



ICDP IDEOLOGY AND STRATEGY

ICDP Founders

OUR COMMITMENT

ICDP's commitment is to work for the benefit of children, youth and families worldwide towards a more peaceful and violence free society. We aim to implement recent knowledge from scientific research in child development for the benefit of vulnerable and neglected children.

The ethos of ICDP is to provide for human care by activating empathy and by building caregivers' competence; the focus is on quality relationships that enhance psychosocial development.

Our work is based on the principles that are in line with the UN Convention on the Rights of the Child. The Child Protection Policy and the Code of Conduct are part of ICDP policy and procedures.

ICDP may participate directly or indirectly in activities run by other humanitarian organisations having corresponding objectives. The ICDP is another expression of the same humanitarian spirit as it is encoded in the convention of children's rights. ICDP can be put in practice in any community to create positive conditions for the fulfilment of fundamental children's rights: the right to be protected from violence and to receive the loving care and guidance from the immediate environment which is required to ensure healthy human development. Introducing children's rights is likely to have a major impact on families (and all levels of authorities) if efforts are also made to activate awareness and deeper bonding to children as persons.

Our general strategy is to convey competence and expertise to individuals, organizations, universities, educational institutions and networks of care, in order to reach large numbers of disadvantaged children and families in a way that is sustainable long term.

The purpose of our cooperation with partner organizations is to offer training, as well as follow up educational and moral support, thus ensuring the quality of ICDP work and its positive impact on the development of caregivers and children.

The ICDP worldwide network provides opportunities for successful partnerships that sustain ICDP's operations in a viable and long-term manner.

SIGNIFICANCE OF ICDP

ICDP is significant for child care, children's development and the development of democratic attitudes in children's upbringing

ICDP promotes good quality of caregiver – child interaction

- in families as well as in kindergartens, contributing to better physical as well as psychosocial health and general development
- promotes the quality of teacher – child relationship, and thereby enhances the opportunity for learning as well as psychosocial development in school
- promotes an optimal psychosocial and development in children with special needs at home, in kindergarten and school
- promotes the quality of children's care and life situation in accordance with the UN's Convention on Children's Rights
- promotes the development of positive human relationships as well as democratic social values

An Over-Arching View

Aim(s)

To enable children, particularly vulnerable ones, to achieve their full potential through relationships with care-givers

Objectives

To enable the care-givers to achieve those relationships with the children in their care

Methods

To pass on the ability to relate through developing relationships between ICDP personnel and the care-givers

To give practical help in identifying ways in which relationships operate in the nurture of children in any cultural milieu.

To motivate care-givers to observe, evaluate, reflect on, explore, share, construct and practice meaningful interactions empathic guidance in situations that are typical in everyday life such as feeding, bathing, playing, meal time, doing homework, etc.

To prepare for sustainability and self-perpetuation of the methods so that ICDP can gradually withdraw.

Tools and Materials

The main tool is a snowballing system of training through workshops, meetings, trainers, facilitators, promoters, small groups of carers, with a plentiful supply of printed material, film, photos, posters and so on.

The use of role-play, group exercises and home observational tasks

The implementation of feed-back, monitoring and self-evaluation sessions

Currency

All charities by definition have a currency in kind – shelter, money, food, clothing, schooling, medical help etc.

In ICDP the currency is reactivating human care and empathic communication, from the initiators of ICDP, from those who operate it, and from those in charge of the care for children.

Programme's message:

8 GUIDELINES FOR GOOD INTERACTION

Emotional dialogue:

1. How do you express love to your child?
2. How do you follow and respond to your child's initiatives?
3. How do you establish close communication with and without words?
4. How do you show appreciation and praise your child's efforts and achievements?

Meaning dialogue:

5. How do you help your child to focus on things around?
6. How you share meaning and explain about things? How you do it with enthusiasm?
7. How do you enrich and expand your child's understanding and experiences about the world?

Regulative dialogue:

- 8a. How do you help your child learn rules, limits and values?
- 8b. How do you help your child to plan and carry out activities and projects, step by step?

How to convey the message:

7 PRINCIPLES OF SENSITIZING

1. Establishing a contract of trust with caregivers.
2. Positive redefinition of the child – to see the child as a person:
 - a. Pointing out to caregiver the positive qualities in their child.
 - b. Re-labelling positively what appear to be negative features of a child.
 - c. Reactivating past good memories in caregiver-child relationship.
 - d. Using exercises for caregivers to discover positive features in their children.
3. Activating caregivers in relation to the theme/guideline that was discussed by:
 - a. Asking caregivers to make self-assessments of personal interactions with their child based on the 8 guidelines of good interaction
 - b. Exemplification: asking caregivers to produce examples of their interactions with the children
 - c. Giving caregivers observational tasks in relation to their children
 - d. Tasks for caregivers to test out new ways of communicating and interacting with their children
4. Confirming caregivers' competence by pointing out that which is already positive in their existing interaction with the child.
5. Using an inquiring approach to guide caregivers' discussions about what is good interaction.
6. Encouraging sharing and attentive listening among caregivers in group meetings, so as to learn from each others' experiences.
7. Using two styles of communication in relation to caregivers.
 - a. A personalised style of explanation, with personal examples.
 - b. An empathic interpretative style, i.e. describing how the child experiences the situation; comparing the experience of the child with similar adult situations

ICDP PRINCIPLES FOR INTERVENTION

Karsten Hundeide

In this paper I try to state some general principles of development and change that are as applicable in the context of caregiver-child interaction and care as in the field of treatment of traumatic experiences as well as in community participation and development. The principles of development and change seem to be roughly the same although there are modifications to the different contexts.

1. Facilitation

Instead of intervening in the traditional way by importing an external program into a cultural environment that may be in conflict with the program's assumptions, there is an alternative strategy, namely that of facilitation and reactivation of cultural practices and initiatives in the relevant field.

Facilitation implies that there is some seed of initiative and activity in the recipient/participant (which can be person or a community) that can serve as a basis for further reactivation, support and extension. Therefore, the first action in a process of facilitation is to assess what are the existing resources, initiatives and activities that can be expanded and developed further. Especially in the psycho-social field most mechanisms of human care are usually, in some form, part of a community's (or family's) cultural tradition and practice, therefore the first step is to identify these mechanisms and support and extend them - when that is needed. This is another kind of intervention, because it is more like an extension through facilitation of existing initiatives, and not an intrusion of something new and possibly alien.

Facilitation can take place as "guided participation" where the facilitator joins in with the recipient and expands and enriches her initiatives (Rogoff 1990, Wood 1996), or it can be through consciousness-raising where the recipient is made aware of her existing potential skills for coping, or the emphasis may be on confirmation and encouragement of what they are already doing.

In a context of community development, facilitation may involve identification and support of existing networks and institutions that may cope with the present challenge at a community level (Hundeide 1991).

We also assume that working in this direction may initiate a developmental process that is in tune with existing cultural patterns and initiatives and therefore more sustainable than interventions that are not adjusted to local conditions and practices.

2. Reciprocity and sharing of experiences as a basis for facilitation and care

In order to get access to existing resources and initiatives, it is necessary to become a partner in the recipient's world ("phenomenal world" is also used) and this implies that one has to operate according to the principles of reciprocity and dialogue.

This implies first of all respect for the recipient (child, mother, victim or community) and his initiatives and practices, conceptions and values, willingness to listen and to receive his experiences and to respond back in a way that is meaningful in relation to his or her world of understanding. (Patin 1986).

This principle applies just as well to an interaction with a baby as with a traumatised subject who has been exposed to extreme situations of stress, or to a new community. In all such cases there has to be a willingness to listen and share and then respond back in a meaningful way based on the initiatives of the other. This is the principle of dialogue instead of dominance and monologue (Jaregg 1994, Rommetveit 1996).

In a psychosocial context sharing should also take place at a non-verbal level as **attunement to the emotional state and timing of the other** - and such sharing or synchronisation of feeling states seems to have a consoling and opening effect both on babies and on victims exposed to traumatic experiences.

Thus creating an atmosphere of reciprocity and sharing is a precondition for getting into contact with the recipient's world of experiences that constitute the basis for further development.

3. Sharing of meanings and narratives of what happened

Sharing does not stop at the level of attunement of states of feeling; it also involves simple sharing by identifying and describing what and how one experiences the surrounding world. This is very important with babies and young children (Klein and Hundede 1989). At a later stage the sharing of meanings may involve sharing of world-views, opinions. Thus becoming a partner in another person's world thus goes beyond sharing of feelings into sharing of "what happened?" Sharing of conceptions, stories, ideas and values.

For a traumatised person it is particularly important to be able to identify, share and recount what happened so that the experience is clarified and made predictable/controllable and may, in this way, help to desensitise associated fears and anxieties. For this reason most traumatised victims have a need to recount and share their story of the traumatic event either through telling or through different modes of symbolisation or art expression. Through support and guidance cognitive control may gradually be gained over the traumatic experience.

In a similar way a baby gains cognitive control of his environment, through labelling, sharing and confirmation of meaning from significant others in his surroundings.

In a more general sense, sharing of meaning in the sense of symbolising or narrating the way people understand their experiences and their problems, is also the key to solutions that are not imposed from the outside, but in tune with the recipients' needs and interpretive background

This applies also to community participation - appropriate solutions are generally extension of existing ways of understanding...

4. Guided expansion of existing initiatives and activities of the client

In order for development to take place, sharing may not be enough; guidance and expansion of the participant's initiatives and activities may be necessary. As the Russian psychologist Vygotsky maintained, there is always a "zone of proximal development" where further development can take place if sensitive assistance is given. In the case of young children an important form of assistance is what we call "expansion", that is expanding the child's initiatives beyond the present situation, giving explanation and telling stories etc. We know from research that this is essential for a child's cognitive development (Carew 1980, Schaffer 1996).

But in order for expansion to take place without intrusion, the caregiver or "guide" has to operate inside the child's phenomenal world of meaning according to the principle of facilitation, reciprocity and sharing. This is sometimes described as a **participatory approach** or **guided participation** (Rogoff 1990), where the caregiver guides the child through hints and questions that points out a direction for the child's exploration and discoveries - inside the potential of the child's phenomenal world and resources. On this basis it is possible to expand further with explanations and hints...

The same principle also applies also to traumatised subjects; they are invited to participate in a curriculum that will guide them through a process of expressing, sharing and reconstructing a traumatic event. In this context concrete alternative ways of understanding what happened may be suggested that are more acceptable to the person's self-respect and developmental initiatives. But also in this case the advice has to be based on insight into the victim's world, his perception of his situation and the developmental potential or trajectories that originate in his definition of his situation.

5. Gaining mastery through self-initiated activity and assuming an active role

Any kind of assistance whether it is through therapy or parental guidance or developmental aid, is fraught with the danger of dependency (Hundeide 1991). Therefore an important principle in all "assisted learning" (Tharp and Gallimore 1987) or "scaffolding" (Wood 1996) is reversal or transfer of control. That is handing over control to the participant (i.e. child. or victim). In an early phase of assistance, usually the teacher or guide may play a dominating and modelling role, but as the participant's competence grows, control is gradually transferred so that he in the end has the feeling of mastery and self-initiated control.

Throughout the whole process of assistance there should be the underlying intention that the participant at end is going to master the operation by himself. Therefore **preparation for autonomy is an important part of the assistance.**

Therefore if a child is going to gain mastery of his situation, he has to exercise "being in control" through his own self-initiated activity and projects. Through such guided experiences children learn to explore reality and to trust their own initiatives. Confirmation from caregivers is important in this process.

In the context of trauma, taking on an active role for example in helping other victims seems to be a therapeutic principle that helps the victims to gain control (Ayalon 1988). But being active does not necessarily involve taking a new role; even a more modest process of exploration and search may slowly create a basis for autonomy and for taking on a more responsible role at a later stage.

In the case of community development this principles is extremely important: at the same time as guidance and training is given in line with participants' phenomenal world of meaning and understanding, there is at the same time a preparation for taking over so that at the end, when assistance is withdrawn, key-persons in the community is prepared to take over with sufficient competence and autonomy to continue the activity that was started. This is preparation for sustainability in the psychosocial field, which is very often neglected. Training in the skill itself is not enough.

6. Operating inside the cultural system of norms, values and worldviews

As already mentioned, facilitation implies that there already exists some initiative, some intention that can serve as a basis for expansion. This implies at a community level that we operate in line with the existing resources, customs, skills and values. Child rearing is an example of a skill that is not only individual, but deeply embedded in normative family and community traditions (LeVine 1990) that we have to take into account if we wish to promote a developmental process that is "appropriate" and sustainable over time.

This applies also to trauma; most societies have traditional ritual procedures for how to cope with persons in states of mourning after loss. Such rituals are deeply ingrained in people's psychological reactions, and it is therefore important to map such cultural coping mechanisms and promote and facilitate those that are still relevant along with other suitable methods. If not, if we approach a traditional population with modern therapeutic methods that may upset their sense of dignity and honour, ignoring the extended family system of care, we may easily end up by "making things worse" as was pointed out in a recent conference in Nairobi.

7. An interpretative approach: assessing conceptions and positive resources

Basically what has been suggested in this paper is what has been called an interpretative approach (Geertz 1980, Hundeide 1987).

In order to facilitate a client's initiatives, we need to know him "from the inside" - how he sees the world what are his basic goals, needs and intentions. Along these lines, it is the child, the caregiver, the client or the key persons in the community, who are their own best interpreters and guides for further development. This is an important principle both ethically and psychologically. It is only when we know how a person sees the world and define his situation that we can start to **understand his behaviour as meaningful reactions to the way the world appears to him or her**. It is important to add here that how a person defines his situation is more than a purely cognitive assessment, it includes all his commitment, emotions, fears and anticipations..... Therefore the assessment of his definitions and conceptions of the world become very important, because it is these, not the physical stimuli, that constitutes the basis both for his external actions and for his psychological reactions - happiness and sufferings.

Only through understanding how victims of war experience the traumatic situation can we understand their reactions as plausible and meaningful, in the sense that "if I had been there I would have reacted similarly". This approach therefore puts special emphasis on respecting the victim's experience and on getting the more subtle nuances of their perception and interpretation of what they have been going through. This is an approach different from presenting a list of symptoms with automatic prescription of treatment.

But such assessment requires patience, respect and empathy - willingness to listen - and to take seemingly nonsensical manifestations as expressions of a meaningful but divergent understanding his reality.

In addition to knowing how a person sees his world, his interests, initiatives and commitments, one also needs to know his existing patterns of competence or coping skills that are available, in order to facilitate development. This can be achieved through presenting the person with practical situations where his skills are exposed, like in interactive situations between mother and child where the interactive skills of the mother is exposed through video-recordings in real everyday situations. Or it can be achieved through role-playing a stress-situation that simulates the real situations. Also interviewing the subject can be useful, like asking the victim what they felt helped and disturbed them when they were in the stressful situation.

The point is to arrive at **an assessment of the positive resources** that can serve as a practical basis for intervention in "the zone of proximal development" where trajectories of already existing initiatives, competencies or skills can be facilitated to further perfection or to a more healthy relationship to ones surroundings. We can only arrive there by focusing on the positive resources, not on the failures and deficiencies. A person's **developmental potential** is thus based on the commitments, initiatives and resources he is able to mobilise for worthwhile life-goals within his phenomenal world.

The path of healing is thus contained within the client's own phenomenal world; his understanding of his situation, his relationships and his conception of the future, on the one hand, and within the initiatives, resources and the commitments he is able to mobilise for something to live for within this world - on the other.

In fact this point of view is as valid for the development of communities as for persons.....

Summary of sensitization of caregivers and the pedagogic principles applied¹

Pedagogic principle	Operational description	Basic principle
1 Establish a confident relationship and contract of trust	a. By positive expressive contact b. By being willing to listen c. Show loving attitudes with respect d. Clear agreement about what will happen during the training	Influence through emotional attachment and contact is more efficient than without emotional contact
2. Positive redefinition of the child	a. Point out the positive qualities of a child b. Positive redefinition of negative aspects c. Reactivating earlier positive relations d. Remove signals that encourage negative concepts towards the child: child's uncleanliness, strange clothes, smells and so on	See possibilities and resources in the child and not only negative features and failure – "the zone of proximal development"
3. Activating caregivers with regards to the 8 themes	a. Observational tasks; observe children and one's own interaction b. Testing c. Find examples from own practice d. Make own manual	Self-activation and discovery has a stronger effect on practice than instruction alone
4. Point out positive features in caregivers' practice	This can happen through: a. Pointing out when one observes the interaction, or b. through video-feedback	Positive feedback and focus on resources also strengthens the caregiver's self-confidence and motivation to develop further in the same direction
5. Verbalizing; using directed awareness-raising	a. Using the theme booklet and making self-evaluations about the extent these themes are practiced b. Verbalizing and giving personal examples for the themes	Expressing oneself about the themes will focus the attention and help observation and awareness-raising. Concretization through the "booklet" is important for many people
6. Share experiences in groups	a. Goal-oriented group; aiming to exchange experiences and about the interaction themes b. Turn taking and participation of all participants c. Positive confirmation	Sharing experiences in a group gives a social confirmation which may be decisive for insecure participants' self-confidence. In addition, this strengthens the belief and commitment to the main ideas.
7. Personalized and interpretive communication about the child	a. Talking from one's own personal experiences with examples b. Talking interpretively about what the child experiences and feels	When principles are put in form of concrete experienced stories it creates more interest. Explanations based on the child's experiences and feelings legitimize that this is an important theme, also for the caregiver.

¹ This table can also be used as a check-list for sensitization.

There are five modes of intervention using the ICDP program

Table 1: ICDP modes of intervention

<i>ICDP Modes of intervention:</i>	<i>Level of interaction Family-care</i>	<i>Local community</i>	<i>National policy</i>
1.Redefinitions and focusing on the positive resources	<i>To counteract a negative conception/ image of the child and stigmatization</i>	Mobilization to counter-act stigmatization and prejudice, facilitate hope	Raise awareness mobilization to counter-act stigmatization media, radio, TV
2.The emotional dialogue (4 guidelines)	<i>To promote love and affectionate care, trust and self-esteem</i>	Raise awareness for the need for affectionate care for vulnerable children	Raise awareness for the need for affection and care – media, radio, TV
3.The meaning dialogue (with 3 guidelines)	<i>To expand the child's understanding of his or her world and situation (narratives, memory work also)</i>	Raise awareness for the need to talk, share experiences and communicate with children about their experiences	Raise awareness for the child's need to share experiences – time together. Explanations & proving stimulating environment, also the role of media
4.The regulative dialogue/ limit- setting	<i>To help the child organize, plan and regulate his life, develop self-control</i>	Create settings and opportunities where children can act in collaborative and organized ways ...	Setting national guidelines/ norms for appropriate care for children against abuse – children's rights
5. Principles of sensitization – how to train/sensitize facilitators and caregivers	<i>Sensitize primary caregivers in how to use the principles above in everyday life through personal activation</i>	How to train and sensitize community facilitators who train primary caregivers – through personal activation	Setting national criteria and standards for education of caregivers

As the table 1 shows above, these modes of intervention can be applied at the caregiver-child interactive level (2), at the level of community (3) and at the national level of policy, advocacy and human/children's rights (4), although *the focus and emphasis in the ICDP program will be on the interactive level.*