway, a number of recommendations (Hundeide 1996) and demonstration videos have been made.

The issue of “at risk” children, however, deserves particular attention here. In the 1980s and 1990s,

a number of publications and research reports documented the importance of early help to improve the child's experience and development possibilities when they are particularly at risk for developing undesirable interaction patterns.

Some examples of research on children with special needs who have benefited greatly from early interaction-oriented measures are as follows:

- low birth-weight children
- children with hyperactivity and concentration disorders (ADHD)
- children with cerebral palsy
- children with early mental retardation
- children who live in difficult social and emotional circumstances
- children living in extreme poverty and deprived circumstances
- children with visual or hearing impairment
- children with Down syndrome
- children with infantile autism/Asperger syndrome.

In other words, most children with some form of functional or developmental disorder.

In this context, it is not possible to go into detail about the effects of early measures that have been documented in international research. There is a comprehensive body of literature that has compiled results from a number of studies (Fonagy 1996; Guralnick 1989; Rye 1993; Greenspan & Wieder 1998). These studies show that if undesirable patterns of interaction in young children continue throughout the school years, it will become more and more difficult to change them.

## **Applying the eight guiding principles of interaction to school-age children**

### ***The importance of the quality of interaction in school***

Even though the most important tasks of schooling are based on transferring knowledge, the role of the school in raising and socializing children is important. Like kindergarten settings, schools traditionally do not systematically guide parents in how they raise and interact with their children. And generally speaking, schools seem to have been less concerned with adult-child interaction than the various day-care settings. Here, however, lies without doubt a significant potential for expansion and improvement in the teachers' cooperative and support function in relation to the parents, as well as an improvement in the teachers' relationship to the students in the class. To illustrate the

importance of the quality of interaction in the school, we can mention research associated with child-rearing attitudes, including research on the significance of <sup>1</sup>authoritarian, in different, and authoritative attitudes as described by Baumrind & Black 1967.

Comprehensive international research has shown a systematic relationship between parents' and teachers' attitudes on the one hand, and children's learning and social adjustment on the other, where an authoritative attitude in particular brings about positive results (Dornbusch et al. 1987; Lamborn et al. 1991; Steinberg et al. 1992; Baumrind & Black 1967; etc.). An authoritative attitude is characterized by the adult being a good example for the child, showing clearly his or her own understanding, values and personal standing as reflected in daily life activities.

Some important characteristics of an authoritative attitude are as follows:

- clearly communicates perceptions, attitudes, and reactions
- expresses clear norms and values that are considered comprehensible and fair to the children
- shows caring but also firm attitudes in child-rearing
- supports and affirms the children's positive behavior and efforts, and demonstrates clear and predictable reactions to undesirable behavior
- places demands on children that are adapted to the child's abilities and development
- lets children take responsibility for their own experiences as far as their levels of development and situation allow

Children that grow up with these qualities at home, in day-care settings, and at school, grow up to be secure, have a positive self-image, and show maturity and independence as young adults.

As mentioned earlier, there normally occurs a natural and usually unreflected - transformation of the eight principles interaction in adult-child interaction as the child develops and can take part in increasingly complex shared activities. Thus the eight principles can also be applied to a school context. They are essentially the same in content, but they are applied to a new context where they can be recognized and used as guidelines for social interplay in school. In the Sæby project in Denmark, the principles were systematically applied to teacher-pupil interaction in the local school, by reformulating them as suggestions for the teacher, (Blæhr et al. in press).

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<sup>1</sup> “**Authoritarian attitude**” refers to a style of upbringing based on instruction and commanding rather than mutual understanding and collaboration.

“**Authoritative attitude**” refers to the adult being a good example for the child, showing clearly his or her understanding, values and standing as reflected in daily life.

***Applying the eight principles to school-aged children: Teacher–student interaction.***

**1. Demonstrate positive feelings**

Demonstrate that you are interested in the students’ as people, that you are responsible for caring for them, will cooperate with them, and will help them to both enjoy and learn in school.

**2. Adapt to the students**

Adapt your ways of working with and relating to students so as to address and acknowledge the students’ initiative and individual ways of learning as much as possible.

**3. Talk to the students**

Let your instruction relate to what the students are interested in, and invite them to take part in dialogs on the content of the themes you are presenting so that they become personally involved.

**4. Give praise and acknowledgement**

Give praise and acknowledgement to each student, and to the class, when the students make an effort to cooperate, follow your instruction, and work to the best of their abilities.

**5. Help the students focus their attention**

Make sure that you have the children’s full attention when you teach, advise, or otherwise work with them. Shared attention and experience is a prerequisite for communication.

**6. Give meaning to the students’ experiences**

Make your instruction meaningful – not just with respect to what you talk about, demonstrate, and explain, but also by showing your personal involvement in the subject. In this way, you contribute to the students’ understanding that some things are more important than others, e.g., values, norms and traditions.

**7. Elaborate and explain**

Help the students relate the content of what they are working on to other subjects and academic activities. This gives insight, helps form associations, helps the students achieve a more holistic “experience of reality,” and inspires curiosity and motivation for learning.

**8. Help the students achieve self-discipline**

Help the students adapt personally and academically to the school’s environment and activities

by clearly planning activities, and having personal, predictable attitudes and ways of reacting. By letting the students help plan activities and providing understandable explanations when something is not possible, you can help them become more motivated to cooperate.

Predictability is better than continual reprimands and prohibitions.

As is clear from the above, the ICDP principles are not limited to young children. Rather, most of the principles are relevant in interaction between adults and children until the child reaches adulthood, and the communication-oriented principles are important in interpersonal communication throughout their lifetimes. As a part of the national parental guidance program started in Norway in 1995, the theoretical rationale behind the application of the ICDP program in school, as well as demonstration videos, have been made available (Hundeide 1999).

One of the most important requirements for children to thrive in school, learn, and develop socially and emotionally, is that they feel secure and enjoy being in the classroom. Enjoying school depends, however, not only on a positive teacher–student interaction, but also largely on the quality of the student–student interaction. Thus it is important to discover ways that the principles in the ICDP program can be used to promote the development of a positive classroom environment. To systematically apply the principles to improve the student–student interaction in a realistic setting, the principles were implemented in a classroom environment in the Sæby project to help the teacher develop a more positive relationship between students in the classroom. The principles are formulated as suggestions for teachers.

### ***The eight principles formulated for teachers to improve student–student interaction.***

#### **1. Demonstrate positive feelings**

- Notice which positive feelings the various students express towards one another.
- Provide positive comments and acknowledgement when students demonstrate positive and accepting feelings for one another.
- Address the theme “demonstrate positive feelings” in the classroom.
- Talk about what it is like to express or experience negative feelings or rejection.
- Get the students to work to achieve a pleasant emotional “climate” in the classroom through group discussions, dramatization, playing games, discussion of appropriate films, etc.
- Feelings can also be connected to the theme “well-being,” which can be addressed regularly during class discussions. Ask, for example: What do we mean by “well-being”? What makes

children enjoy or not enjoy school?

## **2. Help the students adjust to one another**

- Help the students “adjust” to each other’s needs and circumstances in everyday interaction by discussing in groups what is meant by “adjusting” to one another. Dramatization and illustration through appropriate films can be a good starting point for awareness raising.
- Help the students cooperate by making them aware of the importance of “adjusting” to one another’s ways of working, interests, and ways of being. Mutual empathy and adjustment is a prerequisite for cooperation both in and out of school.
- Help the students become aware of how cooperation is affected if everyone acts on their own whims and how it works if they “adjust” themselves, share with each other, and agree upon how they can work together. Well-suited for dramatization.
- Regularly address the theme ”cooperation” in class discussions.

## **3. Help the students talk about shared experiences**

- Arrange it so that students can talk to each other about what is being taught and what they experience together. The easiest way to make sure everyone gets involved in such discussions is to hold them in small groups where they can talk about key themes in the class.
- Help the students to take turns sharing their experiences or opinions with each other. This also takes place most easily in small groups.
- When some students are more active than others, the teacher should become a “moderator” and make sure that also the quiet and shy students are allowed to express their opinions and experiences.
- Students need to learn to “talk to each other,” take turns, and accept that there is more than one way to perceive something or express oneself.

## **4. Encourage the students to express acceptance, praise, and recognition**

- Recognition and acceptance from the teacher sets an important example, particularly in how it is expressed with regard to the various students.
- It is important to communicate why something was positive and deserved praise.
- Talk to the students about the importance of giving each other encouragement and expressing recognition in their interaction at school.

- Address the theme “encouragement and acknowledgement” in class discussions, and help the students learn to understand what it feels like to experience positive versus negative personal responses to one another. Dramatization can be a good way to illustrate this.

**5. Help the students focus their attention on shared activities**

- Help students direct their attention to what they are doing with someone else or in a group.
- Help students listen to each other and try to understand what others are trying to communicate.

**6. Help the students share their experiences with each other in a meaningful way**

- Encourage the students to verbalize what they have experienced or want to share with the group, as well as to share their feelings about the experience.
- Use dramatization or role play, for example, to help make the various ways of expressing verbal and emotional meaning come to life.

**7. Help the students express and explain their experiences and opinions to one another**

- Encourage students to verbalize, communicate, and explain what they experience and are involved in together. This is often easiest in a group setting.
- Help the students expand the range of ways in which they communicate by talking about their interests and relating these interests to other people, other places, and other periods of time.

**8. Help the students develop self-discipline**

- Discuss with the students the significance of following certain “ground rules” and routines when they are in the classroom and other areas in school. Let the students as a group take part in deciding how they want to work together and relate to each other.
- Let the students as a class, in groups, or in pairs plan how they will solve problems together, who will do what, when various activities will take place, and how they will achieve a common result.
- Give praise and acknowledgement when the students are able to cooperate with each other, take consideration of one another, and adapt their own needs and wishes to a shared, general objective for working together.

***The main difference between a predominantly instructive approach versus a resource-oriented, facilitative and supportive approach to the interaction between caregiver and child***

The empirical research of the 1970s and 1980s clearly demonstrated that the caregiver's sensitivity, ability to adapt to the child's needs and status, involvement, and desire to help the child experience and learn played a significant role in the child's development. This recognition led to the development of a number of programs designed to improve the quality of the parent-child interaction. As mentioned above, these early programs were directed at teaching parents what they should do and how, in order to stimulate learning and promote the child's development.

The idea of basing early psychosocial intervention on increasing the sensitivity of the caregivers to the child's needs and situation, increasing awareness of their own abilities and opportunities for promoting the child's development, and reactivating their ability to empathize through participation in the child's feelings and daily activities marked a new approach to improving childcare and promoting the child's learning opportunities.

This is a resource-oriented approach based on the understanding that most caregivers, through their own maturation and experience, have the potential to care for and be with children, an important foundation for interaction that can build further development.

The "second generation" programs for early intervention developed over the last 15 years – exemplified by Marte Meo, MISC, and the ICDP programs – are directed at supporting and further developing the existing positive qualities in care and interaction with children. It is the potential for positive interaction that must form the foundation for further development through cooperation with a professional adviser.

The highlights of the new approach – based on positive interaction, can be summarized as follows:

- Reactivate and further develop the caregiver's already existing positive qualities in care and interaction with children, e.g., starting with the eight guiding principles of the ICDP program
- Increase the caregiver's sensitivity to – and awareness of – the child's needs and level of development
- Enhance the caregiver's self-awareness, self-confidence, motivation, and understanding of their own abilities to support and promote the child's development
- Develop a positive perception of the child and his or her possibilities

- Develop a better understanding of the importance of the interaction between caregiver and child when it comes to the child’s development

As stated in the points above, the aim is to activate and reactivate the individual skills that caregivers themselves already have, or can potentially have – skills that can be used and built upon. This approach touches upon the understanding that patterns of interaction grounded in experience from one’s own adolescence – and integrated in strong feelings and interpersonal relationships – can only marginally be changed through information and guidance. It is necessary to have a point of departure in the individual person’s own premises and patterns of interaction. Resource-oriented personal support can get this process underway, and if the caregiver learns to recognize and explore his or her own interactions and focus on their positive aspects, these positive qualities can be nurtured and developed. Experience has shown that when this kind of process is instigated, the negative content in interaction will abate (Rye 1993).

***In some cases, when it may be especially difficult to establish meaningful interaction. professional assistance may be required.***

Some typical examples are as follows:

- When children are born with low birth weights, defects, or dysfunctions
- When parents and children have very different temperaments and parents have little ability to adjust
- When parents are very immature and have little ability to empathize or provide care, or cannot adjust their ways of interacting to the child’s needs and level of development
- When parents live under conflict-filled and difficult circumstances and do not have the energy to take care of the child
- When parents have psychological difficulties with intense mood swings and unpredictable care provision
- When drug abuse characterizes the parents’ everyday life and level of functioning
- When the interaction between child and caregiver reflects negligence and abuse

The psychosocial “risk” for these children lies primarily in the fact that they and/or their caregivers do not have sufficient capacity themselves to develop stable, meaningful interaction, which all social and mental development has as its point of departure.

***Establishing meaningful interaction can be even more complicated with children***

***with more serious functional and development disorders because of the following:***

- Their attempts to communicate are often not understood, overlooked, ignored, or not reacted systematically to
- They have often not learned that they can influence their surroundings or change circumstances in accordance with their own needs
- Children without vision or hearing impairment, or without serious brain damage and paralysis, will normally learn to affect their own surroundings through smiles, sounds, mimicking, facial expressions, or body movements when caregivers react positively to such signals and initiative. These forms of communication are therefore amplified and continue to develop. The same is true for children with functional disabilities, but their early attempts to communicate are often overlooked, and attempts tend to become less frequent.
- Children with functional disabilities need to take part in the same communication themes as other children. The interaction must contain meaningful ways to communicate.
- Children with functional disabilities can only learn to communicate in a meaningful way if we learn to understand their signals and ways of expressing themselves, build on these, and together develop a shared world of meaning and understanding.

By supporting the children's ability to communicate and interact in a meaningful way, we may open the way for mediated experiences and learning based on their own premises and resources.

## **About parent–teacher interaction and cooperation**

### ***About the school's view of the role of parents in child rearing and learning.***

Even though the official objectives of the schools emphasize cooperating with parents, Norwegian schools traditionally arrange only two parent-teacher conferences throughout the school year, one in the fall and one in the spring. Of course, we can argue that this objective is meant to ensure at least two parent-teacher conferences, and that cooperation with parents beyond this is up to the initiative of the parents and teacher. However, it is natural to interpret this stipulation of two parent-teacher conferences per year as an expression of how the school sees the role and function of the parents in relation to the child's schooling and learning. In most cases, the two conferences function as information meetings, where in the fall the teacher informs the parents about the program of instruction for the school year, and in the spring the teacher summarizes how the teaching and class have developed over the course of the school year. The responsibility for course content and

implementation clearly rests with the school and the teacher. The responsibility for the student learning the material required by the curriculum rests mainly with the student's personal abilities – through classroom efforts and homework. The parents' role is connected to raising the child, providing care, and helping with homework. The school in general – but may be more so in high school than in primary school, does not appear to put much emphasis on developing a close relationship with parents, which can build a bridge between the home environment and the school environment, and between the children's experiences outside and inside school. Schools do not seem to have taken into account that the contact between parents and teacher and the student's sense of cooperation, mutual understanding, and support between home and school, can have a significant impact on the child's well-being, learning, and development through schoolwork. Only when particular problems arise in the children's learning and adjustment to school, does the contact between parents and school become intensified – and then, often with a focus on resolving problems that have already become established over time. A systematic effort to build up a relationship of mutual trust and cooperation as a basis for the child's well-being, security, and learning is given little emphasis in practice. The school lacks a tradition of a holistic approach to child rearing, learning, and development, where cooperation between home and school is the core in the child's effort to connect everyday experiences together into a meaningful whole.

***Cooperation between parents and school can be described on the basis of various levels of parental involvement:***

- Parents as partners in care providing, but passive in relation to the school's educational work with the child. Two worlds for the child: home and school do not represent different but supplementary experiences, but rather two completely different sets of attitudes, perceptions, and ways to face the challenges of everyday life. Such a lack of cooperation gives little opportunity to ward off learning and adjustment problems.
- Parents as support players in relation to schoolwork. They become acquainted with the school's plans and practices, make arrangements for the child's homework, and also play a strong care-providing role at home. This form of cooperation is perhaps the most common and generally functions well when parents and children do not have special needs.
- Parents, who, in addition to care providing, are active participants in the school's work, cooperate with teachers regarding schoolwork and homework, child rearing and the child's social life in and out of school. Integration of home and school environment in a more coherent environment, but with generally common attitudes, norms, and values with respect to the child's personal and social worlds, their learning and development. This form of cooperation has a

demonstrable positive impact on the child's well-being, learning, and development, and helps prevent difficulties in learning and adjustment. When it comes to children with special needs, this kind of close, trusting, and mutual cooperative relationship is crucial for the child's well-being, social adjustment, and learning.

***The extent to which parents are willing and able to work with the school varies***

The extent to which parents are prepared to cooperate actively with the school depends on their interests, abilities, opportunities and at times motivation. Parents often set high standards for teachers: They expect that teachers will identify the need, take the initiative, and make the practical arrangements for developing and maintaining a good working relationship with parents.

The school exists to meet the children's needs for learning and developing into "good people," learning and development that can only take place in close cooperation with parents and the home environment. It is the teacher who is the professional in the scholastic work, but today we know that this work cannot take place to its full advantage without input from the parents.

Therefore the teacher must do what he or she can to establish a good cooperative relationship, and adjust this to the relevant needs of each child and parent. In reality it means to form what could be called a partnership with the parents.

For this to succeed, some demands must be made of the teachers:

- The teachers must understand that parents have different premises and needs. The teachers must therefore have a flexible attitude towards how cooperation takes place, as well as what can be expected from and included in the working relationship.
- The teachers must have the desire and ability to develop a working relationship with parents with varying abilities, interests, and backgrounds.

Like teachers, parents also differ significantly. Parents have different experiences of growing up and schooling that will form the basis of their perceptions of school and the tasks of the teacher. Their attitudes towards cooperation and perceptions of their own role in their children's schooling will vary strongly.

Just as there are children with special needs, so too are there parents with special needs:

- Parents have different perceptions of themselves, of what it means to be a parent, and of what

they can contribute to the school situation, and therefore highly varied premises with which they enter into cooperation with teachers about their children's schooling and development.

- Parents differ considerably in terms of their social and daily lives, their personal lives, the amount of time they have, the stress they are under, and the degree to which it is practically possible for them to actively work with the teachers.
- In addition, children differ both in their social and intellectual development, their behavior, and how they learn in school. The type of cooperation parents need may vary in terms of degree, content, and organizational form.

There is a highly varied universe of difference in children, their home lives, and their experiences at school, and a comparably varied universe of difference in their parents – who are integral in building the bridge between the school and the home. Cooperation between school and home demands both a more thought-out conception of the school's role in general, and not least the teacher's role in relation to the children and cooperation with the parents regarding the child's learning and development. It is thus self-evident that the challenge of creating a good basis of cooperation with parents requires insight, flexibility, ability to empathize, and personally adapted contact. The working relationship must be adapted both in form and in content to the needs of the individual parents and children.

Examples of various types of parents with “special needs”:

- Parents who are generally insecure about their roles as parents, often particularly in relation to their children's schooling.
- Parents with negative experiences from their own schooling – either academically, socially, or both – which makes them anxious or worried about their children's schooling.
- Parents who see the school as an authoritarian institution and who view teachers with suspicion and distance, and are particularly critical or negative towards cooperation.
- Parents who see the school's role as solely a provider of information, who are largely unaware of their children's social and emotional needs in a school context.
- Parents who are, as a starting point, negative to any kind of cooperation with the school, who draw a clear line between school and home, and who are reluctant to see the home environment as relevant to their child's schooling. If there is to be cooperation, it must occur exclusively on the parents' terms.

- Parents who are willing to cooperate, but who have a fairly unstructured daily life and therefore are not able to follow up good intentions or agreements.
- Parents with children with special and demanding needs, often combined with a more or less deviant physical and/or mental development.
- Parents who have had a problematic adolescence and schooling, and who have children with special needs – meaning that the parents perceive their child’s schooling as particularly threatening or difficult to deal with.
- Parents with very different social, linguistic, and cultural backgrounds, where values and attitudes towards child rearing and schooling are fundamentally different.
- Parents who’s day is filled with other stressing commitments and obligations that drain their energy and leaves no time for following up their children’s day.

Some questions that teachers should therefore consider:

- Do the teachers approach the parents in terms of their individual needs?
- Do the teachers listen to what the parents are communicating both directly and indirectly and act accordingly?
- Do the teachers attempt to put themselves in the parents’ shoes and understand their perceptions, thoughts, concerns, and attitudes?
- Are the teachers able to adjust their attitudes, ways of making contact, and ways of working together so that the parents are able to participate and develop a working relationship with the teachers?
- Do the teachers understand how the parents are able or not able to support the child’s schooling and daily life?

When the working relationship disintegrates, what factors can cause the working relationship to be unproductive?

- Is it because the teacher does not understand or perceive the parents as people?
- Is it because the teacher does not respect the parents’ perceptions, attitudes, or values?
- Is it because the parents’ perceptions, attitudes, or ways of being create a negative pattern in their interactions with the teacher?
- Are the problems related to biases or prejudices?
- Does the teacher’s attitude pose a risk of repressing or hindering positive initiative and problem

solving on the parents' side, or underestimating or ignoring the parents' resources, or not allowing him or her to encourage or take advantage of these resources?

- Is the teacher aware of what kind of position of power he or she is in as representatives of the school with respect to parents, and how such a position of power affects the working relationship?
- Does the teacher know when he or she needs to be creative and take initiative to establish contact and cooperation, and when to pull back to a primarily personally supportive and encouraging attitude?
- Is there room for the parents' own initiative to problem solving and self-development, e.g., through parent groups?

It is not until teachers address the above and other key issues related to parent cooperation that we can say that the school takes working with parents seriously. This is a crucial requirement for the development of greater awareness about parent cooperation.

***The teacher's patterns of interaction provide the foundation for establishing and developing a working relationship with the parents***

For most parents with special needs, an offer of two parent-teacher conferences per year which is common in Norway, is not sufficient. These meetings are best suited for building a foundation for productively coordinating school and home activities when they are already largely in line with the parents' personal terms and social and cultural frameworks. This implies that the teachers and parents share important conceptions, attitudes, objectives, and understanding of what the schooling implies. This is an important prerequisite for normal cooperation between home and school.

The situation in schools in Norway today is markedly different than it was 50 years ago, when it was designed to give instruction to a relatively homogenous – functionally and culturally – group of students. Today, the objective is to have a school that is inclusive and deals with both a wide variety of teachers and a wide variety of language and cultural backgrounds. This situation makes it necessary for the school to develop a completely different, open, and comprehensive plan for cooperating with parents. A cooperative framework is needed where both teachers and parents can initiate cooperation beyond the ordinary joint information meetings, which until now has been the common practice. There must also be room for alternative ways of working together, varied frequencies of meetings between teachers and parents, flexibility regarding where the meetings might be held (e.g., at home or at school), and so on. In many cases with children and parents with

special needs, it will be important for teachers to initiate cooperation by meeting the parents in their homes. This shows that the teacher is truly interested in working together and meeting the parents on their own terms.

### ***Some key qualities in the interaction between teachers and parents***

We now return to the transformation of the interaction qualities that are emphasized in ICDP's program. Just as with the teacher–student and student–student interactions, the interaction qualities focused on by ICDP do not cover the entire multitude of interactions that take place between people. However, the eight interaction principles represent the most important of the basic positive qualities that exist in interpersonal interaction. Thus these principles can also be applied in the supportive and guiding cooperation that is needed in the teacher-parent working relationship.

### ***ICDP's interaction qualities adapted for teacher–parent cooperation (formulations as used in the project in Sæby, Denmark)***

#### **1. Demonstrate that you are actively interested in cooperating with the parents.**

Show a positive interest in and respect for the parents' perceptions, experiences, concerns, and feelings for their children's schooling. Listen to what they are telling you, and help them by elaborating on and clarifying what they are saying in a supportive and accepting way.

#### **2. Adapt parent cooperation to the parents' and children's special circumstances and needs.**

Take the parents' perceptions of and experiences with their children's schooling seriously, and try to accommodate the parents' perception of their children's needs as much as possible. Set the time and date for meetings in accordance with the parents' needs, and work together with them to develop concrete plans for how to jointly make the children's school situation as good a situation as possible.

#### **3. Let conferences with parents take the form of mutual communication.**

Try to establish a positive dialog with the parents regarding their children's schooling. Discuss with the parents how both you and they see the child's schooling. Show that you value their opinions about what the child needs, how they can assist their children with homework, how they experience the school, and what their attitudes are towards the school.

#### **4. Show acceptance and appreciation for how the parents help their children with respect to school.**

Show support when parents take the initiative to cooperate with teachers and other parents. Accept, talk about, and try out concrete suggestions from parents on how to improve their child's situation in school. Show positive interest in cooperating with parents and how they can help their children get as much out of school as possible. Encourage parents to establish an atmosphere of positive collaboration with the child about school work, and express recognition and appreciation when they succeed.

**5. Agree with the parents on the main themes for parent conferences.**

In the first part of the conference, help guide the parent's interest in the direction of the main themes that relate to the child's schooling. Help them, if necessary, to express what they feel is working and what presents a difficulty, so that together you can come up with a concrete and realizable plan.

**6. Help parents feel that their contribution to their child's schooling is meaningful.**

Through a positive and enthusiastic attitude, show that cooperation with parents is important for you and your work as a teacher. Show that you value what they do, and explain that their contribution towards helping their children in their schooling is seen as important both for the child's education and his or her development. Through your personal involvement you can help parents feel that cooperation on their children's school activities are meaningful and important.

**7. Help parents understand how they can promote their children's learning processes in school.**

Help the parents understand how cooperation between you as a teacher and the parents can contribute to a better education for their children. Explain the importance of children experiencing close contact between you as a teacher and the parents – that you and the parents share a common understanding of the school's tasks and approaches, and that you will cooperate on solving problems to make schooling as good as possible for the children. Help parents understand the intent of the instruction given in school, and show them that by supporting their children with their homework they can improve their contact with their children, and that their children will be happier both at school and at home.

**8. Help the parents feel that they are important and are able to positively contribute to their children's schooling.**

Help the parents discover how they can have a positive influence on their children's well-being and learning at school. You can achieve this by establishing a bond of trust with the parents that makes cooperation open and natural. Becoming open to active input from parents allows you to work with them to decide what they can contribute and how they can help improve their child's situation. By mobilizing parents' resources through a positive, trusting, and mutual cooperation, you help enhance the parents' feeling of responsibility and competence with respect to raising their children, and the child's education and well-being.

### ***Various ways of working with parents***

The importance of cooperation between the school and parents did not come into focus until the last twenty years or so. Today, it is seen as important that the child's everyday life constitute a meaningful whole with as few contradictions and conflicts as possible. This applies not least to the relationship between school and home, which in the important formative years between the ages of 6 and 16 helps shape the child's personality, interests, and practical-theoretical abilities. This is the main perspective on the working relationship between parent and teacher, and it underlines the central importance of parent-teacher cooperation for the child's learning and social development.

Even though most publications about school and its importance in a child's development stress the importance of parental cooperation, very little has happened to facilitate an expanded parent-teacher relationship. As mentioned above, it is still common to arrange only two parent-teacher conferences – one in the spring and one in the fall – which consist mainly of a one-way orientation about the teaching plan and practical measures in this respect, and where parental cooperation is expected. General experience shows that such orientation meetings have a certain informational value, but have little impact on establishing contact and cooperation with the parents. In addition, individual parents are often invited to academic discussions about the child's schooling once or twice a year. Even though these personal discussions could function as an introduction to closer cooperation, they are seldom followed up by the teacher. If special needs or problems are involved, they are generally left to specialized professionals and agencies. It varies how much and how the teacher can be made part of this cooperation.

The preventive and individual measures to prevent school problems that could easily be developed in a good working relationship between teacher and parents, are rarely implemented in practice in everyday school activities. Parents with "special needs" often feel uncomfortable at class meetings

or discussions that are arranged to take place at the school. Low self-esteem, guilt, and insecurity can often lead to tension that hinders contact with other parents and a distortion of the information that is given. There is rarely an opportunity to make contact with the teacher in this context. Thus it is not uncommon that those who most need to come to such meetings are the most reluctant to come. Likewise, those who need such meetings do not always come when they are called in to the school for a personal meeting with their child's teacher, or they find the meeting so uncomfortable that they do not benefit from it. This is an important reason why teachers should arrange to meet "parents with special needs" at their homes, in any case until contact is well established. At home, parents are on their own ground where they feel safer, and the fact that the teacher is interested enough to come to them makes it easier for them to talk about what is on their mind. In these types of meetings in particular, the teacher can benefit from focusing on the interaction qualities described above.

The second way to work with parents is through parent groups. This is another method that is underutilized in most schools. Nonetheless, this method has achieved good results for parents with children with disabilities. Such parent groups are, of course, voluntary. They can be initiated by the school and arranged by the teacher, but they should – if possible – be facilitated by experienced parents. Such groups should be structured around themes that the parents agree to address. The themes may also be introduced by a guest expert, but the discussion and exchange of experiences should be directed the parent(s) who have agreed to facilitate the group. The themes in such groups can vary according to the interests and needs of the group. For example, themes can be connected to the instruction and social situation in the classroom, or issues of child rearing, the child's situation outside of school, etc. When the themes are connected to the school, the teaching, and the situation of the children in school, it is natural for the teacher, and possibly other relevant people at the school, to be invited to discussions that summarize the viewpoints that emerge. Experiences that are relevant for this type of parental cooperation appear in reports on early intervention and from "empowerment" groups for marginalized young people and parents with special needs. A resource-oriented approach to parental cooperation shows a demonstrable positive effect with respect to parental involvement and the child's well-being and learning.

### ***The importance of active parental involvement in the school.***

Parental involvement will:

- Make parents aware of the positive effect they already have on their children, how and what

they do together at home has an impact on and relates to the work the children are doing at school, and that school and home are not two different worlds for children.

- Make parents aware that what they can do, alone and together with their children, is important for the child's learning and development both at home and at school.
- Invite the parents to participate in discussions about the child's schoolwork, about the instruction the child is receiving, about homework, and about how the parents can help make the teaching more interesting and relevant to the child's everyday life.
- Help the parents see that how they interact with their children at home affects their children's well-being, happiness, involvement, and social and academic development. Acknowledging the importance of the parents' role in child rearing and in the child's psychosocial development is crucial to the cooperation between school and home. Especially from a preventive perspective it is important that this is emphasized.
- Develop the teachers' and school's insight into the child's daily life both inside and outside school, and thereby create a better foundation for contact and increase the relevance of school activities. It is important to make more time for parent-teacher cooperation in order to reduce the widespread psychosocial problems that children and young people face today. Parents' insight, initiative, experiences, and creativity must be drawn into the parent-teacher cooperation in order to make the child's experience at school relevant and meaningfully integrated into the child's daily life.

### ***Principal arguments for taking steps to prevent psychosocial problems***

Based on Western studies, the situation can be summarized in the following points:

- The frequency of serious psychosocial problems in children and young people is high, about 20% in Western countries.
- Only a smaller percentage of these children and young people, about 10–15%, are offered treatment.
- Serious psychosocial disorders, which were previously assumed to correct themselves on their own, are now shown to be normalized in only 50% of the cases.
- Early psychosocial problems usually continue as the child grows up. For example 2 to 3-year-olds with clearly evident problems continued to have problems in the ages of 8 to 12. This is particularly true for children with serious behavioral disorders. These problems often continue into adulthood in the form of anti-social behavior.

Important developments in knowledge since 1985, referred to above:

- The awareness that intervention based on efforts to improve interpersonal relationships between caregivers and children gives the best results. Educational programs based on information alone, give less satisfactory results.
- The knowledge that improvement in early communication between caregiver and child, and the enhancement of the relationship between them, is the most important content of successful programs in terms of the long-term impact on problem behavior in 7, 12, and 15-year-olds. Also important in this respect was:
  - Becoming aware of the child's particular ways of expressing him- or herself and the importance of responding to the child's attempts to communicate, and
  - Increasing the parents' and other caregivers' self-confidence and abilities to care for their child.

Studies indicate that other risk factors, such as poverty, affect the child through a poor relationship between caregiver and child. A new approach in early intervention is that one helps the mother to become aware of her child and helps her to follow his or her spontaneous and unaffected activity. The mother uses herself as an instrument without being led by some one else. One of the most important finds in recent research on early intervention is that these approaches clearly reduce the frequency of physical and sexual abuse of children. These studies included home visits as an important part of the program.

***Results of early intervention in the short- and long-term can be summarized in the following points:***

**Short term:**

Improves the child's health and general well-being by, among other things, improving nutrition and health, and reducing the incidence of eating disorders, injury, and abuse. This is generally important for children with low birth weights. For parents, these measures often imply furthering education, obtaining employment, receiving more support from support agencies, improving self-image, and improving the relationship to their children and partner.

**Long term:**

Children display better adjustment and development  
Fewer problems with aggression and lack of concentration  
Less criminal behavior

Better schooling and learning

Improved social functioning and attitudes

The parents' situation shows:

- Better employment conditions and adjustment
- Improved education and mental well-being.

### ***Early intervention to prevent behavioral problems***

Why is it important to take preventive measures against behavioral problems?

- Behavioral problems are very serious for the individual, the family, and the society. For boys, behavioral problems are the most common cause of referrals to child services and psychiatric care. There is a strong relationship between behavioral disorders in childhood and criminal behavior in adolescence and adulthood.
- Behavioral disorders in adolescence are difficult to treat, and results have not been encouraging.
- Early identification of behavior that can lead to serious behavioral problems is possible today. Among other things, we know that increased aggression and continually disruptive social behavior in preschool years frequently leads to behavioral problems later. The earlier it begins, the worse it tends to be. Studies show, for example, that registered difficult temperament in 6-year-old boys that was previously expressed as negativity and increased aggression predicted behavioral problems in 8-year-olds.
- Measures that can be directed at both the individual and the environmental levels appear to be the most effective.
- Early intervention programs that are directed at improving the relationship between caregiver and child have been shown to have a significant effect in preventing the developmental characteristics that we know lead to behavioral problems. Findings indicate that what happens between the ages of 1 and 3 are the first development sequences that lead to behavior disorders and criminal behavior in adolescence and adulthood.
- If the interaction problems are allowed to continue past the ages of 3 or 4, they are in danger of becoming established. For example, there is a clear relationship between aggressive and anti-social behavior in young children and those just starting school, and anti-social and aggressive behavior in adolescence.
- Likewise, there is a clear relationship between lasting sadness and loneliness in young children and those just starting school, and development of depression in adulthood. Recent studies of the effect of psychiatric treatment on adolescents do not show encouraging results.

***There are five types of inter-related risk factors that can lead to behavioral disorders:***

- Biological conditions, e.g., temperament, gender, hyperactivity, and cognitive and language problems.
- Social conditions, e.g., poverty, ethnicity, over-crowded housing.
- Family problems, disturbances, and stress (alcohol abuse, depression, marital problems)
- Unfortunate care-providing and child-rearing practices (strict, unfriendly, erroneous, abusive)
- Problems in early parent-child interaction, insecure attachment in children who can develop an experience of relationships with others being characterized by anger, mistrust, chaos, or unpredictability and insecurity. This is often the background of aggressive children. (The Norwegian Ministry of Health and Social Affairs 2000; Fonagy 1996; WHO report 1999; Steinhausen & Verhulst 1999).

***The need for early measures in today's society***

Research reports from Western countries on the frequency of psycho-emotional problems in particular among children 10-15 years ago, compared to more recent reports, indicate a clear increase in the registered frequency from 10-12% to 20% or more. In addition come the children who, because of their biological functional and developmental problems, are at risk for developing functional and learning-impairing interaction problems. If we limit the category “psychosocial problems” to children who have a diagnosed clear need for help, we are talking about at least 10% of children and adolescents.

It is self-evident that this wave of increasing psychosocial problems in children and adolescents cannot be addressed by the standard help apparatus, such as child services. For this reason, the parental guidance program in Norway was established. The idea is that the healthcare centers, daycare centers, and schools will be pulled in as important arenas for preventive, early measures, as well as measures for school-aged children. The staff will be offered training in improving interpersonal interaction, which can better enable them to provide systematic guidance to parents about how they can best support their children's development.

The work on developing the program was initiated in 1995, but is far from completed. There still remains a lot of work on effectively adapting the program to the various arenas. In particular, much work remains when it comes to the role of the teacher and school, as demonstrated in this chapter.

### ***Summary of the importance of taking action as early as possible***

- There is reason to believe that a child's development is more pliable in early childhood than previously realized. A child's development is not determined once and for all because of certain early experiences, but lasting experiences appear to lay the foundation for long-term development patterns that cover social, emotional, and cognitive functions.
- The environment of most children has a tendency to remain the same when it comes to basic characteristics of the interpersonal interaction and the conditions around experience and learning. When important aspects of the child's early psychosocial world of experience pose a risk for insecure attachment and unfortunate interaction, very limited possibilities of experience and very limited communication of learning in its most general sense, then early intervention can have a significant positive effect on a child's development both in the long and short run.
- The earlier intervention takes place, the greater the preventive effect will be when it comes to preventing more serious psychosocial developmental problems. Early measures thus pay off both in personal terms as well as in socioeconomic terms.
- Based on the knowledge we currently possess about the opportunities for preventing and turning around psychosocial development as soon as possible, early intervention in the interplay between caregiver and child should be given high priority in our health and social care services. Here, the healthcare centers can play an important role.
- Daycare centers and schools are also important arenas, where corrective interventions can have a significant impact on further development.
- Early interventions must also cover important aspects of the environment in which the child is growing up, and be based on the caregiver's and child's existing resources, and attempt to build on these within the framework of the child's everyday life, lifestyle, and basic values.

### ***The quality of interaction in a parenting perspective***

Some of the main problems for children and adolescents are connected with aggression, anxiety, and depression, which often are manifested in behavioral problems, in physical expressions of tension, or in withdrawal and feelings of hopelessness. The frequency of suicide among young people has shown an increasing tendency in recent years (Norwegian Ministry of Health and Social Affairs).

The qualities in interaction – as they are described in the eight guiding principles and in the adaptation of the themes related to school-aged children – and the qualities in an “authoritative”

parenting attitude, as described above, can be put into a parenting perspective. The interaction qualities in themselves say little about the goals and content of parenting. They primarily indicate the elements of a basic foundation that must be established and built upon to develop a good personal relationship between caregiver and child. Such a relationship is necessary for developing a healthy emotional life, self-confidence, insight, ability, a positive attitude towards other people, and individuation. Experience shows, however, that this kind of positive relationship is not built in a social or cultural vacuum, nor is it a value-free process. Human development always takes place in a social and cultural context, where children and adolescents absorb, modify, and reshape for their own frame of reference the personal attitudes, perceptions, values, and self-reflection of those around them.

The disturbing and ever-increasing number of children and adolescents with serious adjustment problems that we can register today suggests that what is particularly lacking is the development of good relationships. Described above are some basic psychosocial needs, such as *being seen, met, understood, accepted, and acknowledged*. The qualities of interaction described earlier are well suited for communicating the kind of positive reinforcement that can meet these fundamental psychosocial needs. The *intimacy and empathy* implied by the interaction qualities named above, should also be able to lead naturally to a relationship characterized by *confidence and belonging*.

The ability to establish a relationship that implies mutual intimacy and trust is a prerequisite for developing the ability to trust and feel a sense of belonging. The ability to trust and feel a sense of belonging is shaped throughout childhood and adolescence, and is completely central in adult interaction. In the Western world - as also in some other societies, individualistic, self-promoting, and competitive attitudes have been basic characteristics of our social orientation. This appears to be associated with a strong focus on material values and the ability to outperform others. The emotional driving force in this kind of orientation is easily associated with an attitude towards life characterized by egoism and greed, or anger and hate when life does not turn out as expected. When such feelings are dominant, they can have destructive consequences both for the individual's happiness, but also in health and social terms. This orientation is often associated with superficial lifestyle values, where consumption and pleasure are the focus, often combined with the effects of an intrusive aggression- and violence-oriented entertainment industry.

This attitude towards life, which currently characterizes large aspects of Western society, and is also becoming more and more common in urban societies in other parts of the world, undoubtedly has

negative consequences for children and adolescents from environments that lack the positive interaction to counteract this effect. The “antidote” for blind acting out of frustration and rage in many children and adolescents today is related to a healthy growing-up environment and positive messages from the community around them. In an interview with psychiatrist Dr. Culter, the Dalai Lama claims that the most important “antidote” against anger, hate, egoism, and greed is *compassion, patience, and tolerance*. These human qualities cannot easily be learned in adulthood when the opposite qualities have already established a key position in the organization of one’s personality. It is thus something to hope for that these key humanitarian values can again be focused on as important qualities in the care and raising of children. They are essential tools to counteracting the dehumanization that parents, children, and young people are exposed to in our society today.

### **Concluding remarks**

There is currently a large body of research that documents the importance of the quality of interpersonal relationships for the development and learning of all children, especially when it comes to improving development and learning in children at risk for developing psychosocial problems.

A great challenge lies in the need to turn around the distressing trend in psychosocial problems in our part of the world. Preventive and earliest-possible interventions in preschool and school ages must take priority, and homes, healthcare centers, daycare centers, and schools must be the key areas of focus. Hopefully, healthcare workers, preschool teachers, teachers, and daycare workers will see this as an important investment area in addition to the traditional tasks. An interaction-oriented perception of development and learning should be a “common denominator” for preventive measures for children and young people, and for raising the feeling of competence of the adults interacting with and supporting the development of new generations.

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