

Harvey, Susan, Play in Hospital, Pitman
Press, Bath, 1972

An interesting book stressing the importance of play in the hospital - esp. for long termed patients. From children 0-5 up it separated 5 stages of play and gave appropriate ^{ideas} for play material, games, examples of each stage. Older children played ~~to~~ games, shared hobbies etc. Stress, esp. ~~in~~ younger children, were opportunities to play outside,

climbing areas, "messy" and expressive play.

Also in this book was a section of children with special problems, such as emotional + social deprivation, mentally retarded, and those children in body casts, traction and isolation.

Mentioned throughout the book was not only the necessity of a floor to have a playroom, but also a trained and responsible play lady who is empathetic to the child's needs.

Azarnoff, Pat: A Play Program in a Pediatric Clinic.
Children, 17: 218-221, Nov. Dec. 1970.

Azarnoff, Pat, and Flegal, Sharon: A Pediatric Play Program,
Springfield, Ill.: Charles C. Thomas, 1975.

Blake, F.: Open heart surgery in Children. U.S. Dept. of
HEW, #2075, 1970.

Brain, D.J.

"Controlled Study of Mothers and Children in
Hospital"

British Medical Journal, 3 Feb. 1968 pp. 278-80

C. 1960+CU, ST

BRAIN, D. J. "CONTROLLED STUDY..."

3 GENERAL CONCLUSIONS OF PAPERS ON CHILDREN'S EMOTIONS IN HOSP.

- ① ALL UNDER 3 + MOST UNDER 5 DISTURBED BY ADMISSION
- ② YOUNGER CHILDREN CANNOT BE CONSOLED FOR LOSS OF MOTHER
- ③ MOTHER CHILD UNITS HAVE IMPRESSIVE BENEFICIAL EFFECTS

THIS STUDY:

1,000 children under 6 referred for tonsillectomy or adenoidectomy
bet. June 1964 + Dec. 1965 20% of mothers offered rooming in
(no pressure on mothers to do so) accepted. control group was
unaccompanied children. Same ward + staff for both groups -
docs + nurses assigned at random. (but alternately to keep control
group from feeling jealous)
3 home visits - 1st one month before admission 2nd - 2 weeks after
discharge 3rd - 6 months later

197 children in experiment 101 admitted w mothers.

3 types of adjustment to hospital SATISFACTORY UNSATISFACTORY
AND LIMITED. EXPERIMENTAL GROUP DID BETTER (TABLE I p. 278)

EMOTIONAL DISTURBANCE AFTER DISCHARGE (a) DISTURBED (NEW BEHAVIOR DISORDER)
(b) UNDISTURBED (BEHAVIOR UNCHANGED)

HIGHLY SIGNIFICANT DIFFERENCE BET.

THE 2 GROUPS TABLES II + III p. 279

CONTROL GROUP MORE DISTURBED + FOR LONGER DURATION

POST OPERATIVE COMPLICATIONS - HEMORRHAGE OR INFECTION W/IN 10 DAYS.
11% IN EXPERIMENTAL GROUP 23% IN CONTROL GROUP

ASSOCIATION BETWEEN BACKGROUND VARIABLES + OVERALL DISTURBANCE
DUE TO HOSPITALIZATION - TABLE IV (CONTROL GROUP)

younger children most disturbed - children having problems before hospital further upset by hospital - children whose mothers wanted to accompany them most but could not very disturbed.

In experimental group 58% previously disturbed also disturbed by hospital. Only 28% of normal were disturbed by hospital.

MOTHERS (TABLES V + VI) in exp. grp. 85.1% mothers would again
NURSES STAFF - prefers to have children admitted w/o mother
(a) easier to do procedures (b) better contact w children
(c) a few mothers were 'difficult'

Discussion - reduction in emotional + infective complications when mother present

mother is best judge of whether or not she should stay
(children of mothers who wanted to but couldn't had high rate of disturbance)

Nurses need special training to work on mother child units

GILKERSON, ELIZABETH

#3

"Teacher-Child-Parent Relationships"

NAME

DATE

GILKERSON, ELIZABETH

#2

"Teacher-Child-Parent Relationships"

NAME

DATE

Chodoff, Friedman and Hamburg

"Stress, Defenses and Coping Behavior: Observations
in Parents of Children with Malignant Disease"

American Journal of Psychiatry

120:2 Jan. 6, 1964 pp.743-49

Easson, William M.: The Dying Child: The Management of the
Child or Adolescent Who Is Dying. Springfield, Ill.:
Charles C. Thomas, 1970.

Home visits ease youngsters' hospital fears. Today's Health
48:544, Aug. 1970.

Kliman, Gilbert: Psychological Emergencies of Childhood.
New York, Grune and Stratton, 1968.

Preparing a child for surgery. Family Health, 3:12, Mar. 1971

Wolinsky, Gloria F.: Materials to prepare children for
hospital experiences Except Child, 37: 527-528, Mar. 1971

Sally Martineau

Working With Children in Hospitals,
Emma Planch Press of Case Western
Reserve University 1972

This book contains information
about what kinds of children enter
the hospital & how to prepare them
for such an experience

It talks about the emotional reactions
of children to hospitalization for various
diseases & ages & suggests ways of
working thru emotions & hospitalization.
Play, learning, drawings are explored
as outlets for hosp. reactions.

The book contains an appendix in

the back for list of supplies needed
for parents, charts of anatomy for
children, & a story about hospitalization.

Sandy Kaler

Alexander, Mary M. "Homemade Fun for Infants."

American Journal of Nursing, Vol 70 No. 12, 2557-60

A pediatric nurse practitioner suggests a group of homemade toys that can be made for less than \$5 to stimulate infants in their first year. She emphasizes that the toy is less important than the child's feelings as he manipulates it.

Scarfe, N. V. "Play is Education"

This article stresses that in order for good or complete education to occur, the learner's attitudes and emotions must be affected.

Play is educative because it is characterized by emotional involvement. The author sees the teacher's task as removing obstacles to constructive freedom.

Biber, Barbara. "Play as a Growth Process"
Bank Street Leaflet

The author feels that play serves two purposes. First, it gives a child the opportunity to "realize reality" by providing mastery opportunity. Second, play serves as an outlet for emotions. Play is a growth process because "the child in his playful re-making of the world around him lays the cornerstone of his feeling about himself in relation to that world."

Cassell, Sylvia and Paul, Milton "The Role of Puppet Therapy on the Emotional Responses of Children Hospitalized for Cardiac Catheterization" in Journal of Pediatrics 71:2:233-39 August, 1967.

Puppet-play therapy was used to teach children about their upcoming cardiac catheterization, to allow them to express their emotions, and to communicate that the staff empathized. The experimental group showed significantly less disturbances during the catheterization procedure + expressed greater willingness to return to the hospital. Excellent study.

Marzollo, Jean. Learning Through Play. Harper and Row, 1974.

A beautifully organized book with play suggestions covering eleven skill areas 1) the five senses 2) language development 3) prereading 4) understanding relationships 5) sorting and classifying 6) counting and measuring 7) problem solving 8) exploring 9) creativity 10) self-esteem 11) physical growth. The objectives of each play experience are clearly defined

Petrillo, Madeline. Emotional Care of Children in Hospitals.
Lippincott, 1972.

Detailed care plans on how to deal with the emotional aspects of hospitalized children as well as numerous case studies on emotional problems affecting different age groups of children. Care plans based on age and disease.

Plank, Emma. Working with Children in Hospitals. Chicago:
Western Reserve Press, 1921.

An illustrated book dealing with ways to make hospitalization more palatable for the child. Deals concretely with problems that arise using examples from her practice. Contains an appendix of crafts & equipment for use with the hospitalized child as well as physiologic drawings of children to be used to teach them about their bodies.

Sandy Kaler

Cassell, Sylvia "Puppet therapy program for cardiac surgery patients"

A handy list of materials needed for puppet therapy for cardiac surgery and when to present which concepts

Penttila, Maureen, Emotional Care of
Hospitalized Children, Leppincott 1972

I read 2 chapters - 2 + 5.

Chapter 2 gives the developmental levels of the children from several psychological views.

Chapter 5 talks about what play in the hospital means to children. Expression of feelings & clarification of things, physical level, children's freedom of staff, revealing group play, care of ages & supports for play & importance of their being treated kindly, foster coping

mechanisms of criticism, mael of anxiety,
nuclear power, mystery of mutations ✓

Cole, Noce, Helen Weinberger, Recipes for
Fun and More Recipes for Fun

Gives recipes for puppets,
stomachies & manual steps, puzzles,
collages, growing things. More
recipes for ages 3-11 & has recipes
for paper mache, salt box, sand
baking, scavenger hunt.

On learning resources.

Sally Weinberger

Chodoff et al

p. 747 - ANTICIPATORY MOURNING - develops with change from intellectual to emotional acceptance of child's approaching death
child eventually almost becomes a memory while still alive - parents become "philosophically resigned"

SUMMARY -

Robinson, David

p. 449 statistics show mother's who accept hospital authority don't complain

pp 450+451 - only "authoritarian submission" authoritarian personalities correlate for "acceptance of hosp. authority"

p. 453 sub. authoritarian mother most afraid of hospitalization, but most likely to call doctor for sick child

p. 454 ideal type submissive authoritarian

p. 454 "authoritarian rebel" sees her child most because she doesn't trust hospital
... more likely to complain & take action

p. 456 "easy going low scorer" - not personally afraid of hospitalization - does not room in or complain or notice change in child after hospital.

Robinson, David

p. 456 "protesting lowscorer"
not personally afraid of hospital, but
very concerned with separation + visiting
arrangements - favor living in - main concern
is with their own relationship w/ child

p. 457. 'role-mastery' theory of authoritarianism

p. 459 - mother's w/ more experience w/ hospitalized
children more likely to be authoritarian
rebels than submissive authoritarians
(increased repertoire of roles)

ROBINSON, DAVID

"ILLNESS BEHAVIOUR AND CHILDREN'S HOSPITALIZATION:
A SCHEMA OF PARENTS' ATTITUDES TOWARD AUTHORITY")

SOCIAL SCIENCE AND MEDICINE 1972

VOL 6 PP. 447-468 Pergamon Press

Recommendations:

Give parents time to decide about staying in hospital
Show them around

Booklet

Tell them what to do for their own child, other children - how they can share domestic duties on ward

Train nurses to share care - to use mothers as willing + efficient source of labor

Provide T.V. etc. against boredom

Doctors must acknowledge difficulties mothers may provide nursing staff

Give mother thought, attention + info she wants

This requires sensitivity, imagination + effort from docs and nurses.

Meadow, S.R. "The Captive Mother"
"Easy to talk mothers into coming into hospital w/ their children —
less easy to make their stay happy"
2½ yr. survey of mothers feelings about stay in hospital and also of
medical + nursing staffs views
mothers' bored in hospital... Because of boredom many normal
emotions and worries loom larger than life
mothers in hospital worry less about the sick child than if they had
stayed home
Children being given tests but parents not being told results
created worry. Also parental fears are sometimes difficult
for medically sophisticated staff to understand.
WORRIES ARE DISPELLED BY LISTENING AND BY PROVIDING MORE INFO.
"mothers long for definite news of the operation" but staff
"automatically assume that routine procedures go according to
plan [WHAT IS ROUTINE FOR STAFF IS NOT ROUTINE FOR PATIENT
AND FAMILY] No one will tell the mother when they can expect to go
home. Mothers feel too ill at ease to demand more info.
Some mothers feel on trial... guilty... responsible — these cannot
act normally w/ children or staff — staff discourages their
approaches for info. Boredom DOMINATES. Mothers want more info
on how to help. — uncertain of their role — she needs a booklet about
ward life and her role in it
Nursing staff has hardest time absorbing mothers in hospital
some mothers gained confidence in caring for a sick child after stay in
hospital — absence of upset upon return home (over)

through discussion of a story.

Flandorf Vera: "Books To Help Children Adjust to a Hospital Situation"

Books are an excellent means of helping children cope with the experience of hospitalization. They are ill, frightened and maybe away from home for the first time.

Reading is more than entertainment. It is an important tool for growth. Books may be important for recovery. A child on bedrest may become absorbed in a book for long periods giving his body time to recuperate. A child's emotional problems can be revealed

BLACK, IRMA SIMONTON

"A New Baby Comes to Our House"

NAME

DATE

Esther

2/19

Grace Lhh

1/12/70

Petrillo, Madeline: "Emotional Care of Hospitalized Children"

The child uses play to make up for defeats, sufferings + frustrations. This is a good reason why play is so important in the hospital. He expresses his feelings, fantasies, fears and conflicts. Play can help prevent further disturbance.

Play is important in diagnosing problems in the child's emotional life. Art materials are good for expressing internal concerns.

restrictions + separation from parents.)

3. Some parents see permissiveness of the playroom as threat to their discipline.

Should be reassured that hyperactivity is usually due to anxiety and the child will return to normal behavior once home.

C. Martella

Tiya + Angoff: "Play Program in a Pediatric Hospital."

There were several points in this article that I found to be new and interesting:

1. Bed made represent security to some children. Need reassurance that child need not be sick to be loved + accepted.

2. Non-directive technique + wide range of choice in play activities helps to work out the anxieties of the hospital experience (such as illness, procedures,

Behavior Management

See Communication

GETTY
COMMUNICATIONS

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PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

How and Why to Say it

Greeting: Hello, I see you have a red shirt

Parting from mother (face saving)

Helping the mother-child couple who feels awkward: "Here's a chair for your mommy so that she can watch you .

Toilet

Juice time;

Ideas for room equipment: Cardboard carton stretched out to form playhouse walls; windows and doors cut in and curtained.

painted paper towel rolls strung in clumps from ceiling

Slater: Identifying - identifying with -
COMMUNICATING WITH CHILDREN watch long enough to know whether
you are seeing the child, or the child is
a new situation

General principles: You are concerned with communicating, not with raising them.

Avoid competition with either the child or the parent.

Avoid any power struggles you can't win.

Meta-communications: Be available, not intrusive;

Respect and follow cues re eye contact.

Respect territory and body integrity...ask permission.

Move slowly; it only takes a minute but that minute makes a big diff.

Posture; eye level; confident but non-engulfing.

Avoid lessons in manners and morals.

Give child a "place to go"

State things positively

Allow space for silence.

No win-lose; no put downs.

Infants, pre-~~str~~ stranger anxiety: Over shoulder for visual stimulation;

Rocking, singing, talking, enface.

Good communication with parent...express approval...transmitted to infant.

Decrease in parental anxiety aids infant.

Post-stranger-anxiety:

Work through parent, don't intrude between.

Use lovies or duplicates where possible.

Allow child to approach you...a minute for acceptance.

~~Hold NOT facing~~

OVER

Techniques

Give feed-back; avoid questions as form of communication where possible.
Respect territory and property; get permission;

If you have to handle the child, sometimes having his back to you keeps him from reacting to your strangeness.

Comfort and sooth with minimum of face to face.
Don't compete with mother.'

Toddlers:

Statements rather than questions.

No time for shame and blame: no "Big Boy" or "Baby".

Clear statements as to what will happen next. How he can cope; don't panic at his panic; don't tantrum at his tantrum.

Give him a place to go "I'll hold Teddy so he'll be right here for you"

"Here's your 7-up waiting for you for when you swallow the medicine"

"It helps to cry. You are really holding still" (Not "That's a good, big brave boy to hold still")

No teasing - no jokes.

Pre-schoolers: Answering questions, first find out what he thinks so far.

Use MLTs, duplicate play equipment; UCLA uses results to communicate with staff.

Uses of Play for communication: reminders of home; unobtrusive, companionable adult presence promotes confidences and conversation.
Books, songs, messy play; permission to be.

③ Observation #1

How to position self -

Child's level - so you don't stand out
& so you see w/d from that vantage point

Don't stare - use peripheral vision &
sneak occasional slow casual glances -
Be pre-occupied with work. Fade into
world work; "Don't pay attn" - Cit
Barb & her game 5.

Don't inflict yourself - ^{impartial}
aware but inconspicuous ^{non-evaluating}
^{non-participating}
^{non-directive}

Children need time & don't like being sprung
at. Above techniques serve double
function by allowing you minimal opportunity
to observe & allowing child opportunity to sniff
you out & establish trust based, at least,
on the fact you haven't said or done anything
wrong. If ch speaks to you, be polite but
monosyllabic & colorless.

FT.

WARD or PRIVATE

AGE

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ADMITTED
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MON. TUES. WED. THUS. FRI. SAT. SUN.

PLAYROOM GROUP WORKER

FAMILY

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(4) (non-seductive)

If m. present, you may need to cultivate non-verbal communications with her of approval & delight or appreciation in child. If child handles something of yours in a way you don't want him to, you quietly handle the situation. If it's not yours, let her handle or not - and observe rather than intervene.

Barriers to observation

1. Leading Questions
2. Staring
3. Towering
4. Talking
5. Indulging in distracting behavior
6. Directing

PT.

WARD or PRIVATE

AGE

DIAG.

ADMITTED

DISCHARGED

MON.

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SUN.

PLAYROOM GROUP WORKER

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F. G.

OTHER

child
care

Notes for a book

Commonalities:

observation and individualizing of instruction; making use of everything that comes

Awareness of growth and development; not sacrificing or overemphasizing one aspect, such as intellectual enrichment at the expense of the child's need for physical activity

Respect: open-ness

Resonance ...a two way relationship

Inclusion of parents --respectfully--not just for "parent education."

Inclusion of language, foods, music, dance of other cultures, again, with respect. non-patronizing.

Clear presentation of value system without moralizing

equipment that reinforces, provides child with opportunities to use himself, solve problems, see results; respect for process

use of materials in knowledgeable way to teach..yet not a work OR play, ~~away from~~ dualism

We need to beware lest H.S. deteriorate into a cheap anti-poverty substitute containing a few hidden snares; Once we provide a convenient dumping ground for children of l.c. mothers, we can tell the mothers to hustle off and get themselves jobs--such as domestics in the homes of mice m.c. ladies who sent their own children to quality nurseries or else ~~that~~ take good care themselves. Class and racially segregated preschools can serve to engrave even more deeply the now rampant anti-democratic patterns in our public school system.

H.S. may merely enroll parents and children as an early acclimatization device to de facto segregation.

"The genuine and unpretentious rationale for the early childhood center is not that it replaces the home or compensates for poverty but that it provides a necessary and convenient auxiliary emotional and physical center for young children. It strengthens family life; it dissipates certain tensions and strains in our crowded urban societies; over

What Mr. Kraft is pointing out is that the need for a system of quality nursery school education, non-segregated, and staffed by truly competent professionals is essential to the democratization of this country. It is one thing to have projects into the community that extend the expertise of the professional and pull families into the mainstream; it is quite another to set up a damp church basement with some fancy creative playthings birch ~~xxxxxx~~ cupboards and housekeeping equipment and staff these centers with N.Y.C. or welfare mothers who have had a six week training session.

If nursery school is important, it is important for all. And we must work toward the goal of many, well-staffed well-equipped centers that are mixed in every sense of the word.

We need to become eclectic -- or remain eclectic; there are contributions from mechanistic, scientific and humanistic philosophies that must be pulled together.

As teacher
We have the terrible task of operating without certainty, teaching that which we know not; navigating from our backward position of looking out the rear window;

Let us hope that with open-ness for ourselves as well as the children; with our own willingness to accept authority, our own as well as others' with some humility and sharing, and to bear uncertainty, challenge and conflict, we will keep the human race going

This is an evolving society. We need a more sophisticated and yet humble approach than that of passing on the culture unchanged. We need to find ways to give the past a vote but not a veto.

Mr. Harry Puckhaber, Manager
Symon Machine Works
2122 Bryant St.
San Francisco, Calif.

Symon Machine Works

JAN 20 1961

Setting stage for learning

All, as a teacher, you can do. 1. Message of decor (respect for child, for deviance, for self expression, for developmental interests-- child centered)

2. Respect for uniqueness: each child has his own special storage that reflects HMS preference
3. Availability of materials
4. Kind of materials
5. Posture & position of adults (rocker)

6. Simplicity & meaningfulness

II Who's in charge of learning? Does teacher offer & reassure, or pressure and insist?

How to get kids to come to group -- reassure them that you'll save a place; observe that they're engrossed and perhaps don't feel like coming yet. This teaches them to value their own perception & sense of inner schedule by your respecting it. Most likely they don't ever have to resist you because you're irresistible.

Joyce Huggins

RTO

Operation H/S

School of Home Econ

U of Ariz

Tucson Ariz 85711

2.

Curriculum:

Music time: what's it for? Lang. devel;
feeling expression; release; sense of belong-
ingness; prop for communicating and introducing;
vehicle for T. to show she notices & celebrates
child's present & activities.

NOT an arena for T. to show off or to hide because
of lack of talent. It's for fun. Not a must; You
don't have to sit in front of t.v. & fold your hands
to listen to Dean Martin.

Art: combo of learning and self-expression; i.e.
masks from Ceres; circular painting papaer. Trick
to keep the instigation in ch's. hands

Room arrangement: allows for choice without confus-
ing; encourages snug corners with small interest
groups; avoids overwhelming by cutting down large
spaces.

3. Blocks and table toys -- arranged respectfully and clearly so it's easy to choose
Broken or games with missing pieces removed.

tables or areas set up attractively and simply
with several alternative activities

4. Things to do alone and still not feel isolated
available
5. Available materials that are SIMPLE, AMORPHUS,
and age-appropriate available. Things that re-
quire a minimum of nagging
6. TECHNIQUES: Transfer power; put children in
touch with each other; give feed-back--serve as
interpreter when needed; head off at pass; go
with the grain; look through to inner impulse.
ex. "Looks like you need more room"-- circles &
parts of face; easel paper; body indent at
Ceres.

2.

Reinforcement

t's. changing view of herself, her power, her role with children

what to reinforce?

reality. Get out from in between, but aid child's own strength with your own.

Build for success

Danger of moralizing

Diff. between supporting a value system--espec. one that works and moralizing

Moralizing is poor communication. You don't know what image is invoked by use of "good" or "nice"

Values vs. moralizing:

We have 'em. There's a reality. State how it is with you "I won't let you hit him." or give feed

3.

back "Maybe he didn't like the way you asked him. Do you think he might do it if you asked a different way? Try using his name, sometimes that helps."

"Discipline" - The great time waster *made*

7. Use techniques like -Get out of the way and stand with; avoid win or lose, top dog or underdog games; victim & aggressor images; look thru to center and then find assistance that meets that need (see child as is, not as acting at this moment). Don't be sucked in to behaving as peer; avoid a state of war--see yourself realistically.

Head off at pass; State positively; *do = gain* -

Transfer Power - Our awesome task: prepare people for a world of mystery. Look at qualities we think they'll need so that they can fill in specifics. I think they'll need to see themselves as strong --this leads to responsible; as prob. solvers; this leads to enjoying challenges;

Power

Define; show examples; look at inappropriate & in effective struggles;

Educ. as it succeeds or fails in transferring power examples from animal behav.

Asians transfer power slowly but first build sound foundation of responding to kids rather than frustrating; For teaching & training, they observe and use proper timing. Amer. can get hung up on alternating between poles of "making him do it," & "leaving it up to him" without supporting him or assisting. Transfer downan't mean either twisting his arm or turning your back.

Power is that expression of each individual's attempts to satisfy his self-needs (see Putney) It is not that mindless attempt to ~~keep~~ every one else from doing it. People who have power don't need to put others down.

Nowadays, when you ride in an elevator in many of the eastern hospitals, you find ~~XXX~~ it decorated with those ~~XXXXXXXX~~ drawings, fingerpaintings, potato stamping collages and gluings that we're so accustomed to. It's funny to see the omnipresent egg-carton spilling out into those formerly sterile hospital corridors. And it's great.

I guess the most exciting of the new trends to me is this extension of our old familiar trends into the areas where we always knew they were most needed -- the poor communities; the hospitals; the institutions.

And those basic principles of respect for child and parent ~~XXXXXXXXXXXX~~ with no beginning or end in time, are being operationalized. So any sociologist, psychologist or anthropologist, nurse, doctor, psychiatrist, or ~~XXXX~~ nun who wants to get into the act has my blessing.

Contributions of the parent involvement programs:

Sense of tribe; opportunity to have role models; change to experience some success with other children; in today's uprooted families, opportunity to re-establish sense of community and share a value system; opportunity to experience the relief of seeing one's own child in the perspective of his age-mates and realize he's a two year old, not a negative misfit (if one can distinguish between the two.)

In such an environment, the parent can develop a sense of satisfaction that enhances her or his parent-role and perhaps extends to a desire to take one's place in the community as a citizen. At one time in S.M. we had some 17 ex-co-ops as pta presidents. And of course, out of all this, came more Sunday school teachers, more nursery schools, more baby-sitting co-ops, and the whole phenomena with all its complications, became a model for the Head Start concept.

Conclusion: Where do we go from here

W

Insist on decent care for children: for own sense of pride...enlightened self-interest, and because we need all the health we can get.

Involve families; develop ways of offering that are not patronizing

Never starve a program or adopt policies that you disapprove of because the child's next experience will be bad -- that's ~~XXXXXXXXXX~~ using life to prepare for death. Change the system; if you don't have enough people recruit. Get more of what you need.

Nursery school, Day Care should unite families rather than ~~d~~divide them ..extendrather than replace.

reunite the family of man; make us all less alienated;

Every place of work; every block, every hospital, and ~~make provision;~~ should be concerned for the child and his family

Clark Jennings, Pur. Agent
Mr. ~~H. S. Swift~~

Lockheed Aircraft Corp.

3251 Hanover St. Dept. 4450

Palo Alto, Calif. Bldg. 204

JAN 20 1961

They harness his own drive. They let him succeedd at his own pace and so ~~as~~ far as possible, in his own way.

Dr. Earl Schaeger, director of the infant education research project in Washington, D.C. says: "What we need is a revolution in education to focus on children between 1 and 3. We need mothers to take pride in their job as educators. We must train new sub-professi, perhaps having day care centers near high schools so that girls can learn public health approaches to prevention of deprivation.

HAEN?8P

R. W. Dobbins, Pur. Agent

~~Mr. Jim Sanford, Buyer~~
Simmons Company
~~Bay & Stockton Sts.~~
San Francisco, Calif.

2955 Bay Street

JAN 20 1961

From Montessori: Her children became familiar with rules of good conduct and courtesy, thoroughly disciplined in the highest sense of the term, having developed and become masters of themselves through liberty.

The virtues she extolled as leadg to major discoveries were independence and persistence. "Simplicity is the guide to discovery -- simplicity which, like truth, should be naked."

"Culture is not the accumulation of knowledge but the prepared order of the mind which is to receive such knowledge." Her goal?: to train children to be connoisseurs, so sensitive to the specific attributes of things around them and so expert in classifying them that everything would possess interest and value for them. Things are the best teachers; all new materials led from the sensory to the symbolic. Self correcting materials allowed child to move at his own pace.

The teacher is no longer to dominate the stage with her "patronizing, enfeeling protection." She is not

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JAN 20 1961

to be a substitute mother or a sole dispenser of knowledge. Her chief qualification should be the keen power of observation.

Montessori was revolutionary in that her view of of children's learning demanded that they have free choice of tasks, moderate noise, movement and change of position. She devised ways of developing the child's strength of will and the children, she said, responded with self-control. "Children," she said, are really patient and gentle creatures. Their overriding aim in life ~~xxx~~ is simply their own self development; their auto-education." She didn't, however, believe in leaving their autoeducation up to chance. "If children are to have freedom, she said, the environment has to be carefully planned for them." Hear, Hear.

Commonalities of Montessor, Moore; Sylvia Ashton-Warner, most successful methods of teaching ~~the~~ ^{the} children: They all enlist the child's creativity by letting him write down

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JAN 20 1961

Transfer of power

Western idea of power as part of a balance -- an
either/or; if you have it, I don't

Not true: The more the adult sees self as powerful, the easier it is for him to send it flowing into young child and strengthen him -- "There's a place for your coat over there." or "Where would be a good place for Johnny to work" tunes him into and onto his own mind. Orders try to use him a robot. Since he isn't a robot, you get the energy pent up due to your trying to run him used in opposition to you-- he expresses his autonomy by defying you;

to cut down the destructive vent, open the constructive. Since it's his, you can only facilitate & make sure you're not trying to take over his brain. Don't stand between him and his need satisfaction; Don't make him go through you and obey you as part of his meeting his own need: "eat your carrots, no

dessert until you do." "Go to the bathroom" Take your nap." Find ways to stand alongside him and to help him become aware of his own needs and his own self. Give feed-back that you have noted what he is trying to tell you: "You're telling me 'no', does that mean you don't want to do it yet? I'll put it right here so you can get it when you're ready."

child at easel spreads around to next child's painting. "It looks like you need more room--how could we find you engouh?"

Children at bank street with elevator

by power/ I mean that expression of self & autonomy at each stage, helped by the adult to come out undistorted. If it needs limiting or redirecting, it should be done with the facilitation of expression rather than denial or repression: "He's using that. but I can see you want one; what can we find for you."

School Begins at Two Johnson, Harriet, New Republic
1936

Pre-school curriculum--Teacher's attitude toward Child.
Teacher must be able to assume control and treat child appropriately, limiting as well as offering, without feeling or carrying over ill-feeling after neg. incident. Simplicity and directness. Construction rather than destruction. Training cannot transcend maturation.

1st. in social relationships: "Live and let live"
next comes respect for right of others.

T. regards many expressions used by ch. as drama rather than emotion.

T. shouldn't attempt more definitive role than understanding & guiding. She shld. understand complexities of emotional life enough to extend her range of values so that she sees child's use of materials can extend to more than production.

Techniques that put ch. inreceptive rather than neg. mood: "Which one can he use?" "She has her ticket. Where do you want her to sit?" *over*

Nursery school should offer opportunity with as few adult dictated interludes as possible though with entire adult control.

Baby's first job is physical control.

He learns through experience. Teacher's job to see that experiences are rewarding and meet his needs. Harmonious growth means power to adjust to and exert control over total environment. Child, in developing skills with large muscle, learns more than muscle control. Gains feeling of own strength and self.

Activity, purposely directed, is a valuable human power. Teacher must recognize purposefulness of play. Habits are important in freeing individual for growth. NOT ends in themselves. Habits most readily formed when process itself brings satisfaction.

Manners and courtesy: Lubrication. They are not as important as individual's ability. We want ch. to

have real feeling for others & ability to express it. Wish him to acquire patterns of expression so he doesn't waste energy

2) School begins at Two

Teacher's job not to prepare for future of purposeful activities but to recognize age levels in children's interest and make sure powers are being used fully & purposefully as possible. (Not necessarily worthwhile from adult's viewpoint, or pre-planned)

Some pedagogical ^{ugh} attitudes:

1. Teacher is guide & counselor, but never friend.

Robotic or
Device - active instructional attitude, responsible but above and apart. (Montessori?)

Guardian of morals, fountain of wisdom

2. Child regarded with such respect, no adult to intrude on his activity or impulses. Teacher a benevolent neutral, automaton. No personal flavor can reach child

3. Children and adults living in social group.

Good Teacher is senior partner. Activities child initiated, but genuine relationship exists.

Teacher has less fear of own responses; this makes her freer and more understood.

1
What we do not yet know about human growth and development probably exceeds what we do know. Still, it is not hard to come up with an acceptable recipe for producing that vague if recognizable commodity, a "good human being." Even without knowledge of how the ingredients combine and interact, the recipe goes like this: Take a biologically sound infant, place him in the steady care of reasonably well functioning parents (or parent surrogates), expose him step by step to age-appropriate normative experiences of his small world, protect him from excessive physical and psychological shocks, provide him with suitable vocational outlooks and potentialities and a code of ethics, gradually let go of him as he approaches adulthood.

Note that this is a universal recipe. Depending on geography and culture it will produce a good Kikuyu tribesman, a loyal daughter of Russia, A Saudi Arabian oligarch or a constructive American citizen.

Note also that the formula makes no mention of schooling or education as such, for formal pedagogical influences are derivative to specific cultures. This is not to deny that schooling is essential in some cultures--ours for one--because it may be the chief influence with respect to the part of the recipe that refers to "vocational outlooks and potentialities."

3 hrs of Yesterday.

Readiness; regression;
rivalry

Today: Reality; responsive;
reinforcement

Children, we who love them are fond of saying, all have the same needs. But ~~XXXXXXXXXX~~ it isn't true that they all start off from the same starting position together. The disadvantaged ~~kid~~ child has learned to tune out some things that turn the m.c. kid on; and he has learned to seek his attention provocatively and negatively to induce our anger. He is afraid and angry and he knows how to get us to be company for his misery. A middle class child often needs to be let alone -- to have some relief from his well-intentioned parents' refforts to enrich his environment. He has already learned, usually to simplify his environment to manageable size within his own head, so that a great variety of experiences can be made available to him and he can choose, question, help himself unless he has perhaps, some minimal brain dysfunction or problem that ~~interferes~~. The disadvantaged child may have to learn ^{he teaches} how to exploit the objects around for his learning. They need to be presented one at a time and made his own. Montessori learned this and we must not forget it. There is a story about the mule trained who was renowned for his success and he did it all with love.

Children desire excitement, challenge, risk, and experiences which use them; which call upon previous coping mechanisms and develop new ones.

If the learning and interactions in the school program offer this, the children like school
If the school atmosphere is boring, they tune out, or, woe unto you, make their own excitement. Tension and violence may be part of the healthy human animal. eliminating it entirely may offer a sub-standard emotional diet that leads to explosions.

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JAN 20 1961

Kids have something inside them that seeks to grow. Sylvia described the creative vent and the destructive vent -- to destructive, widen the creative. To increase the power of tive force, close off the creative.. That sounds like open it?

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JAN 20 1961

the children as teachers:

We all know that we learn from children. We are indebted to the researchers now for their assistance in watching coolly and dispassionately and without sentimentality so that they could tell us some of the things children do teach us, rather than force us to spend years until we could feel in our bones what was called for and how to respond. There are too many children and too much at stake to operate longer in such a haphazard, hit or miss manner. Too many are hit and too many are missed.

So what people are doing is finding out what children teach and how they teach it. Infants teach their mothers how to respond. If the mothers, through their own background or situation don't recognize the child's call for response, or know to elicit it if the child doesn't instigate it, both mother and child are deprived. So now we are sending people in to work with mothers who never had a chance to develop motherliness or learn from their children and assist them by eliciting or learning from

responses and thus making the whole mother-child interaction more rewarding for her and perhaps extending the quality and quantity of her teaching of the child.

The reinforcement people watch children closely, making charts and baselines of their behaviors so that they can, they feel, get quite an insight into what it is the child is seeking with his behavior and through this knowledge, coupled with their knowledge of what is a reinforcer to this child, reinforce him ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ effectively for behavior which is approved or has long term usefulness, rather than leaving all the responsibility in his hands and then reacting ~~XXXX~~ according to our whim.

Montessori, too, used children as teachers. She watched them closely and then designed her equipment and her techniques around her observations.

feelings as curriculum

My childhood: feelings were to be overcome; certainly not acted on. The goal was to atrophy them, or, as the operant people say, extinguish them. "You have no right to feel that way"

College with Dorothy: "Feelings are real, to be expressed. You get sick if you don't. The n.s. environment is an appropriate lab in which to do this; The teacher or parent must help find appropriate outlets whereby child can release feelings without damaging self or others. "I know you want to but I can't let you."

"I know how you feel", "It's all right to cry"

basic rules: help child know that symbolic expression is o.k., useful and desirable. This will cut down on mental illness and acting out of hostility. This theory has done some growing and is especially antipathetic to the behaviorists who have some good points.

Adjustment to the group?

Today's modifications go:

It's a fallacy to assume that every child has a bag of "mean bad feelings" inside which can be emptied like the garbage and leave him pure, clean and refreshed. ~~Partly because there was a lot gained by this earlier education of feeling acceptance.~~ *Instead, today* the parent or teacher sets the environment in such a way as to minimize unnecessary conflict; and then, having prevented all she could in that way, she comes through clear and friendly in her restrictions and limitations and leaves the child's emotional education to him. She doesn't say "I know you're mad"..because that implies an insight and omnipotence that she really doesn't have. *Instead, she neither ^{does} tells him not to cry, she doesn't* tell him how he ought to feel, either positive or neg.

another trend I see along this line is the use of the adult. It seems to me that when I was a child adults were like, "Jiggers, the cops." They symbolized bossiness and violat~~ions~~ of individual liberty.

Trentds:

Bank street -- child development

Strengths: concept of creating environment conducive to learning; stimulating and then following child for curriculum development; concept and philosophy that all children reach for learning and can be trusted to learn in above environment;

Respect for individual; for materials -- no junk except creative junk (define junk?)

Here and now approach; non-authoritarian approach; modifications: recognition that children from disadvantaged situations have already learned some things that make enriched environment meaningless and that they need additional or replacement activities before they respond as middle class kids do. More structure. Need for language and greater pressure to use it to enable child to develop certain thinking styles impossible without.

Sonlants recog. of need for confrontation time with some h.S. kids, avoiding the sado-masochistic trap while still communicating concern by willingness to have a show down. This takes staff

Moore's is a learning machine rather than a teaching machine. The teaching machines lead children to come up with the right answer. Moore's gives children the opportunity to preserve a natural inquisitive attitude.

Moore thinks it's a mistake to plan the steps the child should take. Instead, he should plan the general environment. Planning the individual steps ~~XXXX~~ makes no provision for the student's possible contritution--for the possibility that students may come up with a solution he hasn't thought of. (Bank St. elevator story) It also presupposed that we have some theory about human learning that is adequate, and we don't. Someone has said that only in school are there right answers. If only we could run the country with the secure knowledge of right and wrong that the 5th grade teachers seem~~x~~ to have.

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JAN 20 1961

RESPONSIVE ENVIRONMENT

Glenn Hirsch, auto-telic,
Discovery method

- I. Usefulness of concept
efficiency -- children show what they need & are ready for; (Montessori, K.M.R.)
Allows for individualization
Builds success for child into environ.
Reinforces
Gives child sense of power & strength "I make the diff."-- Bettelheim & Kagan's studies)
usual response to first attempt to walk & talk
2. Dangers:
Responsive ~~can~~ ^S mean building ^{Past} on our experience with many ch. & their needs. Shldn't be left to moment or you don't have materials with which to respond; (like demand feeding gone aglay)
Set in concrete like some montessori --responsive to needs of Italian idiot ch. in 1910, unamended)
3. Responsive, reinforcement, responsibility as compared to Repetition, reactionary, reward;

timey policy of insisting that children's equipment should respond to the child..that is, that whatever the material, it must call to the child to use it to complete the process. The behaviorists call this reinforcement; montessori calls it self-correcting; and the infant studiers call this contingency. Bettlemhem feels that this sense of "I make the difference"

whether it comes through the infants crying and bringing forth his mother, gooing and bringing forth her smile, shaking his crib so as to activate the mobiles and music boxes attached by the infant research man; or pushing the typewriter key and having a light come on; all this is essential not only to education but also to self-esteem and mental health.

Another good use of machines as teachers; listening centers. Ear phones and a tape or record player. This can be good to simplify the environment for the child with perceptual motor difficulties; it focuses for him; they

Listening posts are useful in that they can be individualized by the teacher's reading stories onto the tape to match books the children especially enjoy, so that they can turn the pages themselves and follow the text; And they are quiet. For hyperactive children who need help in settling at something totally involving and sensorily oriented, they can occupy several children, give a common experience, free the teacher from constantly having to limit them ~~and~~ without filling the air with sound. The dangers? See these machines as extensions of our patience and concern in the child's interests, not as replacements. There's a story about a little girl whose father got mighty sick of reading Three Bears or Madeline or whatever and eventually made a tape of his rendition and showed his four year old how to operate the tape. Great for three nights, but on the fourth she showed up in pajamas, thumb, blanket and old familiar story and climbed on his lap. "Hey, what's this?" said Dad, "You've got your tape recorder." "Yes, but I can't sit on its lap" she said.

some comments from Ivor Kraft regarding trends, especially regarding Head start:

Head Start is no sure cure for the evils of poverty. We must remember that there is no proof that nursery school is good for the child. Not to say that it is bad, but, other things being equal, the benefits accrue mainly to parent and community.. " But sometimes other things most definitely are not equal. What if adult caretaker is highly incompetent? What if child's surroundings are cheerless and damaging and there is no freedom for healthy play? What if the child has special or marked handicaps? Then preschool becomes a boon to the child as well as the parent." but his need for competent professionals is greater, not less than his middle-class peers. We must look out lest Head Start not over-sell itself as a program where indigenous people, starved and deprived by the same circumstances which now oppress these children will turn them into little scholars in a twenty minute a day cognitive development session.

U.C. Study on Nurture and Control

High Nurture, High Control

Group 1: mature and involved; high on approach;

Hi on ability to be alone; bouyant

Group 2 (Hi control, lo nurture)

group 3: hi nurture, low control.

Mature children had parents high on careful communication; nurturance, control; high level of expectation.

Immature children had parents high on nurturance, low on level of expectation, and low on control.

Freedom to explore an essential; adults must have high tolerance for noise and disarray.

Socially isolated children were more responsive to outside praise.

Child who had 15 minutes of social interaction before entering task performed better.

Child with low dependancy needs is harder to teach.
People who sacrifice self to teacher-pleasing have high dependency needs

Nursery schools are
presently laboratories
in how to learn -
Variety of approaches.

Based on trust that
Child in limited freedom
will lead us

Self concept enhancement
Experience in learning

Characteristics of children with increasing I.Q.s

Competitive, independant, aggressive; able to work for distant reward; resistant to adult demands; negativistic; self-initiating

Decreasing I.Q.

Withdrawing in face of challenge; clingy; unwilling to wait for distant rewards.

Increasing i.q. children have had training that steered them in that direction.

Adults can best help by
accepting facts that -
Only individuals & methods
& materials must be presented
with that in mind -

Innovative methods vs. Conform
Every prob. is appropriate at
some stage

Each of us is center of
universe. If we deny,
or world pushes us otherwise,
we run into dead ends -

Color books } if taught too
stories } early as skills
Numbers } apart from the
even music } integrating child
then they are not
available

Introduction:
Traditionalist

a look at what we're
aiming for

Assumptions about children

Trends: who, what & where,
~~who~~ how & what & why -

What are we teaching

N5 as Corrective environment

Perceptual motor - identifying
potential probs & avoiding
secondary problems -
holistic approach vs cognitive
only -

Pride, acceptance full use

Operant -

Curriculum of Success

Hunger for Learning
Suzuki & violin

How:

Bank St

Learning games & gymnastics

Infant stimulation

theoretical frame works - Home Tasks

Parent Involvement

Bereiter

Montessori

Responsive environment

Culture - Soul & Chicano

Indian -

When & where
Infants - Home & Centers
N.S. -

Message of setting
Follow thru
Hospitals

Montessori, creative environ, bereiter,
Follow-thru;
junk play yards, T.V.,

reservation;

Is curriculum respectful? self-esteem?

Who

The students -
Disadvantaged
infants

Follow - three

• Parents

Multi-disciplines

Community aides

• Nurses -

2. Middle class family styles haven't changed; other forces have taken over, diluting family effect. All are competing with different value. Model of value is different from the family model. (unlike kibbutz) Average child spends 1000 hours TV, what does that time come from? plus homework, school and bus. Robbed from family play, peers, arguing, no opportunity to develop playfulness, affection.

TV may teach inhibition & suppression of feeling--it induces tension, bizarre, fantastic perverse in order to keep attention. Child learns to inhibit physical or verbal expression of tension, must do same in school; Ch. becomes accustomed to watching cruelty without interfering--cool it; Kids don't need awareness, they need action.

3.

Drug scene & dropping out may be best index of effectiveness of school pressure. Cognition as a ~~an~~ course of study. There is no evidence that it works. Students report sense of isolation; lack of personal worth.

Too narrow interpretation of educational goals. Kids are seeking a sense of community, meaning. Emphasis on academic pressure makes kids less educable; forced isolation of feeling from educational goals equals anomie. Too extended development in 1 sector of personality leads to a refusal to continue until other aspects are fed. Drugs: to learn what it means to feel; also allows transcendence

- 9:00-9:10 Introductions.
Expectations. Self Esteem and problems with lack. Child abuse.
- 9:10-9:20 Exercise: Remembrances of early play.
- 9:20-9:50 Framework. Erikson's 8 stages. Montessori; Piaget.
- 9:50-10:00 Break.
- 10:00-11:00 Infancy. Learning.
Role of parent. Individual differences. Soothing
Devel. tasks. Stimulation.
Play as bridge.
- 11:00-12:00 Toddlerhood. Autonomy and socialization.
Authority vs authoriatarian.
Developmental tasks; behavioral guidelines.
Posture and environment as discipline.
- 12:00-12:15 Summary and questions.
- Summary: Children grow; adult task to clear the way, offer model;
provide safety; give limits and adventure; "half
familiar. The more they see and hear..; feed senses.

WEDNESDAY

1:30 The pre-schooler:

Developmental tasks.

Learning through play.

Behavior management.

Activities appropriate to this age; development of construction,
Block play, "real" play. Play defined: "No serious consequences. Creation of models.

2:30-2:40 Break

2:40-3:20 Play and discussion.

3:20 Exercise. Memories. favorite early activity;

A behavior that got you into trouble as a pre-schooler. Residuals?

3:45 Slides.

4:15 Summary. Wrap up of age appropriate play, equipment,
developmental tasks, discipline and expectations.

Friday

Health and safety

Games; school age; education. Socialization continued.

Teen agers.

Questions: Sharing; bedwetting; rituals and routines; eating and nutrition; chores; picking up; language; sibling rivalry; secrets vs. open discussion.

Goals: What kid of person are we hoping for? How long does that take?

Helping the child in hospital. Slides.

Preparation for new experiences.

Play techniques.

Play therapy.

Sand ply.

story telling, story boxes, books.

Middle ch
Age of Industry

School —

addition of games +
social life & drama-
tization

Division bet work + play

Learning abt groups precedes
learning abt books —

Initiative — Industry.
need for sense of accom-
plishment —

Selfism

Strength + security at home
frees energy & branch
out —

QUESTION FORM

For your convenience, you may use this card to submit questions to the moderator, or you may address questions from the floor.

DR. GLASSER

① What specific data does ~~you~~ ~~have~~ have to support the statement that the need for involvement is a neurological need? ~~and how can you isolate it fr~~

Barry Keating

POLAROID CAMERA: TEACHING AID
FOR LANGUAGE DEVELOPMENT

TEACHER TO TEACHER

As presented by Florence Paik
Rancho Los Amigos Hospital School
Downey, California

Material:

1. Polaroid camera (cost ranges from about \$18 up)
2. Films
3. Flashbulbs

How to use it:

1. Mount individual photographs on bulletin board to teach names and build conversation topics.
2. Teach concepts of "positive" and "negative" prints and have child count the seconds for development of the print. Encourage children to tell what happens before and after picture is taken (photographic sequence).
3. Photograph staff (principal, counselor, speech therapist, aides, custodians, etc.) Mount on a bulletin board titled "Who am I?" and "What do I do?"

Special use for hospital children:

Physical therapists and occupational therapists can photograph a step by step sequence of what to do to help a physically handicapped do the following: "how to transfer from the bed to a chair," "how to put on the new orthotic device," or "how to teach your child to use the arm-hand device to feed himself," etc.

TEACHER TO TEACHER

As presented by Richard Grenda
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Oxnard, California

Due to his limited understanding of the intrinsic values of education, the educable mentally retarded student must be provided with stimulation of an extrinsic nature. A promising way of motivating has been to reward them with trading stamps. Most of the students are already familiar with the concept of receiving a dividend by saving stamps and are anxious to take part in this routine.

One possible use of this technique could be a vocabulary enrichment program, selecting one of a number of available basic vocabularies or composing a list of words to fit the individual students. 1) Distribute empty trading stamp books in the class, show catalogs to the students and explain the procedure of exchanging the completed books for items of their choice from the catalogs. 2) Make clear that for each new word which the student masters from the vocabulary list, he will receive five trading stamps, with two additional stamps if the word is retained over a two-week period. 3) Keep a copy of all vocabulary lists, checking off the mastered words with the individual students. 4) Evaluate each student's performance after two weeks as to the number of words retained, rewarding him accordingly. After a certain vocabulary level has been achieved, the students gain self-confidence, take pride in their progress, and the program can be discontinued.

Other positive side effects of this program are the introduction of the saving-, planning-, and some mathematical concepts, and the students' use of their assets to their best advantage. It is up to the teacher to make use of the trading stamp program in many other ways.

Levine, Norman and Joan Carter, "Handwriting for the Learning Disabled," Academic Therapy Quarterly, (Fall 1968), 35-38.

In writing, form is important only as far as readability goes, thus a variety of letter forms are acceptable. For an indication of the child's performance level in writing, ask him to write his own name, copy some common letters, or draw a circle, triangle, square, or line. If he is unable to perform any of these tasks, let him walk in a traced and tape-marked circle on the floor to help him develop figure concepts and directions. Later, change from the large floor surface to the surface of a table top or desk.

The next step is to let the child trace tape-marked figures with his hand and eventually with one finger, giving physical assistance as needed. Slick paper and finger paint or sand in a tray are helpful. Have him identify plastic letters in a bag by feeling. A sheet of clay with indented circles and lines, or letter templates also help develop the skill of moving in a groove.

For finger tracing, cut letters from cardboard or felt and glue them to a piece of cardboard. Cover this pattern with a sheet of paper so that the letters can be felt. Place a template over a slab of wet clay and let the child make letters with his finger. Drawing letters on coarse sandpaper provides resistance. Another technique is to trace on a clear plastic sheet placed over shapes and lines with an erasable pencil.

The final step of the learning sequence, the skill of writing without a pattern, can be done by providing the child with pictures of shapes, lines, letters and words for reproduction. Heavy, dark-lined paper enables the child to write in a straight line. A comfortable writing position and the verbalization of letters and words are additional tools in developing efficient handwriting techniques.

Statistics

1969 show nearly 2 million separated, widowed
or divorced working mothers living in families
without fathers. -
2.8 million women whose husbands earn less than \$5000 yr
4 million working mothers with children under 6.
Only 641,000 children in licensed day care
centers + family day care homes.

Mead, Margaret "Working Mothers + Their Children"
Manpower June 197

Failure of policies to encourage women without
men to care for them to stay home
Men encouraged to leave, both because
mother ^{is} better off financially without him &
Because of his own family model - causing
repetition of cycle - leads to diminished
mother who can't meet children's needs for
love & care
Hostility toward children must be counteracted -

~~Need for care~~

x Drifters -

Infant respite
Centers
(Bib in "Infant" of
work

M. Mead's suggestions:

Alternative solutions to baby farms & ruinously expensive gov't centers:

1. Universal natn'l service for young adult as caretakers instd. of air force.
2. subsidized community living to prevent isolation of nuclear family
3. Guaranteed annual income
4. Industry sponsored day care; return to breast feeding

Work for industrial and gov't support for continuation of mothering in some form tho employed.

Spread manpower; use grandmothers; identify and pay good mothering people; help them

teach. (Ira Gordon)

Establish a system of block mothers who take turns staying home for week to care for babies; offer after-school bread and jam;

Make gov't funds available for baby sitting to permit indigineious mothers to function more effectively in own neighborhoods
(Head Start at home)

Other centers:

Etzkowitz, St. Louis:

Beware of 2 things...grants and desks;
Sometimes community doesn't recognize own
needs-- needs help from its own people to
convince.

Centers as hubs: M.L.KING; need for
community reps to feed in and out; Those
people know the problems; ~~XXX~~

Ira Gordon;

Boston; Riverside Drive

Hot line open; assistance to home as well as at center;

Right in neighborhood. Hope for some day one in every block as needed.

RELIEF FOR MOTHER CAN:

Develop trust in community;
identify prob. which can then be treated;
prevent battering and abandonment
keep an adequate but overburdened mother
from slipping into permanent disorganization
Help fight loneliness
add satisfaction to mothering;
help make problems more manageable by
cutting them into smaller pieces.

Reasons for use:

Parent might use it when "doing her thing"
(still getting; doesn't have enuff to give.

off with friends, off to hustle, off on
drugs, fight with boyfriend; need to get
out

appointments, school, medic, job;

No blame or judgement on reasons.

No questions; just good care--

Value: identify families at risk; help
acquaint them with continuing programs;
meet nutrition, health needs..feed in to
centers giving full assistance

Giving mother alternative through respite
can

put her in touch

add to her sense of worth

not limit babies resources to mother's
inadequate giving ability;

Babies get:
nutrition;
attention to health needs
stimulation which may lead to their being
more skillful at turning on mama by greater
responsiveness (over a period of time)
Protection

Certainly the center alone can't meet
all the infants needs, but can shift a
sorry course.

Community gets:

More of the constructive potential
less of the destroyed; mental retardation
often linked to inadequate nutrition,
intervention possible with early recogni-
tion and early stimulation.

Cycle of poverty stands better change of
breaking when family comes into orbit of
caring agencies; girls may find ~~that~~
bettter alternatives to repeated pregnancies
More satisfaction in parenthood, or at
least, self-hood. Manpower resources identif
ied.

Why the need?

Battering parents:

Poor parenting due to inability or to
lack of parent or
phys, mental, emotional lack or lack of
preparation;
rejection of parent role leading to neglect
indifference, abuse or desertion;

(In St. Louis, m's needed to be educated
to realize their children were deprived.
fights;
overburdened, depleted parents.

Ignorant but well-meaning parents. Help effective in keeping them afloat & upgrading their parenting;

3. Parents with non-acceptable life style have children in jeopardy.

Projects' goals: For infants:

help establish trust; offer nutrition;
stimulation; develop coping; prevent m.r.;
cushion effects of deprived or unwholesome
home.

For Parents:

Break overhanding problems into units;
Help bring relief to parent
Involve parents thru relationship in new
ways of behaving with children according
to child's needs.
Opening ~~to~~ other community resources
foster in parents a feeling of being in
control

Summary:

We can afford to help. Can't afford not to--not only in \$ but in our own need fulfillment, generativity & ego integrity. We damage ourselves. Besides, wasted lives cost more.

Infants and toddlers need a person who interacts, recognizes new skills, encourages progress or takes alarm at the lack; only indiv. attention can turn a child into a human being capable of growth.

Respite Centers are one way a community can offer help to its own.

Anee. about "what if m. doesn't come?"
We must help EARLY. It's never too soon.

Creative ART

f

Art:

Teachers' and parents' task at this age is to help child find areas of success and satisfaction (on his terms, still) and tolerate philosophically the fact that some are more difficult or less interesting --

This is no time or place for competition.

coloring books and adult imposed forms systematically destroy child's own trust in his own perspective; cuts him off from art as a medium of expression when introduced and accepted early.

Creative Arts and Music Lecture

On a way of being with children.

All we any of us have is an occasional moment - an integrating experience of, being one with the universe -- enjoying who and where and what we are and life is.

The question to ask myself is: do I try to arrange things and help children catch as many of these moments and build nets for catching a maximum of future moments as possible? Or am I trying in the name of discipline and control -- of quiet and order -- to cut him off and wall him in and frustrate his attempts to get color and life.

In offering music, am I teaching him he has no ear -- or that music is something high, hard and apart from him? That books and stories are untrue or uninteresting. That art is a skill he doesn't have?

Or can I accept him as his center and help him relate and adapt all his experiences so that they enhance his life.

Just as you don't want splintered skills motorically, you don't want them in the arts --

Techniques:

Music through the day -- No time to "teach" -- offer pentonic scale.

Scribbles with crayon, chalk and clay -- "Where are you?"

Stories "Where are you?"

You(the child) are the integrating of all experiences.

Rather than the teacher doling out little packages of unrelated lessons.

Creative Arts in the Nursery School

1. Plan for enough materials, space and time for imaginative and meaningful use of paints, clay, music, dance, construction and dramatic play.
2. Provide props that enhance without limiting them to my own ideas; use versatile and amorphous materials to meet many needs.
3. Set up attractively; use some verbal preparation - "What could you do with these? Who can think of something else? And what else?"
4. Provide for and allow adequate expression of negative and ugly feelings as well as pretty gooshy clay; brown paint. "Mad" music, ugly puppets (in addition - not instead)
5. Maintain and teach respect for process of child's expression. Observe and reinforce his choices and his enjoyment rather than emphasizing final product.
6. Set an example for parents on how to enjoy and encourage children's creative expression without taking over.

7. Teach in parent's classes the hows and whys of supervision so parents see themselves as know-ledgeable and competent and have the know how to continue some of the activities at home.
 8. Give parents opportunities to experiment with the art and play materials so they can experience the feelings.
 9. Gear parent teaching so that they have the conceptual appreciation for the child's uses of creative expression developmentally.
 10. Observe and provide the appropriate material at the right time to enhance play: costumes for the suddenly evolving production; puppets to dramatise a story; paints for the object d'art from the work bench.
- fresh-
11. Coordinate creative materials with other aspects of the program: a mosaic of of grains we planted; collage of materials picked up at the beach; construction at the work bench of pens for animals; songs and instruments to accompany large muscle play outdoors.
 12. Make books of child's own stories; collections of his art; sing back and / or write down his hums, chants and original songs.
 13. Provide time for and encourage parents and observe and adequate time to discuss their observations

14. Give opportunities and space for parents to display their own examples of creative art.

Conclusion: Today we have machines for everything, including our own destruction. We do not need to turn our people into efficient machines, also. We need to develop their individuality and their creativity to a maximum.

Man must have purpose or he becomes apathetic. He needs to preserve and enhance himself so that he can respect himself so that he can respect others and preserve and enhance them.

The creative arts foster self-enhancement, and through self-expression. Without adequate opportunities for the expression of individuality, especially in early childhood, people can come to think of themselves as unimportant, unspecial, un-needed. They can then become passive, irresponsible, and dependent as well as hostile and resentful. As such, they are ripe for dictatorship and destruction, and they make good tools for a dictator and destroyer.

5. To create means to grow; to grow means to change and experiment.

Too often adults at home and school, in their eagerness to teach the child, stifle or inhibit his creativity because they don't understand the principle stated above. In their efforts to get him to toe the line (as they were made to toe it) they are suspicious of change and experimentation and make a fetish of conformity and obedience (direction following) in areas where society would be just as safe if the child were encouraged to reach out, to experiment and to utilize creative materials for his own satisfaction and expression.

Adults can encourage the creative potential in the child by seeing his experiments in the arts through the child's eyes and strengthening his own styles, rather than considering this one more dry area of obedience training.

When the child's efforts are respected, he learns respect, both for himself and his peers and for the adults who have appreciated his efforts at creativity. In this way the child has opportunities for release, ~~for~~ ^{By} increased learning through his own experiences he gradually picks up a value system, ^{By} that holds flexibility, individuality, sensitivity, skepticism, growth and change to be good. These are the values necessary in a democracy outside of the arts as well as within it.

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PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

Wall decorations: (Umea)

1) Crumpled paper towels
paped onto backing &
Painted

2) jar lid mosaic

3) thin plant stakes in
diamond patterns with
nature products suspended
on fish line or nylon thread

(Glastrop)

Injection bottles
c crumpled tissue
inside - mobiles,
flower holders -
Margarine tubes
taped together c rattles for
mobiles -

See Communication

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MON. TUES. WED. THUS. FRI. SAT. SUN.

PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

Working effectively with pre-school children:

1. Get to eye level
2. Use names, introduce,
3. Notice clothes, eyes, all favorable self-image building
4. Don't comment on band-aids or negative aspects as primary focus
5. Put children in touch with each other -- Don't play God or Chief Justice
2. Transfer the power to the child in every possible instance
7. Use organic materials, water, dough, flour, cornmeal,

(over)

8. Use amorphous materials as well as clearly structured(puzzles)-- allow for creativity and innovation.
9. Process, not product
10. Avoid authoritarian value statements.
authority is different from authoritarianism
- 11,. Don't be threatened by the child's response. He can have his own feelings and still be limited or meet your demands. He doesn't have to like it.
12. Clean yes and clean no
13. Non-exploitive of fears, ignorance; competitiveness.
14. Simplicity.
15. No color books, no fairy stories

Translating into action:

Room decor: Is it meaningful to the children?

what's the message and why?

Are there enough interested strong people? enough to hear and build curriculum on the spot from what they hear (or don't hear)

Equipment: meaningful? Orderly? what does it encourage?

Beware the double bind--~~XXXXXXXXXXXXXXXXXX~~ don't make child choose between school and family; poverty does not foster niceties of language nor social graces.

Don't define what people ought to be, base assumptions on observations rather than archaic definitions
Help child develop useful behaviors by responding to them and preventing the other *kind-*

nursery games; finger plays; songs;

How to direct play so as to enhance

trust

autonomy

initiative

Questions are intrusive;

Don't stand between child & action.

Help show him where to go

16. Look at behavior clear through ~~til you find~~ the impulse at bottom with the constructive element on which you can build. Ex. 2 year old tugging at doll;

17. Change your techniques as the child matures:
ex. dropping the physical reinforcement with 4's.

18 Make communications appropriate and clear: avoid "nice" etc. Watch tone & look out for "now you know better than that."

19. Always help a child move toward the goal you want easily. Avoid double binds; make it easy for him to go the better way, & hard for him the

Success - challenge - ; same
Nutritional balance -
No Nos! "Don't be such a baby," - "It's easy" -
Ego supportive techniques;
"It's really hard - - -"
"How close can you come
with hitting the target" -
Games - storges - reverse
role; socio & psychodrama.

Games;
open ended -

Best teachers
are older
kids

Making things
Putting on shows
Learning to whittle, carve, knit
crochet, embroider

Transitional stories,
Bridges ~~the~~ reality -

Where - songs -

Ch. & grammar -
How do you correct -

Controversy
Early reading

The Medium is the Message. Children are always learning -- it behooves the adults to be sharp enough and observant enough to be aware of what they are communicating and see where it varies from what they are intending to teach.

Attitude: If we are acceptant of the whole child, the yang and the yin--the dark brother within, and help the child accept, he has greater access to his own inner recesses of creativity. This is also the foundation for self-discipline; you can best control that which you can allow yourself to admit, ~~rechanneling into acceptable~~ and effective paths. Otherwise, you have explosions.

Adults help keep paths open by accepting and redirecting rather than denying.

DISCIPLINE

Message of environment, posture, discipline of things--awareness of their effect;

Divide and conquer; head off at pass; anticipatory guidance; reinforcement;

Authoritative without being authoritarian

Don't stand between children; support both; drop shame, blame, either/or ways of thinking

Let them be confronted with own actions; if you hasten in your bawling out, you take the heat off and rob them of opportunity to evaluate own behavior;

Curriculum of conflict; seeing all behavior as cues, opportunities for feed-back; listening exercises

Don't play Solomon or God; put children in touch with each other "Use your words; " "What's happening here."

Beward the intrusive question; give kids a chance to warm up by making statements: "It looks like"

Transfer of power.

Look to the center; follow the unwelcome behavior (trace it) to the root impulse which is usually a search for growth; then help child find positive way of satisfying this urge

Example: Your response to a child is a statement to the group; when you treat one child, you're treating them all. Modify your behavior accordingly

Structure for success. Treat child as he is not as this minute's behavior

The art of resonance: seeing and hearing; RESONANCE

Use self as a facilitator and clarifier

Reassurance to all of friendly, understanding handling of aggression, temper, sorrow, disappointment; special help. Empathy is caught from teacher by group. Makes discipline easier when group has been permitted a friendly model. Ex: identifying with aggressive power--Nazism. Relief children show when dealt with sympathetically and invited to feel unthreatened about their own past weakness is current child's reflection of distress.

Help children learn to protect themselves:

Avoid categorizing as victim and aggressor.

Turn on ego-strength; transfer of power; giving child a place to go, a thing to do that calls on his maturity.

State positively

Give feedback rather than pronouncements: "It looks like he doesn't want you to take his truck."

Remember you're dealing not only with now; you're a role model; he's making tapes of your technique in his head. (all battered parents were once battered children)

Keep in mind we all have narcissistic needs; motor hunger; go with the grain and you have all that going for you. Go against it and it's all in opposition.

Age-appropriate activity: takes child to complete (~~XXXXXXXXXX~~ contingency)

Competition; fear; ignorance all exist, but should not be exploited;

acceptance but assistance in outgrowing.

Hospital

Lab N.s

Be aware of child's natural fears: mutilation, dessertion and avoid exploiting them. Reassure instead and build opportunities for child to have experiences that will enhance his own coping while you use your strength to support.

Reassure and comfort about all expressions vented that are verbalized or symbolized.

Say, "It's all right to cry." and "This is the part you don't like, isn't it" and sll manner of statements that assure the child that you hear him and can accept his feelings without being overcome by them yourself. Impart your strength.

In an English survey of children's reactions to hospitalization, the most important key word was "Kind." This was the quality that mattered with adults.

"The first principle of a hospital is that it shall do no harm to its patients." Florence Nightingale.

Children 10 years & over can give graphic feed-back, but language develops slowly for inner city child. Hospitals expect one to communicate by talking. Children screen out and use other ways of communicating.

Play is needed in the hospital to offer ~~change~~ ^{chances} to communicate for ~~the~~ non-verbal child; play materials must be amorphous, like sawdust, cornmeal & coffee grounds; water, fingerpaint. Rocking boats and large boxes to sit in; floor sitting to be encouraged. Cooking & baking fills ward with helpful smells; carpentry with relevant life-reminding sounds. Red wagons & welcoming spritely signs around ~~the~~ ease the heart. Example: Denver

Uses of the playroom, con't -- Bellevue, N.Y. hires pat. escorts from the community -- they speak the language & know the geography. This is essential. Their training for their role begins in the playroom.

The pool in the nurses' residence has been opened for family groups

.....
Belated mastery -- that opportunity for the child to "play things out" and thus assimilate experience and be able to make sense of it. Without this opportunity, child's fears cannot be resolved, development may be blocked.

Yvonne Williams survey of play indicates:

1. role play should be used more, especially with heart ~~cha~~herizations. Any procedure which looks frightening but is essentially painless is much easier for all concerned when child has chance to role play. Nurse or worker shld be sensitive to child's way of using opportunity.

Introducing ch. when he's stron & supported to special equipment like anaesthesia mask or mist tent important.

3. Yvonne Williams, con't. Other kinds of play currently in vogue: dolls, spontaneous play using hospital materials; puppets. U.C. has program of volunteer puppeteers who come on M.D.'s request to do show of procedures. Y.Wm's survey indicates that this should be used in conjunction with role play, or child may block out important facets and adult not know. Danger of gimmicks overwhelming and adding one more misconception unless opportunity for feed-back built in. Here again, ^{strangers using} ~~my concern~~ ^{about} more ~~non-parents adults~~ ^{and} more gimmicks which may or may not ~~be understood as intended~~ ^{be understood as intended} ~~is aroused~~. In the interests of efficiency and humanity, we must be sure that we have at all times the child's welfare at heart rather than the performing adults' need to be needed.

Yvonne Williams of U. of N.C. recently completed a study to discover what is being done in adding therapeutic play in hospitals to counteract psychological upset in children. She looked at selected therapeutic play services being offered to hospitalized children through recreation programs in children's general hospitals throughout the U.S., limited the study to them on the assumption that hospitals devoted to the treatment of children would give more attention than others

4.

to the development of therapeutic play as a means of lessening trauma of hospitalization, and that information about play programs could serve as a guide to others wishing to develop similar services to children.

She developed a questionnaire from several library sources concerned with the psychological need of hospital children or with the functions of various play programs. The questionnaire was tested at Johns Hopkins before the final version was prepared.

of the 46 hospitals surveyed, 30 indicated that they had a play program; only 4 of these 30 providing play were non-teaching hospital. Of the 30, only 2 provide no therapeutic play sessions. In 1 of these, only volunteers are involved with supervising play. The other, staffed with recreation personnel and volunteers reported that the director of nursing sees playrooms as a selling point for private patients, but not a therapeutic tool; therapeutic play is not accepted by the hospital at large. Most of the medical personnel are not very child-oriented, only treatment oriented.

5. (New professional; the hospital child devel. wrkr)
~~XX~~ Responsibility for the therapeutic play programs went to recreation staffs (17% of these had degrees in recrea.) occupational therapy staffs (3 out of 27) and 25% had degrees in child development and education. The remaining 11 hospitals providing hospitalization play sessions used volunteers and student nurses or employees from one or more disciplines to direct play.

Other reasons for not having professional staff given were: Nursing service was in process of developing a program; or "a lack of qualified personnel" or lack of funds." or "Feeling that play is used to occupy patient's time, but not set up for relief of anxiety." This causes some concern that some play directors may be using their resources on well-intentioned but ineffective programs.

KINDS OF PLAY OFFERED:

in rank order of use(see p.4)

6.

Reasons for using play: To prepare child for new and potentially traumatic experience;
to help him achieve mastery following the act;
to help relieve anxiety by reminding him that there are still things he can do;
to establish trust, autonomy and initiative -- give opportunities for him to continue his development and so reassure himself; relieve parental anxiety, strengthening the child indirectly by providing them with a more cheerful place for visiting and a more normal and homelike atmosphere; to distract when waiting and discomfort is inevitable; to relieve loneliness.

Reasons, as I see them, for nurses to have play techniques as one of their skills is that the establishment of a therapeutic community makes the whole experience much pleasanter; that sometimes short hospitalizations hardly allow time for the playroom, but play is even more important for these children because of the brevity of their stay, and if nurses can help thru role play,

7.

and an understanding of ways of communicating through play trauma can be reduced because the nurse, with whom the child has the most contact can prepare the child thru play as she goes about routine care tasks, and help him have a pre-view of the experiences and equipment he will be coming in contact with. She will be there following his surgery to help him work things through again. I don't like the idea of chopping up the child's already chopped up hospital experience by having nurses feel that play is no concern of theirs -- that it's relegated to the playroom and the play ladies. For one thing, this deprives the nurse of considerable joy, prevents her from gaining cooperation she might otherwise have, and puts her in the bad guy role. Although special play staffs and rooms may be needed, for the child to get full benefit of the program, all staff encountered must have an appreciation for the value of play and a feeling of confidence about their ability to offer it.

As one pediatric head nurse said in a class I was once teaching" Well,

who is better able to handle the mess than a hospital where the beds are changed and every-

thing gone over daily anyway. We could just as easily change sheets with fingerpaint on them as without." A bonus she discovered after introducing fingerpaints on the ward ~~was~~ that fecal smearing of the cribs vanished. That fact alone should sell a play program.

In selling nurses on the value of play in their day to day interactions with children I try to come on fast with techniques and materials that will work so rapidly that the nurse will be reinforced and a cycle will begin that keeps her rewarded. First I practice posture with them. I believe that seeing the child at eye level changes the interaction instantly. I suggest water play and simple materials that are easy to make and store like dough, or cornstarch and water that ~~XXXXX~~ ~~XXXXXXXXXX~~ engross the child -- and very frequently the nurse, too. Nurses need permission to play as much as the children do. They, too, are victims of the idea that play is frivolous and out of place in such serious surroundings as the hospital.

Good activities for kids in isolation

Check & nurse as to procedures & child's needs
Protect bed & child's clothes

Help child use what he has -

Remember regression -

Watch for fatigue.

Warn him prior to stopping play -
i.e. "We'll have to start cleaning
up in 5 minutes ---"

Keep promises -

Washing technique

activities

Balloon bathing
Starch & tissue
pipe cleaners
Cornstarch
dough
bubbles
stories
Puppets -

Water play
M L T
Dr play

Infant Devel-

ENTY

HOME WORKING

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PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

2

The child's needs according to development are:

0-6 months...global reaction to new routines, unstimulating environment. Children do not ~~to~~ continue to develop without stimulation. Older studies indicated that who does the companionship is unimportant. Later studies show that parents need the interaction to maintain or establish their own attachment. Therefore, parents of children this age need to be included and assisted.

6 mos-three years (or more) Fear of separation and abandonment...

In 1953, Dane Prugh et al said:

"No matter how excellent the medical and nursing care of children in hospital; no matter how sensitive their handling from an emotional point of view, children under the age of four years remain manifestly disturbed while in hospital and have many more behavior disorders after discharge than do older children. . . .

~~Between 7 months and about 4 years, the emotional effects of separation and of illness and its treatment are at their maximum.~~ None of the changes in hospital practice designed to counteract anxiety in children have been effective in the under-fours admitted on their own. There is evidence that when mothers are admitted to hospital together with their children, sickness, pain, and frightening medical procedures can be tolerated with only temporary upsets ~~and~~ without the later disturbances found in children admitted alone. It is not ~~ONLY~~ the mother's explanations and reassurances that work but her actual presence. "

(953.113)

Earliest toys -

Soothing The $\frac{1}{2}$ familiar is the thing
that reaches upright position -

hang to side ^{rules} so as to use tonic movement of hand to attract ^{eyes}
8" stripes, 10" apart - Responds to complex patterns

Looking

~~Catopano~~
~~psychotic~~
~~reflector~~

Plastic coffee can lid
mobiles

line patterns -
Red, yellow - orange
Face with features

mobiles ^c simple, predictable
pattern
Considerations

↓
Simple;
change when he
becomes habituated

$1\frac{1}{2}$ mo - Bright obj. & focus on -

3 mo - Close obj. to look at when on tummy (encourage creeping)

Carry over toys - from stage to later & amplification

3-4 mo, touch hunger

4-5 : Mouth (society) -

Beginning month exercises

"Dancing up and ^{down} ~~won~~ so foot touches" crooning and cooing.

1½ months - bright object to focus on hung across crib.

3 months - close object to look at when on tummy - to encourage creeping.

3 months - object which hangs within reach of child across or to side of child

AGE

1-2 Months

3 Months

DEVELOPMENTAL DESCRIPTION

Enjoys sensation and motion
Rocking, sucking, skin play
Pre and Post bath play
Arms stretched and folded

No control of hand movement yet
No ability to let go of object

Make territory interesting with cloth, paper, pictures, strips of shelf edging, dangling objects, spoon and bracelets

Crib casters can be replaced with springs for added stimulation. Decorate head of crib - mobiles made of bright foil, paper, on wire or on plastic.

Mirrors or stuffed toys on crib - radio, music box, wind chimes, singing

Stripes, Balls - eyes, faces
Tonic motion; frequent changes

4-6 Months

Soft oil cloth balls; sturdily sewn on bells; thick soft knotted rope attached to play pen; plastic beach toys not too tightly inflated; rubber toys from pet stores.

6 Months

Fun in movement is big at this stage. He enjoys social play and games which help him experiment with his body in space. Fun in movement. Everything goes in mouth. 6 month older's reach exceeds his grasp, making him easily bored and somewhat exasperating.

Selection of toys on elastic cord strung along crib or play pen; larger plastic and aluminum toys; 2 inch noisemaking blocks; bowls, cans; paper to crunch, especially parchment; measuring spoons and cups; crumbs and cereal pieces for fine muscle practice; fat, round strings with tops removed, all tied firmly to give practice in picking up variety of shapes, sizes, textures and weights for practice in discrimination. These can be kept in a bag or basket near pen or crib and handed in two at a time until child is bored with them.

Pictures and printed materials for the child to pick at give him opportunity to distinguish between 2nd and 3rd dimensional things.

6 mos

Ready for multi sensory: see
hear, move-control; safe,
colorful. Shld help him dis-
tinguish world he can control from
world he can't.

Bell (shape & color) yarn embroidered coffee
can lids; pot holders;
Red, yellow, orange - ~~Deep~~

Search for toys; appearance-disappearance
games;

7-8 months - diff textures, weights, sizes, forms,
properties, shapes - 1 at a time.

Remove dangles now (Pull up time!) ^{something for} hand.

1 months shld be manipulating specifically/
Peek-a-boo games important; station toys/
diff places;

~~Box game~~ ()

Retrievers + schemers - Strings + cords;

Yarn faces on
Coffee can
lids -

Plastic bottle
with stuff
inside.

hanging bottle tops

Mobiles & diff stuff

braided nylons -

Jewelry pocket &
bells w/ kick -

Cake pan reflector



6 to 9 months. The symbol of a crawling infant describes the months when a child tests his creeping and balancing skills.

Polish study: different textures & weights, sizes, forms & properties.

9 mos. shld be manipulating specifically. Continue peek-a-boo & toy seeking games.



6 to 9 months.
Mastering physical coordination.
Are you ready with a program?



At each stage of development, we must modify the baby's play and learning environment to keep up with his mental and physical growth. When he reaches the six-to-nine month period, his activities become more complex.

By now your infant has become occupied fulltime with learning how to handle his body. The moment he discovers he can turn over, and later crawl, he begins a serious six-month program of activity to perfect his coordination. He begins to finger madly and taste every

object—the shape of balls, the texture of rugs, the ins and outs of boxes. He begins to search for hidden things. He starts the climb to standing position. He is ready for larger areas of play. He desperately needs change and challenge.

To accomplish his goals, he needs your encouragement and play stimuli. He wants things like balancing bars and objects that are worthwhile crawling to or standing up for, like rollers, creeper balls, floor toys, crib trail trains, also modules that test his powers of equilibrium. He is ready for a change of pace in his environment. A play corral, a compartmented play table, or a crawler's platform can all offer new opportunities.

6 months - search for toys - toys in different positions rather than in hands - beginning of fascination with appearance and disappearance - stimulate movement.

7-8 months - different textures, weights, sizes, forms, properties - shapes of toys one at a time.

9 months - should be manipulating specifically instead of indiscriminately e.g. ball, spoon, rattle, paper.

if he has had practice with variety - (even adults manipulate new foreign item by turning it over and over, shaking, banging). If child hasn't had experience with variety of forms, etc., before this time, he may continue the stereotyped turning, banging, shaking behavior. If he has he will manipulate appropriately.

Peek-a-boo games - with people and toys are fascinating and important - covering and uncovering toy until child catches on and can play it.

Toys now stationed in various places around playpen or crib to encourage seeking and finding activity.

7-9 Something for each hand - all parts too big to swallow -
pull up time & look out for danglers
Beg. of ability to do things on purpose

Rice inside sock covered cans for rattles; tie
sof -

Cover sponges & nylons so pieces won't be aspirated
Don't paint for mouthing children; cover & cloth;

Rolling pin + adhesive tape can tops -

7-10 Months

When something disappears, he looks around for it - he can learn to pull things up that are tied with a string. Play with sounds- response to verbalizations. Can start game himself - when you respond he has brand new power that leads to his being an outgoing spontaneous sociable person.

Self-propelling of some sort, perhaps outgrown play pen. Larger scope with corner of room, making area safe for his explorations with furniture. Constant watching except when he is safe in crib or pen.

Bath play

Pat-a-cake, bye-bye

Sponges (don't give to many things)
Water itself is greatest plaything,
too many other things only distract and confuse.

7-10 Months

Hand mindedness. Need for tact in self or mother feeding. Avoid "no - no's" because he needs the practice. he is great on removing strings, foot-gear, etc.--an essential for later self help. This absorption is an essential for his transfer of pleasure in play to work, so don't insist on "no's".

Socially - shyness beginning, respect this.

Lesson in magic - things continue to to exist even when out of sight.

Learn to release object-throwing things out - placing them outside. Nothing you can do but enjoy his growth and survive.

Hammering and banging! Any two things get crashed together.

Guiding adult finger - extra spoon - small amount in cup.

Mother should stay in sight in new situations so that he learns that strangeness isn't threatening.

Nesting toys and inside toys (round with cubes to drop in) In and out games. Lids.

10 Months

He will look and listen - handle, pat and stroke - soon understand 2 dimensional vs. 3 dimensional cues.

Avoid the big load of frustration that causes him to regress. Challenge he needs ~~not~~ overloading. - Frustration which causes anger ~~which~~ in turn causes destruction and regression.

Some children may be ready for beginning book-cloth or cardboard, loud colors, familiar objects.

Heavy manila folders with objects make good books.

Exploration toys and space: Safe kitchen space; pots and pans; covered refrigerator storage dishes with surprises inside, balls and wheel toys, tough balloon, trash basket of discarded litters, envelopes and pamphlets - good for crumpling are presents to eternally grateful parents. Put and take-graduated tubes, old-fashioned clothespins on loaf pan. Medicine vial with lid - with crumbs.



9 to 12 months. The standing infant's world presents new challenges and requires careful space planning.

9 to 12 months.
Beginning to walk
requires new worlds
to explore.



Sitting up himself and ultimately standing up in a crib is a tremendous physical achievement for a child. Once he has mastered the technique, the 3½ feet of crib space he is limited to can be terribly frustrating.

This is a time when your child aches to practice walking. Unless he has the room—and the incentives to do so, the development of his mobility could be significantly impeded.

At an orphanage in Iran, it was found that many of the infants did not bother to stand up until late in their

second year. The reason, as indicated in the study, was that they saw no reward for their efforts to stand or walk.

Research indicates that an infant can take more physical challenges than are provided in traditional containment cribs.

By providing your child with play objects that he can reach only by standing or walking, you supply both the challenge and the reward. Encouraging him to test his strength on an overhead exerciser or baby pulley fosters his adventuring without physical fear. Offering him more freedom in a play corral and greater variety in a play table enlarges his world of exploration and eliminates boredom.



Newborn to 3 months. This figure defines the period when a baby practices intently his sensory powers of seeing, hearing, fingering, sucking.

Babka, 8000 Warsaw infants in institutions Play to prevent, deprivational retardation
Dancing up and down so foot touches; Crooning & cooing
1½ months
3 months - close object to look at when on tummy; object which hangs
within reach and to side

Piaget: "The more he sees & hears, the more he wants to see & hear"

Earliest Years Department
Edcom Systems, Inc.
145 Witherspoon Street
Princeton, New Jersey
08540

sensory motor stage

Birth to Two years

At this stage, a child makes the fastest physical, mental, and verbal advances. During the first four months, the infant discovers himself by seeing, hearing, touching and tasting. From four to eight months, he becomes aware of and interested in objects outside his own body. From eight to twelve

months, he establishes an understanding of cause, effect, and time. From twelve to twenty-four months the child stands and begins to walk and talk. This is the stage of "practice play," when the very young child needs opportunities to exercise his powers of seeing, hearing, touching, and manipulating. If the environment gives a child nothing to react to, then there is nothing to differentiate,

nothing to reflect upon, nothing to explore and learn.

Birth to 3 months.
Seeing, hearing,
touching—learning
opportunities that
cannot be recaptured.



From birth to 3 months, a baby spends his time on his back or his stomach. Everything he does develops his senses of sight, hearing and touch.

Each time you hold out your hand, lean over the crib, or show him a toy, you are helping your infant to see, distinguish, and sharpen his visual perceptions. Parents need to play a vital role if they want their child to develop the perceptual maturity and attentiveness necessary for reading.

The skill of hearing is equally

important to a child's mental growth. Words, music or sounds mean nothing to him until he learns how to associate them with people, objects or events. While your baby is learning to see and hear, he is constantly touching, fingering, handling, grasping, reaching, pushing and pulling. It is through the sense of touch that he experiences the physical make-up of his environment. Every new shape, texture and temperature add new meaning. Yet few parents plan changes in their infant's touching environment.

Imagine how stimulated a baby would be if his crib were equipped with mirrors—a live fish tank—gravity floats—mobiles—texture and finger tracking modules!





3 to 6 months. The sitting child's maturing coordination allows him to grasp, pull, explore "cause-and-effect," to babble and test his vocal power.

RULES FOR EARLY TOYS

1. can be grasped from any angle
2. manageable with one hand
3. rounded smooth edges
4. no detachable parts
5. no harmful coloring matter
6. boilable
7. take hard use
8. bright

↳ positions; encourage search for toys.
fascination & appearance & disappearance

**3 to 6 months.
Practicing physical
powers—discovering
cause and effect.**



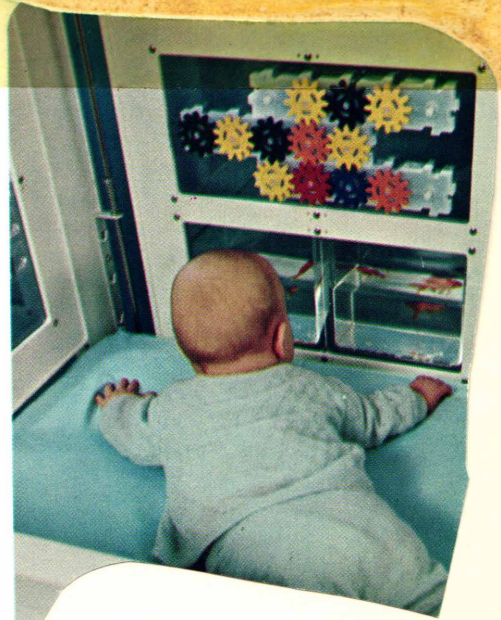
There is no mystery to motivating an infant. You must simply provide him with new challenges. Offer him a degree of stress, and you provide an opportunity for achievement.

From three to six months, your infant concentrates on practicing his physical skills. He reaches for things to grasp and pull. He looks for moving objects that he can follow with his eyes. He begins to distinguish sounds. He studies "cause and effect".

But the child "sees" with more than his eyes, ears, and

hands. His most powerful means of perceiving and comprehending is sucking. The act of sucking is instinctive from birth. It gives him a sense of control. Only when he coordinates it with touching, handling, and moving things around does he attain complete knowledge of reality, and a sense of his personal power.

At this stage of development, the infant needs a choice of manipulative playthings. Objects that move and roll and build a sense of "cause and effect". Sand timers that he can watch. Wheels that spin. Jumping Jacks, voice activated mobiles or tape players, or a baby crawler—all designed to help him make the most of his maturing abilities.





12 to 18 months. The walking child comes into contact with the whole household and an enlarged world of objects to master.

From turning head toward light to manipulating objects - he has moved to knowledge of the fact that things have insides and outsides; knowledge of difference between 2 dimensional 3 dimensional. From undirected motion to hesitant imitation of simple gestures and then participation in games - whole body use.



18 to 24 months. The talking toddler communicates with new people and the outside world. This important stage of development has its own special priorities.

1½ Years
Mid - 1-2
Years

Interest in order - maintain sense of achievement rather than chore once this starts

Read from mud pies to cooking, from backyard messes to chemistry experiments - more direct than we may appreciate.

Child emphasizes endings: tear last page of book - drops cup on floor if mother not there to hand it to.

Get appropriate equipment such as shelves with front retaining strip, low and wide - slide, steps, hollow blocks, bag of K blocks; sand dirt and water; spoon, pan, stick best tools.

Crayons = power; sound producing wind up music box, accordian, records,

Books - now he points instead of picking, showing mastery of differentiation.

Mid 1-2 Years

Sharing household tasks begins. Lets him in rather than shutting him out.

Sharing is impossible; concern for other child not available yet.

Speech patterns now carry out familiar games of give and take - stand up, sit down; receive and throw-only now verbally.

Dust rag, children size carpet sweeper

Toy props are effective in motivating when human demands won't work

"Doggy's going night - night."



Parent-child. This symbolizes
the vital parent interaction
that each child needs if he is
to progress through each age
and stage.

3rd yr

(As child grows, toys added; new uses
for old familiar + accoutrements & en-
hance new uses —

Card bd. kitchen

Carts to pull —

tubes to drop things down

Books featuring old stuffed toys —

lids on cans containing stuffed toys

Carton blocks in cardbd shelves

card bd bds to accompany

Baby powder can gas pumps

Big + little sock dolls & books to match

Suna can + Margarine Carton stacking
toys —

Big pennies (Zip top can lids)

Session 1.

WHAT IS PLAY-

Song; game with names;

Toodala; good morning merry sunshine.

EXERCISE: imagine and remember earliest play experience.

WHAT IS PLAY?

Language of childhood; reasoning; something a child does bec. he can't resist it; research..gives knowledge of self, nature of things and others; ~~amk~~ makes possible the incorporation of knldge thru playful manipulation. Encourages reach, responsibility, self-esteem, realism. Helps make childhood and wait to be adult tolerable by mimcking.; brings approval and success if grownups enhance. Allows for social relationships; pulls child toward learning and growth, physically, intell. spiritually, emotionally (play with hostile words can replace phys. attacks. Civilization.

Turns interests outward and helps with discipline & impulse control. Play is for joy as well as mastery.

)
(over

Look out for "goodness"...don't foster passivity.

Play is child's ~~way of knowing the world~~ way of projecting inner world onto the outside.

Early play feeds the senses; reinforces looking, listening, paying attention. Helps develop trust and sense of responsibility. Sets stage for later ~~learning~~ learning.

Erikson: Play is more than mastery of anxiety or reduction of tension; more than a leave of absence fr. reality (as it is with adults) Play serves growth. "to grow means to be divided into diff. parts which move at diff. rates. Playing is an attempt to bring those diff. parts into synchronization..." Ex.?... Too early reading at expense of using muscles; too great a dependance on adult approval when adult wants passivity & quiet.

Play is a child's way of knowing ..knowing himself; knowing the outside world; knowing his relationship to what he perceives in that world. Play is ~~XXXX~~ the infantile form of the human ability to deal with experience by creating model situations and mastering reality by experiment and planning.

NO SERIOUS CONSEQUENCES.

III WHAT MAKES A GOOD PLAY ENVIRONMENT

1. The humans in it

Role ~~XXXX~~ of adult: Babies do not rear themselves. They need nurturing. Don't worry about spoiling by responding/ By staying available and responding, the baby develops trust on which all later devel. is founded.

Good environment demands exploration opportunities. At each stage, one is making discoveries essential for learning about life and the world.

Play pens spoil child's opportunity to explore and follow caregiver. Good environment gets baby-proofed. (Ask for participation re safety) Best caregivers are NOT the neatest home makers. Babies and toddlers need exchange of facial expressions; best time for language devel. is when ch. seeks adult ear.

Children can be asked to help very early;

Toys: safe, simple, amorphous, real; limited to whatever child finds easy.

Role of adult: structure experiences to develop maximum functioning.

For toddler, clear territory to permit focus. (over)

Set stage for learning Convey message of permission and limits;
Signs and symbols tell child that play is respected and expected.
In our selection of play equipment we convey our values.

TV or not TV.

Even with teen-agers, the presence of a friendly and interested adult is a necessary component of permission for play.
Play is a communication; there needs to be a receiver in order for a communication to be effective.

Responsive environment: Studies of #1 mothers or caregivers whose kids developed well: ran a ~~haut~~ ship, but made selves available to respond. Responses were fast, immediate, expansive;

Task of adult is not to direct the play, ~~KX~~ but to remove obstacles. Adults feed the impulse to play, but child must find own way to maturity. Respect (not cute) leads to child's sense of responsibility. "I am someone; my behavior has consequences. People are aware of me."

Play environment offers balance..large and small muscle, reach plus at level, plus fall back; social; challenge; expression.

Anna Freud

① Observation of infant development & implications thereof: from "Some Remarks on Infant Observation" by Freud, Anna
The Psychoanalytic Study of the Child VIII,
1953 -

Careful observation will show 1st That infant shows distress - Cries, Kicks - clearly signals discomfort when tension builds due to ~~the~~ hunger, loneliness, wet or soiled, cold, internal pain - When relieved Child's instant relaxation indicates distress over. First observe the different appearance of Child when he is evidencing distress as opposed to when he shows the relief due to being attended to appropriately -

2nd step: develop eye that differentiates among various kinds of needs. Which inner tension is child responding to? Signal of crying covers all same; quality of satisfaction differs.

Interested M. early learns this lang: on basis of their intimate ~~detached~~ emotional attachments. It takes practice & desire to develop this skill. (Comparable to proud car owner's ear for distinguishing car noises)

"Demand feeding" requires discerning ear since schedule set by infant. Pacification may work w/ food, but if the signal really was for another cause, - too bad; missed opportunity -

Reward of careful observation. To be in on observation the development of mind & of body!

(2) Inner world of ^{early} infant consists of 2 contrasting feelings of pleasure - pain sequence. From strength of these sensations, infant organizes what will become his self thusly: Repeated pleasure gradually creates image of satisfying food. from then on hunger is accompanied by image of food. - Fantasy begins & fantasy is 1st step in mental functioning.

But fantasy doesn't bring food. Only the distress signal - the communication - the action does that - (on demand)

So Step 2 in infant's mind formation is learning to distinguish bet. perception of reality & fantasy. Without this faculty we can't function normally. Loss of it = psychosis.

3rd step in mind formation - Remembering what has gone before. Ch. turns from pain - turns toward m. on bottle - Crying now changes from

distress signal to powerful instrument to influence environment.

Infant has no ability to distinguish boundaries between self & m. When m. walks away he is as surprised & disappointed as if he'd lost part of himself.

Only by being her periodically does he learn separateness - that all of his pleasure - self is not his own self.

Observer watch for signs that inf. recog. limits of own body - Be aware that it's hard & painful for inf. to give up early attitudes of symbiosis -

Remnants in play - feeding m. or giving her finger to suck - not generosity, but final testing & prelude they are still one.

Observe increased evidences of inf's collecting & organizing experience i.e. g. infant's understanding of sequential order of happenings - Cause & effect - In 2nd 1/2 of 1st year, gradual integration of ~~experience~~ perception, sensations & responses leads to ~~fundamental~~ ~~provisional~~ ~~or~~ ~~subsid~~

③ Incipient personality. Infant now differentiates qualities ~~of~~ such as self & others, familiar & unfamiliar, beginning diff bet past pres. & ^{near} future - Inf. now is interested in surroundings & w/ communicating for other than fulfillment of need. Mother role

End of observations of 1st year

Essential to observe M. She is part of infant - taken for granted. He can't survive or adapt without her motherly care. They are inseparable pair. Inf can't tolerate being left alone except in sleep -

Her presence obscures true pic. for observer because it's her function to alleviate tensions as fast as they arise "supplying satisfactions before the wish for them rises to a climax of despair." The well-cared-for child, then, seems to need little & the unaware observer. Only M's absence reveals full extent of the constancy of demand.

M's Contentment with her baby may obscure evidence that ^{you} infant is ungrateful. He's either making needs known or asleep.

Observe gradual transition from 1st m-ch relationship of greedy, egoistic, purely self centered to more adult + outgoing attachment of 1 human to another. Pleasing to watch - M. image in inf's mind develops from one of need-satisfyer to love object - made of recollection of all previous satisfactions. Remains firmly anchored in his mind more or less stable despite fluctuating conditions of need + satis. This image will be basis for future attachments to F., subs + finally outsiders. [Basic Trust]

On other hand, in cases where m, ^{has carried out her job} ~~independently~~ - or had too many subs, transformation from greedy stomach-love to trusty, constant love-attachment

④ will be slow. Inf. too worried abt fulfillment of own needs to ~~know out~~ have feelings & spare (Maslow - English, Erikson)

Observer: fix in mind the 2 states
1 st self-centered, inconstant
2 nd outgoing, constant

Normal healthy person outgrows 1st but may regress in times of severe stress such as illness -

Deprived infants ~~grow into~~ remain "infantile" in relations thru life -; e.g. without achieving constancy, they change partners frequently, concentrate on own wishes altho dependent on satisfaction from others - have little interest to spare for partner -; are emo. egotists.
This leads to dissocial development -
Child's reliance on M. obscures

fact that he can provide pleasure for self -
thumb sucking, skin stroking. This a
form of coping - evidence of independence.
Perhaps threatens m. bec. she wants to
be sole giver of satis. As Objective observes,
we'd expect positive reaction to infant's
evidence of independence thru self-
discovery.

horror of infantal sexuality; fear of
perversity + m's jealousy shakes
people suspect inf's attempts at self-
gratification

"A child who produces pleasure for himself is an independent
child proportionate to the degree he does it."
Observer.

Compare notes w/ others. Children pass thru
stages at diff. time tables - but all go thru.
differences depend on interaction of heredity + environment.

(5)

1. Phase dominated by alternation between pain + pleasure
2. learn to perceive + recog. reality, develop memory, build up inner image of body-self on which future personality is founded -
3. ~~Feeling~~ Experience with material satisfaction cause their feelings to reach out toward m + attach self to her.

If they accomplish these basic steps, they are considered satisfactory infants.

influenced, learning doesn't occur.

reinforcement value of mother for infant, due to her contingent behavior. develops gradually -- 3 months. By 3 months of contingent behavior by mother, child builds in expectation. From this, learning emerges. The foundation of learning is infant's belief in control. This leads to his learning that he can expect and trigger pay-offs from rest of environment, including self-reinforcers.

Studies with deprived children show that while acquisition of skill is there, along with it is acquired the helplessness. When this happens, the child won't use the skill. Helplessness is acquired in the same way the feeling of control is.

Some thoughts on infancy from Michael Lewis

Contingency behavior(child's belief that he can effect outcome and that his actions influence and have consequences) significantly related to I.Q., performance; and to early maternal response and physical contact.

Greater cognitive development comes about by variety of stimuli, including mother's reactions in environment. (ed.note--consistency can equal flatness & be a kind of deprivation)

Amount of response decrement and change of toys are related. Low socio-econ. have less toy change and less decrement. Brain injured also show less response decrement. RESPONSE DECREMENT-- JADEDNESS, SOPHIS., RELATED TO INTELLIGENCE, NORMALCY, MIDDLE SOCIO*ECON.) Greater response decrement at 1 yr.--greater I.Q. at 4. Greater response decrement--more rapid mastery of task performance in concept tasks.

Negro children often lack belief that they can effect their lives. Belief in internal control sig. related to child's belief he can effect outcome (contingency) Belief in helplessness an important motivating (or de-motiv.) factor in influencing learning. Helplessness or control a construct. developed by infant during mother-infant interaction. This construct develops early by means of: infant's experiencing uncomfortable somatic sensation--m. goes to him in response to his cry--infant makes connection that his cry has influence. Cry-response--relief--learning. Timing important in estab. contingency. Equal amounts of adult time to child don't do job if timing is off. If ch. doesn't make connection that his action

over

Magnets:

Fishing with magnet on end of pole for
fish with paper clips, for instructions of
things to do;

magnet box with materials to experiment with

Matching feelies

Oatmeal box with sock over top; textures,
varied weights; matching articles

carpentry projects

bench holder (to hold wood for sawing)

bottle cap gear boards

Dowels; button molds;

Chalk

colored, with wet paper towels;
With buttermilk

wet chalk

With white chalk and blackboard for scribbling
With sponges for erasing

Teaching M.R.-

10.10

WARD OF PRIVITY

DATE: . . .
TIME: . . .

FROM: . . .
TO: . . .
SUBJECT: . . .
RE: . . .

ORDER: . . .

ADDITIONAL

REMARKS

FT.

WARD or PR

GE

DIAG.

ADMITTED
DISCHARGED

MON. TUES. WED. THUS. FRI. SAT. SUN.

PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

Getting attention of the m. R.

Teeter bane - jumper chair -
listening ear phones

Games

Records -

Ladder to walk thru -

Jars + lids

yarn skin color matching -

of leather. + honey

Flashlight - Catch the light beam -

Painted lines to walk between

Rolling + catching old tires - slab of concrete inside

Different length sticks color coded to match

Steps to creep up + down.

Smell matching - Sound matching

Box with hidden objects -

Dirt boxes

Bib:

Functional Teaching of the Retarder (over)

Charles C. Thomas, Springfield, Ill.

1966

Free catalogs for teaching devices
for m. m. manufactured at Laredo
1 + all ^{order from} LADDOCA Project + Publish-
ing Foundation
Denver, Colo.

Film Aids for Teaching the Mentally
Retarded. Thorne Films Inc.
Boulder, Colo.

Management of Young retarded children -

I Observation:

observe creatively - which means sponge your mind clean of concepts, shadows, definitions, labels and see the child new - first see the child- then check for pathology, by contrasting and comparing.

Note:

- 1) Posture
- 2) Facial expression
- 3) Eye contact
- 4) Attempts to make contact
- 5) Attempts to avoid
- 6) Hand movements
- 7) Your own reactions

How does the child appear to see you?

II Communication:

How can you reach the child himself?

(Posture	)	
(eye contact	)	What's your metacommunication?
(Equipment)	)	

What barriers are you aware of

In child
In yourself

GOALS:

Now that you've observed and identified child's strengths, weaknesses and discrepancies between ability and action, you are ready to look at what you want to encourage or discourage in the child.

What are your goals?
Where did they come from?

Techniques and methods:

Watch and comment on what you see
Comment dramatically and positively on areas you view as helpful to child and on areas that enhance his uniqueness and give him pleasure

Appreciate his way
Show him your way (not "here's how to do it.")
But "here's another way to do it," or "Sometimes I do it this way" or "what happens when you do it this way?" or "How many ways can you do it?"

Borrowed from operant:

Fading; non-attending; time out; reinforcing positively

Value of operant conditioning

To adults -

1. Observation

Helps worker to see child

What his capabilities are

Where discrepancies between ability and performance are

What reinforcement areas would work with him

What strengths can be built on to develop new skills

2. Forces adult to look at goals-

Forces him to observe child's motivation and where it's rooted (High probability - low probability)

In observing a program to help child-

Be aware of programs' goals

Look at time span demanded for groups to be sitting still

Manipulating same kinds of small toys

Look at opportunities for

Messing

Meaningful) (to child and to life)

Tasks

Creativity

Social interaction

ex: wheel chairs

rest - what's he doing (*gaining?*)

Criticisms and Questions -

What is purpose of

Rest

Teaching colors

working form boards

Is it working?

How does the child show you he is feeling?

What do you do with his communication - what effect has this?

Does the schedule allow opportunities for the child to set his own pace and for the teacher to teach him what he's showing he wants to learn?

Ex: chair puzzle and real chair.- T. punitive response

Wheel toy pushing

In over-all atmosphere negative and punitive or positive and learning-directed?

Is it integrated with all experiences relating to the child's self - or is it "somewhere out there" apart from him with shapes, colors, numbers but no him.

What adult values are really being transmitted to the child:

"Be passive." "Do as you're told."
"Keep away from interactions?" "Don't explore," "Don't follow-up on your own curiosity or interests," "Don't touch anybody," "Don't express emotions truly." "Do repress and deny."

How does punishment work?

Does the child drop the negative behavior and move toward more useful or gratifying behavior?

Does he have adequate opportunities for response from positive behavior?
i.e. rest. If he does what the T wants, will he receive equal attention to what he'd receive if he sits up in bed?

What are you fostering:

Through disciplinary practises
Through educational equipment
Through music and stories
Through teacher intervention.

Is there contact with the school you are preparing them for? What do they expect?

How can teachers best use themselves for child's maximum development?

How can program and shedule be arranged so that maximum individual tailoring is allowed?

What about parents? How can programs help bring them along?

The approaches used with retarded children seem to have similar results to those used with normal.

Great demands from teacher, combined with inadequate meaningful stimulation =
Tantrums; running away; resistance.

Age-adequate play materials, with friendly supervision; feed-back; limit setting and redirection = cooperative play; appropriate use of materials; hi interest.

Assumptions about limitations of MR's are very similar to 19th century assumptions about hildren in general:

Choice
Imagination

Value of play
Meaning of limits
Habits

Moralistic
Inability to
generalize

Actually -

In any group of children, environment should be somewhat uncluttered

Limits clear and friendly - made firm but easy to follow because of teacher offered redirection based on child's needs.

Individualized program rather than large groups.

Philosophy is determined on degree to which label of M.R. releases Teacher's desire to control and way of controlling - and how it affects adult's trust in child's inner capacity to grow.

What we recommend is that those working with MR have an offering approach - an observant approach, which shows itself by meeting the child where he is by building on his strenghts - with the assumption that somewhere in there is a growing edge.

Techniques: 3 R's - Being present and aware - here and now
learning to enjoy the present and helping child to enjoy it.

*Readiness
Relationship
Responsiveness*

FROM: Curriculum Guide
Preschool Retardation Centers

Mass. Dept. of M.H.
Publication #221

.....Aims should be in direction of maintaining adequate sensory stimulation, reinforcing and encouraging responses of child that lead to satisfaction of his needs, and regulating the mothering role to supports which supplement but do not displace the abilities of the child to cope with his own world.

.....every means by which child can internalize his name into his self-core should be sought in view of the powerfully integrating affect which it has on the intellectual organization of his life.

Self-attitudes of retarded person powerfully influenced by his perception of others' view as he sees reflected and negative attitudes of others become associated with his recognizable failures in accomplishment, leading to generalized sense of inability to compete and a pervasive conviction of own worthlessness. Solution: Look at him in terms of what he can do, rather than what he can't.

Environment should allow for both success and failure so as to help retarded person use his own efforts - and thus develop a more realistic but still adequate self-image "If I try hard I can succeed at some things" - higher level of effort and efficiency, greater tolerance to failure and tend to attribute success and failure to himself as well as external situation.

Self-structure frequently inadequate, controls may be absent -- consequently retarded may have emotional disturbances.

Retarded child more dependent on intermediary. Both developmentally and frequently, experientially he will be slower in operating without nurturant figure (often, his sole excursions out have been painful - doctor;hospital) and poor speech and comprehension to express his anxiety.

Teacher has job of building all the coping skills she can with child with school environment.

Teacher of M.R. should know

1. Nature of M.R.
2. Nature of world in which retarded must live

3. Skills necessary to live in such a world
4. Methods of teaching these skills.

Tone of class should be friendly, creative accepting environment -- not harsh and punitive.

Teacher should be very flexible, feel learning, growing, willing to change. Willing to seek and accept help.

Should control her own moods and leave personal problems behind. However, she should be freely able to express emotion in response to moment to moment situation.

Should be sensitive to how she should behave in her mother role to diff. child -- how she appears through their filters. Shouldn't have emotional involvement of a mother - aware of child along with group -- able to judge his abilities realistically.

Teacher decides when child needs individual attention and when group; when he's ready to learn something and how to approach; etc.

Confidentiality Absolute!

Discipline - part of the learning - goes along helping child to develop sensible controls by internalizing these limits he gets from Teacher

ed) Page 15

Note) Interesting to discuss with operant behavior people - shock, etc.)

Anecdotal Records

First impression

What does he look like?

What does he do?

With whom does he play?

How does he respond to adults?

How does he accept routines?

Phys. disabilities which limit ability to participate?

Helping child start school

Acquaintance Day

Purpose: Answer questions like:

Anxiety) Where School is?

Alleviating) What room is like?

Anxiety) How many children will be there?
Alleviating) How child feels about going?

Initial Conference

Purpose: helps establish personal relationship with parents and child
Continue to reiterate, interpret and answer questions regarding purposes and regulations of N.S. program, procedures and regulations.

Help parent and child become comfortable

Self-care

Goals - Provide child with skills necessary to their good health, pleasant appearance and safety.

Cardboard hands and cardboard tooth brushes to hang on chart if child has washed hands or brushed teeth

Nose blowing and coughing into Kleenex practice

Button strips and button hole strips.

3 clusters of variables affecting child at given moment:

- 1) his biol. state
- 2) His previous experience
- 3) His present environment

Variables that affect attention in retardates

1. From Leiria, A.R. 1961 - demonstration that speech as a self-regulator of behavior is absent even in quite verbal retardates
2. Zeaman, D. and House, B.J. 1963

Data collected on discrimination learning with retardates shows that retardates do not learn more slowly but rather take longer to attend to what is important in the learning situation. Once they master that, their rate of learning is similar to that of normal child.

Garrison: "Mental subnormality is a legal, social and administrative fiction rather than a disease entity."

3% population (5 million) retarded

1. Severely I.Q. 0-19 0.1% total, 3.5% of MR 180,000

2. Moderately (trainable) 20-49; 0.3% total, 11% MR 450,000
3. Educable 50-79 - $4\frac{1}{2}$ million, less than 3% total, 85% MR

Clark: "to extent that mental deficiency a social concept, with fluctuating thresholds of community tolerance, classification is bound to be somewhat arbitrary."

There is no family more at risk in terms of susceptibility to emotion disorder than that of moderately or severely retarded children, and because emotional factors comprise the major causation of mild retardation, community mental health center a key agency.

MR more likely a social, emotional and educational problem than a "health" problem in usual sense of word.

Requisite Criteria: Agency be multidisciplinary; family oriented; strong counseling emphasis.

Factors against having

Separate facilities for M.R.:

1. Duplicating mental health services with separate services to M.R. poor because they don't separate and group themselves that neatly and family and individual still need good m. health services.

2. Duplication puts strain on pool of good workers and dregs are left to M.R. programs.
foolishly competitive,
economically wasteful
3. Growth of separate agencies encourages other agencies to feel justified in rejecting M.R. suspects.
4. Many programs run by families of M.R. grants go to them (non-prof.) to treat themselves.

It is becoming increasingly clear that much more can be achieved by retarded than was heretofor expected. The very best professionally sophisticated and operated programs are necessary to realize these potentials.

Better professional education about MR for those who'll encounter it professionally

As key centers for some of this professional training for research and for highly specialized evaluations.

University Centers drawing upon many departments for a truly multidisciplinary staff and students.

Day-to-day and continuing services should be rendered by community M.H. centers or family centers in local communities.

"Nursery School Training for Retarded Children." Am. J. of Mental Deficiency
61:141-151, July 56

Woodward, K.F. and Siegel, M.G., "Psychiatric Study of MR Child of Pre-school
Age." Pediatric 19 110-127, Jan. 57

Yannet, H., "Community Responsibility for Care of the M.R." Journal of Pediatrics
397-404, April 57

"Curriculum Guide, Pre-school retardation Centers," Mass. Dept. of M.H. Publication
#221.

Am. J. Public Health - 2/64 244-248

Klebanoff, Louis, Facilities for M.R. Integrated or Separated, But Equal

Murphy, Lois - "Preventive Implications of Development in the Preschool Years."
from Prevention of Mental Disorders in Children edited by Caplan

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PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

Nursery School
Settings

PT.

GETTING
ORGANIZED

WILLIAMSON GROUP
ORANGE

WILLIAM

WILLIAM

WILLIAM

WILLIAM

STANLEY to GRACE

JOE

POW

WILLIAM

WILLIAM

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What to look and plan for in Nursery School environment:

Message re school's philosophy

My bias: No cutey pie
No nursery figures
Child oriented
Non- moralizing
Materials displayed meaningfully
What learning potential?

Opportunity to learn - to be involved -

Example: Mobiles; my vegetable chart and real vegetables -

Not too much stuff, and occasionally changed
but meeting many senses -

Felt boards and baskets of pieces
old machine parts
animal and nature
feel, smell, hear boxes
how to make -

PLANTS

Room divided into meaningful areas -

Not too much stuff
In good repair
Few tables and chairs
Rugs and cushions

Instruments out

Materials for block corner

Readily accessible but out of the way props: Magnets;
batteries; rainy days -
dress-ups; tickets;

Coziness - rockers, couches; lamp and table
Book corner -

Space for water play and messy; side by side easels

How to arrange room for easy supervision

Privacy
Keeping traffic from disrupting;

Inviting involvement

Message to and from Parents -

Some good ideas

Kids' and parents' pictures

Mirrors

Towel roll mobiles

Preparation for starting nursery school

Separation

Pre-semester visiting

Father's Day

Teacher sets tone by: tone of voice, posture, expression, style of movement, attire

Relaxed, warm, security building with some humor and excitement (ex: Ann and 2 year olds to bathroom)

Teacher's role: allow freedom but stand ready to help.

Offer child opportunities to control but within framework of implicit authority; encouraging independence.

Guidance in social difficulties (can be a wink or a smile.)

Helping child move toward others in group - find own place -

Avoiding labeling (leads to treatment like object)

Fostering learning; broadening ideas and interest; building acceptance by acceptance (ex: cry baby - teacher's role)

Setting limits (teacher's attitude as she does - unsurprised, but ready to prevent rather than scold or punish).

Observation

PT.

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⑤ What to look for:

- A - Appearance - ^{eye - posture -} facial expression
- B - Behavior - ^{body movements} tone of voice;
- C - Communication

What's the setting -

What triggers behavior?

What follows it?

Observe Child from behind your eyes

" " world from behind Child's eyes

Observe your own reactions & see them as phenomena rather than reality of situation

See & hear what's happening free of judgemental or moralizing concepts.

Record now - compare later -

What attempts does ch. make toward or away from contact?

People or thing oriented? How long with each

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(6)

activity -

What alternatives has child - What are his needs?
Bring play materials which will demonstrate child's degree of independence, sense of power, pinna movement, eye-hand, hand-mouth response, ability to imitate - appreciation of sensual enjoyment - Area of interest sensually; ability of fantasy & play imaginatively -

ACADEMIC

Examples: Toys w/ built in reaction
roly polies, balls, bells, xylophones,
telephone, put & take toys, peek a boo
items,
noise in & out; creative;
dramatic play; fables;

STANDARD CHART

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Observation

Contents:

Assignment: 1 10 minute observation of infant or toddler
1 10 minute interaction before class
Same as above for following class

Observation: what to bring to observation

2. How to position self
3. What to look for
4. How to record
5. How to use findings

Communication:

Tune in (observe); Turn on (commun)
Drop out (leave field to ch.&ch-fam)

I What to bring to Observation:

Sound knowledge of behavior

Patterns and developmental crises typical of that chron. age

Familiarity with typical symptoms of disturbance or retardation

Ability to sponge mind of above and see afresh despite knowledge

IV How to Record

Several sharpened pencils - pad of 3/5's 3 x 5's

Date and time recorded. If possible put time in margin at regular intervals.

Quote child phonetically

Use verbs to describe movement

Avoid value judgment words and wishy washy descriptions such as

"playing nicely" or "seems happy". Take written snapshot, leaving yourself and your conclusions out. Just give the evidence. Express his live style rather than your value system

ex of Intell. phys. social and emotional level of development

V. How to use findings

Observation is cornerstone to any school of thought - essential to

Assess readiness

Find intact area on which to build in case of handicapping condition

Plan intervention based on where he is and where he wants to go

Pick up cues that indicate

- a. stage of development

- b. degree of trust and autonomy

so that you can provide stage,adequate tools, and techniques

See what's present so as to get picture of what's missing but possible to add.

Observation allows you to develop empathy.

Parents

Play

RECEIVED
JAN 10 1964

POWELL
THOMAS
JAMES
JOHN
JOHN
JOHN
JOHN

STATIONER GENERAL

STATION

STATION

STATION

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PLAYROOM GROUP WORKER

FAMILY

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OTHER

RULES ABOUT KIDS AND PLAY

Non-sick-

1. Keep it simple . The mark of the Pro is the person who knows to simplify rather than how to complicate -

Ex: Water, dough, dirt, sawdust - in and out - put and take - peek-a-boo -- etc.

trace around hand vs making turkeys

2. Use yourself and your materials to aid the child in his attempts to find reality. Use this as criteria in selecting books, toys and techniques.

vs -- exploiting his ignorance and playing
on his fears of desertion or mutilation

3. Don't over-teach - (Poke your eye out.)
4. Respect and listen; listen and respect.

Adults at eye level ~~to~~

available

Play materials make a statement of permission -

Challenge and success opportunities

~~Adults use themselves appropriately~~

~~Entertainment is not play -~~

*Some children need per-
mission -
Some need to be taught -*

Children's Play Needs

Developmentally -

Body knowledge

1. Differentiation between self and non-self -

Translation of abstract or non-meaningful to meaningful through active manipulation.

*activities which
enhance -*

Child initiated

Adult approved



Dramatic Play -

Manipulative play -

Exploration -

~~Child needs opportunities to experience~~

1. Power and mastery/- (water - dirt)

Success and a/dash of failure -



~~Challenge~~ - (puzzles, manipulative toys)

Maynard, Fredelle "What Makes a good toy"
from Guiding your child to a more Creative Life -
Doubleday, 1973.

Play is a kind of life education. Toys shld correspond to learning
needs + mastering ability at any particular time -
et: just toilet trained likes messy play - dough, crayons,
water.

7 yr old newly interested in group play is ready for
games with discipline + rules.

Equally important: what is this individual like -

Guides for toys

Good toy inspires active (not passive) play -

" " supports socially desirable attitudes -

et: felt pens vs paint by numbers -
doll + blanket + bottle, or

" " sturdy, well constructed - NOT frustrating miniature

Real / typewriter; box,

Vague - amorphous - can serve many purposes.
Good toy affords challenge & frustration -
" " is safe

What alternatives has child -what are his reinforcements

Bring play materials which will demonstrate child's degree of independence,
sense of power, pincer movement, eye - hand, hand-mouth response, ability to
imitate - appreciation of sensual enjoyment - area of interest sensually;
ability to fantasy and play imaginatively

Examples: Toys with built in reaction
roly polies, balls, bells, zylophones, telephone, put and take toys,
peek-a-boo items,

noise; in and out; creative; dramatic play;
feelies;

Second Stage Autonomy (cont)

is a polite way of saying he'll do it wrong a thousand times, first).

Very important to "go with grain" here - because child can interpret disapproval of individual act with disapproval of his own emerging self-hood. Both toys and techniques at this stage can convey message to child that he has adult permission to be himself. Adequate play opportunities balance the limit-setting so essential at this stage:

"You can't use the books; you can use your blocks"-
Pounding, messy, pushing, throwing toys - The message by the adult: "It's o.k. to be you. I understand your impulse. I allow you to express it, but I limit the expression to the acceptable channels."

He needs materials to master; and yet he needs approval; he needs to hold-on, and to let go - he needs freedom and limits;

Third Stage Initiative:

Child needs props and permission for dramatic play; other people to watch and imitate - May still not be able to share - for this he needs to feel he has enough - must feel appreciated himself before he can appreciate another enough to care to share .

Do's and Don't's about Play -

1. Rhythm of active - quiet set by adult (based on observation)

How to communicate

Respect, regardless of age -

Be available but not intrusive -

Strength to tolerate the feelings he arouses in you and creatively interpret

Ex: Bossy girl with Ramona - understanding of one's own anger
at feeling of being manipulated may allow you to prevent being
manipulated without being angry or stifling.

Meet need or offer yourself before the demand arises and you're in a happier
position.

Statement + feed back instead of question /
Tell, don't ask.

①
Greeting:

Fantasy game; first play; first hospital experience.

Defining play: release, research, reasoning, resonance, rehearsal, reintegration.

gr & devel, reminder of wholeness & competency,

No serious consequences; step forward; because he can't help it;
a communication; for the adult, (and child) an assessment tool.

1st a physicist, then a psychologist; then a sociologist.

Anna Freud: developmental line of play: "from the body to the toy;

from play to work" (S. Freud: "To love and to work"

Lili Peller: "The playing child, pretending to be mother, father,

teacher, king or fairy enjoys power and prestige denied in reality. She

Jumps the gulf between wishing and being" Child imitates one whom he

loves and admires with a mixture of frustration, deprivation, or fear..

"The person who has been burdened by too many worries" permissiveness.

The 2 1/2 who is consistently gentle

is a b person who has been burdened by too many worries" permissiveness.

*Deprivation of
Play in hosp
is serious -*

Menninger: "Child's play gives vent to aggression that can't be released elsewhere"

Erikson moves on into development..sees play as more than mastery of anxiety, tension reduction, catharsis, wish fulfillment, etc. more than leave of absence from reality. He emphasized growth functions. : "To grow means to be divided into different parts which move at different rates. The play act is function of ego which attempts to bring into synchronization bodily and social processes..

Speers: "Play is a child's way of knowing; knowing in a social interpersonal sense; knowing himself; knowing the external world & his relations to the phenomena he perceives in that world."

QUALITIES OF PLAY IN HOSPITAL: Safe; adventurous; ^{risk, surprise, age appropriate} child led; regressed; simple reminders of whole self and home; encourage trust; don't get between family and child; space, time, posture, avoid questions. Use of self.

EXERCISE: What can you play without any props at all?

exercise, exercise

Play for release and self-expression. Reminder of wholeness; opportunity to continue growth rather than pull in horns and succumb to overwhelming stress. Release is necessary to prevent above.

Water play; dramatic play; amorphous, organic messy materials; handling of threatening materials; talking about or playing about stuff. Loud, boisterous stuff within safe limitations. Throwing at targets; punching bags; tackling dummies; syringe shooting or syringe cake decorating or shot giving to dolls or ~~pretend~~ reverse role play with staff. Finger paints.

Supervision: ~~XXXXXXXXXX~~ Discipline by proximity; reassure child that you won't let/ him go too far; reassure other children likewise. Enjoy his play with him while still correcting ~~misapp~~ misperceptions; encourage verbal and symbolic expression. Do not permit acting out on you, on himself or on others.

Communicate findings to other staff members. Help parents understand and enjoy child's release activities.

Catagories of play:

Messy; sterility interrupters. (Name em)

Dramatic:

self correcting;

creative;

Construction

encourage socialization.

cross age.

release.

TECHNIQUEST FOR SUPERVISION: Adult accessable; go with the grain; head off at the pass; transfer of power "What am I doin that she could do"

Helping the parent. Understanding their importance.

use of props - warning abt props -

Power

Do's and don'ts about Play (cont)

8. Keep it simple

Water; dough; corn meal; dirt; sand; boxes; miniature life toys; dress ups; nesting
and stacking; cans; Good-will and phone company play props; *Corn starch*

Rolls of newsprint - coulage

Dance props.

*Specially important for hospitalized one things which remind him of his
well self & the well world; nature - sensory -
un - anti septic*

Techniques:

1. Partial set-up before children arrive.
2. Keep it neat but not sterile
3. Have flexible child based plan - but don't get invested in product and forget process.
Process is King
4. Help child choose - honor his choices help him feel good about them.
5. Don't lie; don't couch demands as choices. Make distinction clear.
6. Stay low - don't flit =

Techniques: (cont)

7. Prevent rather than mop up and bawl out.
8. Don't take over play but do enhance or help sustain.
9. Help with transitions "Do you know what happens after this?" "In this long we're going to....."
10. Honor and approve uniqueness and differences as well as similarities.
11. Observe - for repetitive, unchallenging behavior that could be amplified by your support; for frustrated giving up which could be helped by your simplification or supportive presence.
12. Use self as catalyst - not as all-knowing authority.
13. Positive discipline: The more you're there to approve, encourage, sustain the less you need to police, inhibit, or condemn, and it's much more rewarding and less tiring to you as well as the child. Work with the grain.
14. Keep it simple so the play calls softly and distinctly, not in cacophony.
15. Have enough - including enough of you.
16. Teach with joy -
congruence, variety of emotion response, clear differentiation of voice and expression

Relaxation:

Confidence in own ability to catch cues; to be spontaneous and still appropriate while still aware of educational importance of the play.

In Conclusion

Child's tasks:

- Form secure relationship with people
- Recognize and accept individuality of self and others
- Develop feeling of adequacy and self-esteem
- Communicate effectively ideas and feelings
- Acquire modes of thinking which help him cope with problems (and avoid non-helpful)
- Be inquiring, seeking and aware.

Through the play opportunities and atmosphere you provide, you set the stage.

The handicapped child needs the same things as others. The difference is that you are much more crucial in whether or not he gets what he needs.

Let your proximity and the appropriateness of the play equipment and activity do most of the work of disciplining.

Attent to the narcissistic needs and keep bringing each child into the picture.

Gordon + Lally - Intellectual stimulation for
infants + Toddlers -

Introduction of games + activities to foster
mother's enjoyment of babies - bring them
closer than baby's response -

When m + baby both enjoy, children learn
to use their bodies, to learn language, build on
their store of ideas + give them good feelings
toward their m + themselves

Encourage mother to see her baby's uniqueness
to catch cues; to note restlessness. Fatigue etc.
and signals to stop - so respond to signals
that baby wants attn + play + Don't force.

Ex: Sound repeating (reinforce by repeating baby's
sound, smiling, touching, rubbing)
key moving for eye tracking.

Collection of objects in bag from around house: square, round, hard, soft, fuzzy, plucky, long, short. all safe. Save baby one at a time to examine

Games: Pat a cake, grab the rattle, follow the keys -
this little piggy -

Find the toy - pull the spool - pull the toy -

Problem solving (hiding toy under blanket) -

Pull pillow close

Unwrap a toy -

Empty the box (full + empty concepts -
jars + lids -

Buttons or lids in slot -

big + little games; full + empty - Sorting games

Role of adult in play -
Interested, light, but respectful -
Children cannot be hurried, & not stopped
abruptly.

Play: non-sexist, not self-conscious (not cute)
process, not product; not too many toys -
non-competitive - non-perfectionistic

Tips on presenting yourself -

Go to the impulse -

Posture

Questioning model

Lead by following -

4 Months

Begins to use hands; can put objects to mouth; can recover a toy dropped within his reach.

More active reaching comes into play - This is the time to replace all fragile items within reach with sturdy, graspable items.

5 Months

Baby can sit supported

If a toy goes out of baby's reach, place it on his chest so he can use his hands to retrieve article. This encourages his use of his hands and his body awareness.

Cradle gyms, bracelets; securely sewn bells, rattles; squeeze toys

Vacuum base toys on high chair tray or play pen or cribside; cuddle toys with slender graspable parts.

Yielding (not too firmly stuffed) Old nylons make good stuffing for toweling covered toys. No buttons, eyes, or small parts. Octopus is preferable to teddy bear.

Hide-and-seek; call child's name and then show yourself to him to help him learn to identify source of a sound.

SOME THOUGHTS ON PLAY.

Play for the child is spontaneous, essential to the child's well-being. For the adult, the child's play reaffirms, feeds the generativity, helps us relive our own ch.hood.

N156-256

Children play at real things, disguising work as play. Play, to be play, has no intent for serious consequences. Adults work at serious consequences, disguising frivolity as real work!

J.Bruner: "In the process of growing , humans need action. The child, manipulating and exploring, develops his sense of intention. In handling things he becomes first a physicist, then a psychologist, and then a sociologist." (Unfortunately, we often try to push him to do these things out of order).

Robert White: "When children are deprived of play they are deprived of competency and mastery. But when the environment welcomes and accepts play and provides conditions for achievement, trust occurs and hope arises.

Play and work are not opposites. Play is not the sugar coating on the pill of work unless, by work, we mean the fullest use of self.

Play is measured by emotional involvement; work by energy expended.

Children play, but their play is serious. They need tools; real things, not plastic miniatures. They need things to manipulate that make the same important clunks and clangs that adults make. They are practicing, and those real aspects help.

Toys are bridges to others, not replacements for people. A child investigates the world of things around him by manipulating and direct experiment; he investigates the world of society by fantasy or make-believe.

3
Children's Play Needs (cont)

3. Chance to dramatize and play things out

scarey things

wish fulfillments

understanding through identification (dress-ups; stethoscopes; real life props.)

Child's need for "real" "Meaningful" tasks-

SOS - shoe polishing; window washing; holding something for somebody; shutting the door - cooking; stamping

~~a group of things.~~

Groups of
Children need variety of activities because each is different. Need much opportunity to choose - but may need a boost by adults, if they've been deprived by some handicap.

First Stage developmental task demands TRUST. Relationship comes first. If a child is to learn to trust himself, he must first trust his caretakers. They teach him trust by trusting him. They trust him to the extent they trust themselves.

Toys: Things that respond - with sound or movement - that develop muscles by pulling child's interest. People

Second Stage - Autonomy:

Task; holding on and letting go appropriately (requires practice which

Do's and Don't's about Play (cont)

2. Play is child initiated, but adult aided and enhanced as needed. There is a place for entertainment and for adult initiated activity, but that's something different from play. It's only play when child takes it over and makes it his own.
Responsive environment
3. Provide opportunities for child's success through mastery and approval for being himself (not just for obeying or following adult direction)
4. Provide a variety of activities (and permission to use activity in various ways) because this conveys message "it's o.k. to be you - to be different")
5. Materials should be:
 - simple, amorphous as possible -
 - unbroken and complete; safe -
 - age appropriate (challenge with possibility of mastery)*Self Corrective - built in success; some advan-
time & surprise*
6. Should be selected after observing children's Growing Edge - should build on present interests and skills - should communicate approval of underlying growth urge, i.e. Child who throws blocks, helped to throw permissible; child who loves messing given floor, table and window scrubbing.
*act of observing
& leading by following*
7. Teacher's role, to enhance mastery by presence; by simplifying; by questioning and encouraging child to stay with it.

COMMUNICATION

1. openness; awareness; strength to see and hear what's happening without judgmental statements; freshness of voice -- willingness to respond; ability to dramatize your appreciation of his accomplishments.
- 2/ Two sets of any play material so you can use it to help

Comment dramatically on areas that enhance his pleasure - not just on pushing him toward your own goals.

trust the child to communicate

trust yourself to respond

WHY PLAY IN HOSPITAL?

Deprivation of play is painful and destructive to children. Play therapy is like inhalation therapy. Breathing is essential and when it is interrupted, inhalation therapy is a treatment. For children, play is the breath of life and when play is interrupted, as it is in the hospital, play therapy may be the emergency treatment. Better than therapy is the continuation of good play so that there is no interruption.

Hospitalized children need play for the reasons all children need play...to help them make sense of life experiences; to bring their inner world outside so that they can better look at it and understand it; to express themselves and release feelings that may overwhelm them if pent up; to work off energy; to aid them in coping with stress; to communicate with adults and other children.

The chief difference between the play needs of hospitalized children and others is that children are cut off from their normal outlets and can't meet their own needs as well in the hospital. They are also in such a strange world that they may not realize that it is all right for them to play. They may not even know that it's all right for them to be themselves. They feel so out of place that they may need special permission and adult proffered opportunities to play.

Their other play needs are increased because of the new learning and the stress involved. Play must meet the following needs...Of course, no single activity can do the whole job. ~~included are play activities to~~ *Parents or families other-*

~~DIVERT; TO REASSURE; TO PREPARE AND INTEGRATE EXPERIENCES; TO OFFER OPPORTUNITIES TO CONTINUE LEARNING AND GROWING; TO EXPRESS SELF; TO RELEASE FEELINGS;~~ *De-Toxify*
the ENVIRONMENT.

With the right kind of play, children can gain psychologically from the hospital.

PLAY IN THE HOSPITAL

Diversionary activities: Children under 7 years have not developed time sense..time drags. Materials that help them lose themselves in play without feeling threatened by medical equipment or messy activities have a place. Reassure themselves of their pre-hospital competencies; engage their abilities; allow them a screen from ^{behind} which to observe what's going on with others on the ward; convey to child the message that staff values them and wants them to be themselves.

Example: feelie boxes; crayons; puzzles; dough~~t~~; self-correcting toys; things to sort; games; toy cars; construction toys; color-forms; things to look at. Doll houses; cowboys and Indians etc. Felt pens; books; records.

Supervision: Sit close but don't intrude. Comment on activity but don't question or pry. Show child you respect his rate of movement. Permit him to stand away or apart. At the same time, take pains to introduce children to each other and help them know names. Don't push therapeutic or ~~rele~~ase activities on the child too fast. Let him begin with something non-threatening. At the same time, see that he has opportunities to move on to more meaningful material as he warms up.

PLAY IN THE HOSPITAL:

Sterility interruption: To remind the child he is still himself; whole; still connected to home.

Examples: Coffee grounds and corn meal; dough; water play; cooking; trees, plants and pets; rock music; laughter with.. mixed age groupings; Parents living-in.

Supervision guides: Offer, don't inflict. Some children take time to allow themselves to participate, especially in messy activities such as fingerpaint. Often they can warm up by helping mix, serve and clean up. Have alternative, non-threatening activities available for them.

Avoid routinizing sterility interruptions!

Protect child's clothing and surfaces to reduce nagging and to reassure child that it is permissible for him to use stuff.

Have clean up materials nearby; Have everything set up for messy activities before presenting them at child's level.

Protect animals from harm. Supervise carpentry closely. Set limits good-naturedly.

PLAY IN THE HOSPITAL

Continuing Development

Reminder, reassurance, recreation, continuing development: Children need play on the hospital as much or more than at home for the same reasons they need play at home: that's their way of growing and learning. They need play to advance them or maintain them physically, socially, intellectually and emotionally...large muscle, small muscle, problem solving, creatively, language promotion, learning about themselves, others and the world.

Difference between play needs in and out of hospital is that out of hospital the child is less dependent on fulfilling own play needs. Hospital must set environment that tells child he is recognized as a playing animal and materials and understanding are there for him. Personnel must bring play to child or he can't play. Parents or parent equivalents are essential in order to allow child younger than 5 to play.

Child is reassured by making things; learning things, making friends, continuing familiar play that he knows from home and school. This reminds him that he is o.k. and still himself though in a new place with a problem. Child's age relates to kind of play that meets above criteria.

Ex: crafts: weaving; carpentry; school work; chess; art work; filming; writing; mastering new skills; helping the staff;

Supervision guides: Understand growth and development. offer experiences appropriate for varying ages and stages. Allow for regression. Build in opportunities for success and reassurance as well as challenge.

Toys

Infants: loveys, transitional objects; variety of cheapies; parents; multi-sensory; soothing-stimulating continuum.

Toddlers: Water; own toys as demonstration for treatments. Doll demonstration 2 sets of toys help; 1 for nurse, 1 for child. Don't get between child and parent. Linear method not yet appropriate. Developmental concern is still separation. Peek a boo, push-pull; in-out; carrying things, especially home type stuff. Pictures in folders, nesting cans, boxes, balls (old panty hose)

Pre-schoolers: Books, blocks, home play, messy materials; animals; stacking foam; doctor play, paints, dough, cooking, bubbles, fingerpaint, puzzles for some; easy on the fine muscle and long term projects. Singing, records, trains, cars, hammering, corn meal and coffee grounds, dress ups.

School age : Games, construction, doll houses, puppets, hospital play, clay, carpentry, cooking, dramatics, reading, t.v. (writing and producing as well as viewing; musicians,

PLAY IS NOT CIRCUS PERFORMANCES: WIERD CHARACTERS ROAMING THE HALLS, DISNEY, ADULT PLAYERS
PLAY FOR ^{child audience, or adult patterns, obedient ch performers,} R: adventure; anxiety reduction especially during waiting periods.

Play is for the child

Some guidelines:

Active impulsive children -

limit array of materials set out -

play along with them with material for a while. This fosters their play.

Introduce new materials gradually - (Meaning-meaning-meaning)

Steps toward mastery:

- | | |
|-------------|--|
| | 1) turn away from the new - |
| examination | 2) Examine it - |
| action | 3) Try to do something with it - |
| repetition | 4) Explore how it relates to other objects |
| combination | 5) See what they can do with it |
| | 6) Copy what adult does with it |
| | 7) Repeat, repeat until mastered. |

Quote latest Journal ACCH
article abt ~~Research~~ re
kids preference for reality
in hospital (vs. cuteness,
animals, etc.)

(How to ruin Schubert —
learn to play" this is the
symphony that Schubert
wrote & never finished"

well thru animals, movies, etc. -- ask the bear what he's scared of...

School age kids need independence and support in their independence - industry. They need recognition. Emphasize their skills.

GAMES

Count the doctors who felt heart -

Let them report on activities -

Peer teaching -

How many things can you do with one hand immobilized with IV pole -

Reassure and support during regression.

Help school age child tap what he knows, including TV. Build on his present knowledge - add to it for later years -

16
STRESS that it is not his fault - nor parents responsibility -
teach anatomy and physiology -

Drawing, dolls, etc: make it people (not animals and plants)

Relate to things they know.

Let child be active; encourage questions;

Need to make it OK for kids to fear what they have to fear.

Death. Every child fears death- Do they think they might
die? Some. Permission to think about it.

PLAY IN THE HOSPITAL

Preparation and integration : To establish trust; two way communication with child; help him master new experiences; make for better cooperation in child; allow him to realize that health care is purposful and benevolent. Preparation is important and even a few minutes of calm introduction to people and to instruments can elicit a cooperation that more than offsets the time spent with struggle time saved. Often, however, there isn't enough time to prepare, or the preparation isn't fully understood. The child needs opportunities to integrate his experience by re-playing the scene and trying on various roles until he achieves mastery. Indeed, the preparation opportunities seldom do much more than show goodwill and communicate to the child that the door is open for him to talk about and play about what happened. The post-experience play-for-mastery experience also permits release of pent up emotion and opportunities for the adults to see how the child perceives the experience. They may then correct some misimpressions and use the situation for teaching, also.

RELEASE, COMMUNICATION, CORRECTION.

Examples: Puppet preparation, doctor and hospital play; tours of places to be visited; dolls and equipment; miniature life toys; stories; story boxes; life drawings and flannelboards; x-ray dolls; cardiac cath; play hospitals and doll houses; slide tape shows; visits from health professionals; hospital play corners in nursery schools; picture books.

Supervision: All such play should be closely supervised by a knowledgeable trusted

adult or children can add to their fears and fantasies rather than reduce them.

"Oh, did you think that we take your blood because you are naughty? (we drink it?)

etc.?"? Ans: Oh no. We have to look at it under a microscope to find out how well the medicine you are getting is helping you fight off the sickness." etc.

Opportunities for children to express where they are must be allowed and built-in. otherwise we don't know how well or what we are communicating to the child.

Points to reinforce: This is not a punishment. You are not abandoned; you will return home. We will do only what we say we will; we won't cut off anything else. You can count on us to tell you the truth. You make more blood. Your blood won't get all gone. It is all right to cry. We are here to help you, but we won't not like you and do bad things to you just because you don't like our treatment. You may express yourself verbally and symbolically even if you cannot determine the treatment. We will not punish you for how you feel.

Timing: Enough in advance so that child can mobilize defenses; not so far in advance that he freaks out and over-fantasizes. Assess each child's development and coping style. Include parents in preparation and educate them re integrative experiences. Allow a little time. It only takes a minute, but that can be an important minute.

Make limits clear. Explain what will happen from child's vantage point, not from medical text book. Tell what he will experience and what he can do and what supports will be there for him.

PLAY IN HOSPITAL(summary)

Allow for Regression

Offer reassurance...about self; about return home; about safety in the hands of all these others.

Minimize numbers of contacts for the younger children

Reinforce autonomy and self-expression. Remind child that hospitalization is not a punishment.

Don't kid about scary procedures. Child may believe you.

Allow release. Nothing verbal or symbolic should be intolerable to you. You have the upper hand. If it helps him to talk about stuff you needn't deny his feelings...only limit his action and reassure him that you will.

~~XXXXXXXX~~ "Good" and "bad" or "naughty" are concepts best avoided. Focus on child's own coping and reinforce that...as much as possible, share the power with him..he makes a better allie than enemy. Even when you restrain, help him see that this is an act of helping him. Advance rehearsal may help here.

Establish relationship and resonance by showing that you appreciate his point of view even when you can't act on it because that wouldn't be in his best interest.

Be careful not to put a premium on passive, depressed behavior in the name of "goodness".

Preparation:

Reverse role play; handling of materials; seeing the space.
Don't be cute. Don't lie. Help the parents...otherwise we are
being devisive and ineffectual.

Unpack suitcase expected ^{1st} only what ch. will experience
& what will ^{be} expected of him -

End result is not necessarily a laughing or smiling child;
Goal is a trusting, coping child.
(Ex. UCLA prep for treatment..."After all that he still cried"

Crying is a communication; accept it, reassure child without asking him to
reassure you by not crying.

Move him toward release.

Discipline as communication:

Power/ "share the power"

Transitional help---what happens next.

Use name...it establishes a conduit.

Posture and where you station yourself.

Head off at the pass (suspicious mind)

Acceptance plus clear limits, dispassionately stated without loss of face to
either party.

Go with the grain/

Don't play God or Solomon; put kids in touch with each other. Permission to
retain whole selves.

*Set the stage for communication including
yourself + ch will communicate, either verbally
or non - act on yr knees -*

FT.

WARD or PRIVATE

AGE

DIAG.

ADMITTED

DISCHARGED

MON.

TUES.

WED.

THUS.

FRI.

SAT.

SUN.

PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

Clues for Room decor:

Is the pictured display emphasizing sameness, competitiveness, stereotyped uniformity, or is it emphasizing, in children's displayed world differences, color, form, uniqueness?

Are adult chosen displays "cute", nursery rhyme, fairy tale characters? At what height;

Displays should be at child's eye height, and should have meaning and interest to the child. Looking at them and discussing them should aid the child's development. Large, simple objects as well as abstracts

Mirrors are important -- hand mirrors, full length;

Thanksgiving:

Pine cone bird feeders

Montessori Kit:

Basket ~~at~~ tray, ~~mat~~ mat & basket
set ups for

button & chip sorting

Rice pouring
water & colouring bottles

blindfold $\bar{c}$ sound, smell &
feelies
Jars & lids

PT.

WARD or PRIVATE

AGE

DIAG.

ADMITTED

DISCHARGED

MON. TUES. WED. THUS. FRI. SAT. SUN.

PLAYROOM GROUP WORKER

FAMILY

NURSE

STUDENT

VOLUNTEER

F. G.

OTHER

Toy Making

Reports
on articles

Mc Elnea, Lillian "Where Resident Parents are
welcome"

NURSING TIMES 67:1331-3 OCT 28, 71

Ward Sister - The Hospital for Sick Children
Great Ormond St, LONDON

WELCOME IS MOST IMPORTANT
PARENTS LEARN FROM EACH OTHER + NURSES
SOMETIMES BOTH PARENTS SPEND THE NIGHT (ESPECIALLY
WITH DYING CHILDREN)
TRUST IS BASIS FOR GOOD RELATIONSHIPS BETWEEN
STAFF AND PARENTS
YOUNG NURSES ADAPT MORE EASILY.
NIGHT NURSES HAVE MORE TIME TO TALK TO MOTHERS
"THE NURSE WHO CAN COPE WITH, AND CARE FOR, A SICK CHILD
AND HIS MOTHER IS A MORE MATURE PERSON THAN ONE
WHO ONLY RECOGNIZES PARENTS AS A DISRUPTION TO
THE WARD ROUTINE + HER OWN RELATIONSHIP WITH CHILD."
UNRESTRICTED VISITING IS IMPORTANT FOR PARENTS WHO
CAN'T STAY.
CHILDREN ARE ALLOWED TO VISIT TOO. CROSS INFECTION IS
RARE.
PARENTS HELP FEED + CUDDLE OTHER CHILDREN TOO

can help w transfusions removal of stitches
giving comfort during painful procedures

nursing dying children - it is hard to watch both
child + parents, but it is the right thing
to do.

Doctor welcomes presence of parents even
though ward is chaotic

Hospital provides for sick children of poor
people, to educate medical nursing students
children's disease + educate all social
classes in management of infants &
children during sickness

GOFMAN "PARENTS EMOTIONAL RESPONSE"

"IF ILLNESS NECESSITATES HOSPITALIZATION, THIS ENTAILS SEPARATION OF PARENT + CHILD + RELINQUISHMENT OF THE CHILD'S CARE, ... AT A TIME WHEN PARENT + CHILD HAVE INCREASED NEED FOR EACH OTHER!"

THIS STUDY IS TO HELP PHYSICIANS REDUCE EMOTIONAL TRAUMA TO CHILDREN + HELP PARENTS.

PARENTS SAY "We're used to each other..." "He'll be lonely... I'd like to stay all the time." "I'm worried about the kind of care he will get..."

DOCTOR DID NOT TELL PARENTS ENOUGH OR ALLAY FEARS
PARENTS SOMETIMES DON'T EVEN TELL CHILDREN THAT THEY'RE GOING TO HOSPITAL OR WHY.
PARENTS DON'T GET ALL INFO ON VISITING HOURS, WHAT CHILD CAN BRING, ETC.

FEAR OF THE UNKNOWN
SO THEY MODIFIED ADMISSION TO ALLOW FOR GRADUAL SEPARATION

SUMMARY: PREPARATION, INFORMATION

Gofman, H., Buchman, and Schode

"Parents Emotional Response to Child's Hospitalization

AMA Journal of Disease of Children

93:629, 1957 ST

Freiberg, Karen

"How Parents React When Their Child is Hospitalized"

American Journal of Nursing 11:8: pp. 1270-73

August, 1972

C, CU

CHODOFF FRIEDMAN + HAMBURG - PARENTS OF CHILDREN w/ MALIGNANT DISEASE

describes "adaptational techniques + coping strategies
... of parents of fatally ill children p. 743

p. 744 outlines "natural history" of adaptation of parents

- ① uneasiness, fear - stunned at news of child's leukemia
feeling of unreality
- ② intellectual acceptance vs. emotional nonacceptance
mothers generally fit more easily into nursing role
than fathers
- ③ as other children die parents face own child's death
"individual patterns of coping developed + persisted"
- ④ denial
- ⑤ anticipatory mourning
- ⑥ resentment + suspicion toward doctors + nurses
- ⑦ death brings calm, relief

pp. 745 - "There is an intermediate range of defensive
strength which allows for optimum coping"

p. 745 defense of "objective" attitude gives appearance of
coldness associated w/ excessive interest in
med. procedure, techniques + info on leukemia.

Parents cried more at night

p. 745 discussion of value of denial to help focus on positive
+ stay in here + now

p. 745 "sometimes denial takes form of hostile questioning attitude towards med. personnel in terminal phases...
" some parents could not acknowledge that their children were aware of what was happening" "children clearly were not being fooled"

friends + relatives at greater distance denied child's disease even more

p. 746 MOTOR ACTIVITY FOR COPING ... long walks, sewing, knitting ... also restlessness ... "motor activity more likely to be conscious strategy to suppress negative feelings. motor activity can be maladaptive... mothers could keep usefully busy in more ways than fathers ... may account for fathers greater anxiety + stress

p. 746 less frequent forms of denial - anger toward nurses, minor illness, absorption w details of treatment overeating. identification w doctors, other parents + children.

p. 746 IMPORTANCE OF DEFENSES

p. 746 SEARCH FOR MEANING - need for self-blame or blame of others in order to deny "intolerable conclusion that no one is responsible" physician should not too abruptly direct people of such defenses

Lowenfeld, Viktor, The Meaning of Creative Expression for the Child

Stresses the importance of painting as creative expression at the child's level.

1. To express experiences - personal - environmental
2. To develop skill & express experience
3. To extend positive experiences

Listed in learning resources under dramatic play (including some aspects as painting concerning expression).

Sally Martin

Flansdorf, Vera, Books to Help Children
Adjust to the Hospital, Assoc. of Hosp. &
Instruction Librarians. Chicago, Ill 1967

Brief discussion of books according to
helping child adjust and understand
that hospitals are protective, cooperation
- hosp. procedures, dealing - fear of
pain & treatments, explanations of what
to expect at hospital, feelings of reject-
ion & loneliness @ the hospital, how
friends @ hospital, therapy as laughter.
Feelings are given names;
1. Adjustments & understanding

2. Cooperation - others
3. Fear + Reassurance
4. Hospitals, doctors, nurses
5. Loneliness, homelessness
6. Making new friends
7. Just for fun

Sally Mattinson

Specific age groups + books listed
as suggestions under each category
In listing sources under books for
therapy

Altshuler, Ann, Children's Books About
Hospitals

Tells what books should do for the child who is going to enter the hospital, about evaluating them on basis of short-term chronic illness, hosp. life, for specific age groups, characters, realistic hosp. experiences.

It then gives an annotated bibliography & ratings of different books which would be a useful resource for various operations, hosp. procedures for

Children entering the hospital
On leaving room

Sally Harrison

Happy Hospital I - II Video Tape Cassette

A two part cassette - part one showing children's drawings concerning the problems they face @ the hospital. These drawings reflect the importance of visiting and discrepancies in sleep as felt by the children. It also shows drawings of plans by children of what they would like in the hospital.

Part II beautifully illustrates some solutions to the problem. It talks about needs of children & environmental design & satisfy needs. Shows instances, corridors,

floor space walls, outside play, signs
(warm rooms), safety, day care environ-
ment. (shows poor functional - street -
mal design as congest).
Shows & speaks of noise - smoke & air pollution.
On training resources.

Haley W. Martin

Maynard, Fredelle, What Makes a good Toy

States what makes a good toy:

1. inspires active play
2. supports socially desirable attitudes
3. is sturdy - well constructed
4. lends itself to more than one use
5. affords challenge without frustration
6. fits needs - not stereotypes
7. is safe

On learning resources

Sally Martin

Sandy Kalou

Glaser, H. Ideas for Activities with Hospitalized Children American Association for Child Care in Hospitals, April 1970.

How to collect materials around the hospital.

Low cost activities including arts + crafts, musical instruments, selected games, reading, and re-staging of the hospital experience.

Sandy Kaler

Flandorf, Vera. Books to Help Children Adjust to
the Hospital, Association of Hospital and Institution
Libraries. Chicago, Ill. 1967.

An excellent annotated bibliography of books
available that help children adjust to hospitals.
Divided by developmental tasks --

- 1) adjustment and understanding
- 2) cooperation with others
- 3) fear and reassurance
- 4) hospitals, doctors, nurses
- 5) loneliness and homesickness
- 6) making new friends
- 7) just for fun

Sandy Kalen

Axline, Virginia Dibs - In Search of Self Houghton-
Mifflin 1967.

A dramatic demonstration of the use of play
therapy on a five year old boy so withdrawn
that he has been judged mentally defective.

Hartley, Ruth. Complete Book of Children's Play. New York: Thomas Y. Crowell Company, 1957.

A detailed account of different methods of play for children from birth to adolescence. Offers very practical ideas for play in any locations. Includes a chapter on play for the handicapped or convalescent child as well as a list of books, play material, and hobby sources for children.

Erikson, Erik. Childhood and Society. W. W. Norton & Co., 1950

Case histories of American Indians, Hitler's childhood, and Maxim Gorky's youth are utilized to explain Erikson's view on the interrelationship between childhood and society. The eight ages of man are presented here, stages that man progresses through accomplishing the developmental tasks of maturation.

Freiberg, Selma. The Magic Years. New York: Charles
Scribner and Sons, 1959.

A beautiful, practical book explaining the
world from the child's point of view, where
the world responds to the wishes of the
child "magician". Deals with problems of
children ages 0-6 years.

Nunz, B, Ferragamo, A, Giviti, C. Non Verbal
Techniques in Psychotherapy

Explores the use of play therapy with special groups of children -- deaf children, children who presented a delay in speech. Art & music therapy were employed. An autistic 3 1/2 year old's improvement after music therapy was also described.

Blossom, Marilyn Toys From Trash.
University of Missouri-Columbia, 1973.

Gives hints on how to make toys from things that would ordinarily be thrown away.

Montgomery, Chandler. "What difference does art make in young children's learning?"

The author of this leaflet believes that art allows the child increased opportunity to sense and enjoy differences and relationships in the environment and provides him a chance to deal with his own ways of seeing the world and saying how he sees it. He stresses that the process of art is far more important than the final product of an art session.

Sandy Kaler

Hyde, Naida D. "Play Therapy: The Troubled Child's Self-
Encounter." American Journal of Nursing, Vol. 71 No 7, July,
1971 1366-70

A psychiatric nurse suggests that nurses are well-qualified to assure & role of play therapist and gives examples from her own practice as well as reviewing the literature on how to best set up a therapy session.

Sutton-Smith, Brian, "Child's Play - Very Serious Business" Psychology Today, Dec. 1971, pp. 67-69, 87

Through play, the child is able to confirm what he knows about the world. He uses four basic modes of action -- imitation, exploration, testing, and construction. This article stresses the necessity of play as a cognitive process.

Sally Martinis

Butterfly, Echo, Music - Young Children
Stresses rhythm & movement. Gives
ideas for sitting on floor & working
together, interpreting rhythm, stories
& rhythm. Use of scarves & balloons & music.

Butterfly, Echo, Music Without the
Piano

Gives general aims of education as:
love, whole child independence,
understanding, attainment of skills,
creativity, learn & create.

Gives illustrations of simple motions:
clapping, trains, boats, aeroplanes;

light house anti policeman etc.
& gives descriptions of how to do them
Tells about use of folk songs &
Hoops & what can be done & where
also the autoharp.

Sandy Kaler

Colbert, Lucy. "Debra Finds Herself." Nursing Outlook
January 1971, Vol. 19, No 1. 50-53

A psychiatric nurse uses non-directive play therapy on a 9 year old girl. She saw the patient twice a week for seven months, and let Debra set the tone of the meetings through acting out with toys. Excellently written.

Sally Matthews
Receptive Movement, #492 agreed & discussed
first some general aims of: freedom of
expression, awareness of self & their body
parts, resolve conflicts & hostility, stimu-
late sensory abilities.

Can be used as tool for interpreting behavior
& gives some ideas for movement such
as being on tiptoes, leg movements, body
movement with words of description &
direction, rest periods & stretching,
instruments for rhythm like sticks,
sounds to help auditory discrimination,
Walking & Spastic problems.

also by helping children make up stories,
he can recreate what is important to
him.

Pat Deal

Paige, Margorie, Building on Experience with
Literature " in Pater K.K. Idea that work
with Young Children NAEYC 1972 p 76

An article about how poems and
stories can help children cope with
reality, and how children will strengthen
and deepen their awareness of the outside
world and explore feelings by
assuming the literary characters.

To see if children differed in emotional response. It was hypothesized that 1. It helped the child understand the procedure 2. It facilitated the release of hostility or fear, 3. It helped child understand the staff was empathetic towards him 4. Misconceptions could be corrected.

The results were that children who received puppet play were more cooperative during the procedure and had a greater willingness to return to the hosp. once discharged

Pat Nial

Cassell Sylvia, "The role of puppet therapy
on the emotional responses of hosp. children for
cardiac catheterization" Journal of Pediatrics
Aug 1967

An article based on a study of 40 children
in for cardiac cath. An experimental group
of 20 received puppet play for explaining
the procedure $\frac{1}{2}$ hr the day prior to it,
and 3 days afterwards. 20 children were the
control group. The purpose of this was

Jars set in box or in plaster of Paris, with
lids to be sorted and matched

of doctors + dentists waiting rooms, as well as
day care centers. It stress bright colors,
windows, safety features, play equipment
etc.

"Happy Hospital"

Part I dealt with the hospitalized child's expressions through art. It was interesting to see how most children viewed themselves as small, helpless and insignificant.

Also, through these drawings, was stressed the importance of visitors as a bridge to the "real world".

Part II had to do with environmental considerations of play. Pictures shown were

Donna Sullivan
N 156

Kunzman, Lucy. "Some Factors Influencing a Young Child's Mastery of Hospitalization," *Nursing Clinics of North America*, Vol. 7, No. 1, March, 1972.

A good part of this article dealt with play as a resource to be used in helping the child master his hospital experience. It provides some physical activity, and provides an emotional outlet. Play in the hospital can also provide for companionship with other children. Much flexibility should be used because of possible

physical restrictions, possible ~~physical~~ regression due due to illness, or lack of interest due to illness.

Books and dramatic play can be very helpful for pre-hospital preparation and for working out of feelings in-hospital and post-hospital. Play in small amounts of time can be used by the nurse, for example, during the bath, dressing, and at bed-time.

Donna Sullivan

N 156

Feb. 19, 1975

Arlene, Virginia, Dibs - In Search
of Self. Houghton-Mifflin, 1967.

This is the intriguing account of a little boy who was, at first, so withdrawn that he was assumed to be mentally retarded. Through psychotherapy, including countless play therapy sessions, he finally was able to find strength in himself, and became capable of having relationships with others, including his

parents. He was an exceptionally brilliant person, and because he was eventually diagnosed correctly and treated effectively, his life was not wasted. He was able to be free and to believe in himself.

Donna Sullivan
N 156
Feb. 12, 1975

Hartley, Frank, & Goldenson,
Understanding Children's Play, N.Y., Columbia U. Press, 1952.

There were two chapters in this book that dealt with dramatic play, "Mirror of the Child" and "Instrument for Growth." I found this material fascinating, since psychology is of great interest to me. I enjoyed learning about what children say about themselves and their homes in their play, and some ways in which they can be encouraged to express

these things, and sometimes be guided or directed toward working out some of their problems through play. A very important factor is the teacher's sensitivity to the child as an individual with problems and needs, and also the skill and knowledge of the teacher in managing the group.

There are many kinds of games and activities
suited for children of varying ages.

Donna Sullivan
N156

Children's Museum of Boston, "After Christmas
Toys & Games Catalog," 1974.

This is the kind of reading
material that every mother should have
who is stranded at home with children
on a rainy day. There are lots
of imaginative things to do with
the kinds of materials that are
usually just lying around the house.

article included many helpful ways of getting the child involved in the story, such as techniques to use in reading, helping them with the meaning of words, abstract concepts, perceiving the pictures, etc.

Donna Sullivan

N156

Feb. 5, 1975

Stern, Virginia, "The Story
Reader as Teacher, Ideas That Work With Children."

This article provided a great deal of insight into ways the reader of stories can help children to really become involved in stories. There is more they can do besides listen and look at the pictures. The children can respond to the story and interact with the reader, and tie in the story to their own feelings and personal experiences. The

all about. But this would inhibit their
own thoughts and feelings about it.
It is better to have them express their
ideas by talking about it, writing
a poem in response, or drawing ideas
of it.

Pat Reed

Wickens, Elaine. "Please Don't Let the
Children" in Peter K. R. Deeds that Work
with young children, NAEYC 1972. p. 71

I think what this article brings
out most is how creative children can
be with poems, if given a chance;
and this giving a chance requires
skill and patience (also self discipline)
How easy it could be to tell children,
after reading them a poem, what it is

conclusive to dramatic play. Such items
can be found (inexpensively) from Surplus
Stores, junk yards, basements +
attics.

Bender, Judith. "Have you ever thought of a
prop box?" In Baker K. R. Ideas that
work with young children pp 44-49

Prop boxes are used to enhance
role playing. A separate box is used
for each role ex. astronaut, nurse,
engineer etc. They are interesting
and absorbing to the children.
These boxes contain all the material

Ornwall Celine "The Impact of Blindness on the Development
of the Child" Connecticut Medicine Vol 32 # 8 Aug. 1968

Contains an explanation of the effect of blindness upon ego development. From birth the blind child lives in a different world, a very egocentric one, which cannot be imagined by a sighted person. The effects of the handicap can begin to be felt even in the first few weeks of life when maternal response may be distorted because of depression or guilt. Maternal attachment is greatly affected by the baby "seeing" her & responding to this sight by smiling. The blind child who cannot do this may be in serious trouble.

Other ego problems are explored as they pertain to the handicap & the child's relationships with others are explored.

Landsman, Eleanor "The Function of a Play Program in Pediatrics"
Pediatric Annals Vol 1 #3 Dec 1972 p. 64-69.

This article stresses the need for a play program in the hospital not only to allow for one normal aspect of the child's life to remain the same but also to allow the child to play out & communicate his concerns & fears about separation and treatment. It then goes on to describe how the playroom itself should be set up. The institution of a play program should include not only supervised play itself but medical play and preparation for hospitalization & surgery as well.

Hyde, Naida "Play Therapy - The Troubled Child's Self-
Encounter" American Journal of Nursing 71: 1366-70 July 1971

This article was written by a psychiatric nurse therapist who describes how play therapy can be helpful to the child. She states that this type of therapy acknowledges that "play is the natural medium of expression" and also that "his ego when encouraged by acceptance & positive expectations can become more wholly integrated & can allow him to function in a more personally satisfying & socially adaptive way". She gives several examples of how children express their feelings through play.

Diamond, Florence "A Play Center for Developmentally
Handicapped Infants" Children 18: 174-82 Sept/Oct '71

The Philosophy & setting of this play center for handicapped infants (in Pasadena, California) is described. They have determined that their task is to see that the children are not reduced to the level of their most retarded function but that they develop in each area to a level comfortable to them. A well written very readable article.

m. m. m.

Green Carol. "Larry Thought puppet-play 'Childish'. But it
Helped Him Face His Fears" Nursing '75, Vol 5, #3, March
1975. p. 30-33.

This article describes Ms Green's interaction w an 8 1/2 yr. old
boy w renal disease. Through play w puppets he becomes
more communicative and is able to discharge his
anxiety and hostility.

M. M. Lyon

Murphy, Diane "The Therapeutic Value of Childrens Literature"
Nursing Forum XI #2 141-156 1972.

The purpose of this article is to demonstrate "when, where & why Childrens literature can help to improve the nursing care of children." She suggests three categories of books for the hospitalized child (1) books to help children adjust to hospitalization (2) books to assist children with their personal problems and (3) books to grow on. She stresses the need for nurses to be familiar with Childrens books and to utilize them to the utmost. Following the article is a comprehensive list of problem solving books for Children.

Marilyn Blossom, "Toys from Trash" University of Missouri

This article tell of making toys from things normally thrown away. It is interesting because most of these toys are illustrated, so the reader has a better idea of how they can be made.

Most all of the toys shown are "action toys" that require action, imagination + thinking by the child. These toys are purposeful and enhance learning. The toys were separated as those that encourage language development, fine motor development, to + which interest in music, dramatization + creativity.

N

—, music - A link for the Young Children, Compiled by the Australian Association for Education of Young Children, Reprinted 1970. P. Del

Children have a natural love for music. Sound + movement, work and play, thoughts + words - music says something that is very intimate and it depends on the depth of his response as to the value he gains from it. Music gives voice to the way he feels "about me" inside and out. It expresses his personal feelings of love, sadness, happiness, pain, strength, and death.

It is natural for a child to make up musical tunes as he plays. He makes up songs, usually centered ~~around~~ around himself.

Music can help a child communicate their own ideas to a group, thus it becomes a link between the individual and the group. Through music, a child learns to accept, reject, and make associations. He can learn what others mean to him, by feeling. Sensory perceptions are

food for imaginative growth

Play in childhood is essentially rhythmic. Free, uninhibited and untaught actions are unlimited. It is an exhilarating feeling of letting go.

Children like songs that are direct, simple, and repetitious

Myerson Edith, "Listen to what I made!" Young Children, May 1967.

P. DeL

Children need to have opportunities to develop perceptual skills in music. One way to do this is provide them with activities in group rhythm, built around use of "children made" materials. These end product should enhance, not destroy, music making.

Sound qualities ^{+ instruments} should be considered as a safety factor. The instrument should be suitable in size + shape + the relationship to the hands.

Examples of instruments: Bells made into bracelets, bells sewn onto mittens or gloves, Tambourines made from metal pie plates and bottle caps, Band-aid boxes kept by pipe cleaners, coffee cans, oatmeal boxes and other bottles filled with pebbles, "maracas" made from ping-pong balls on sticks, from makeup brushes or plastic lemons on dowels, Conga drums made from different sizes of coffee cans.

P. Dee

Lovelace, Betty "The use of Puppetry with the Hospitalized in Pediatric Recreation" Therapeutic recreation journal, 1972

Recognizes 3 major anxieties of a hospitalized child

preschool → separation

5 yr - 12 yr → mutilation + intrusion

Adolescent → death.

That each child will act in varying degrees based on his personality and

family background. Puppet play can be used for these children to help them understand and cope with their fear, or relieve a situation. usual attitudes towards puppets (doctor-nurse)

- are
1. Exploratory - mechanical
 2. aggressive
 3. Imaginative
 4. Negative

Blair, Barbara. "Play as a Growth Process" Bank Street leaflet

The article points out the important attributes of play, esp. dramatic play. In playing, the child can remake his world, the real world, in which he can discover his feelings about himself and his relationship to the world. In dramatic play, children can take flight. It can be symbolic of deep wishes or fears. Early play lays down life patterns of having + creating fun.

Dramatic play ① helps child find confidence in himself. The have freedom - no boundaries or rules. ② It helps child find strength in himself that he might not find elsewhere. ③ It is a way a child can try out his talents for structuring life. ④ Provides a learning experience, esp. when playing with other children. ∴ child can think of his own place with other children.

We must understand that play is not always clear + logical - what a child portrays in play is what

impressed him the most.

Teachers: ~~should~~ should not flood children with their own bright ideas. They can affect play by the things they provide the children. Much of the materials should be "new" in order to enhance creativity.

The inner coherence of play is often based on emotion. Children are full of feelings. A chance to express negative feelings through play can save the child anguish.

Children may not play out an actual experience, instead a residue of feelings.

Play serves 2 growth needs

1. Learning about the world
2. Finding outlets for complex + conflicting emotions.

Brooks, Mary, "Play for Hospitalized Children", Young Children
Vol XXIV No 4 March 1969

Play is a way of learning about the world in which a child lives. Through play, a child works out solutions to many things that puzzle him. Play also promotes his intellectual growth, physical ability, social experience, and emotional development. It is the language of behavior, and can tell us much of what is going through a child's mind. It often paints a self portrait. When provisions are not made for play, the child may engage in less desirable forms of behavior.

In the hospital, play needs to be supervised. A Playleader must be a person who has genuine love and concern for children, who has had knowledge of growth and development, and previous experience with children.

(over)

The activity (organized play) can be chosen by the playleader or children, but should center around one kind of play. This makes it possible for more construction, and more concentration.

P. Deel

TISZA, Veronica "A Play Program + its functions in a Pediatric Hosp"

Playroom - out of Hospital atmosphere. Has Teacher in charge, 2 assistance, S.N. Big room + 2 way mirror. Parents may attend.

Good communication between playroom staff + nurses is maintained. Discuss children + difficulties in coping.

The team visits every pt. on the floor + gives them play material, according to age (important to teenagers)

Permission granted by pediatrician for child to go to playroom

Play clothes (loose fitting) are available.

Some children esp 4-6 will refuse to go to playroom cause of their need to express autonomy - when they are accepted - usually will stop their mind later.

Seriously ill (chronic or leukemia) often refused playroom cause of anxiety, depression + insecurity away from the ward.

playroom teachers technique - non directive, fairly permissive

The playroom helps children express themselves

Some factors of play activity

1. During 1st few days ^{of hospitalization}, play is repetitious monotonous
2. Then child makes use of other activities.

Black, Irma "what to expect of a young child" Bank Street

Behavior depends on the child's stage of development. When a child is ready to accomplish a certain task, as toilet training - he will "show" that he is ready.

Between ages 2-3 is period of resentment when children want to do things for themselves, to be autonomous.

Children accept being definite, exact rules, without anger better than they would with anger.

Daunting period - happens about age 5. Attempts to hurry child is of no avail. Perhaps this is one way a child goes age getting attention + warmth of his babyhood.

Two years old can be aggression toward each other - this is normal. They usually don't care what their peers are doing, much less care about sharing - they accept this gradually through help of a supervising adult.

Children have to be around other children to learn how to get along with them.

It is not healthy for a child to be aggressive just age 3. Is better to channel this aggression to a more constructive situation (being a leader)

What are the factors that motivate kids
to want health?

How do they learn? Learning Through
Living Health.

Blood + Guts ✓

My body + how it works -

Cooking = nutrition
waterplay = washing

WHITE, BURTON C. THE FIRST THREE YEARS OF LIFE

PRENTICE-HALL, INC. Englewood Cliffs, N.J. 1975

p.4 "informal educ. that families provide for their children makes more of an impact on a child's total educational dvlpt than the formal educational system."

"most Am. families get children thru first 6-8 mos reasonably well, but no more than 10% get children thru 8-36 mos. as well educated + dvlpd. as they could + should be."

"to begin to look at a child's educ. dvlpt. when he is 2 yrs. of age is already much too late" esp. in soc. skills + attitudes

CHAP. I - Birth to crawling - guidelines for phases I-III

goals for parents: 1. giving the infant a feeling of being loved + cared for. 2. Helping him dvlp. specific skills. 3. Encouraging his interest in the outside world by stimulating his curiosity.

① ^{p.11}loved: agrees w Erikson on dvlpt. of trust. "I do not believe you can spoil a baby in the first 7 mos of life
I strongly suggest you respond to your baby's cry in a natural way" [?] encourages breast-feeding...

Chap 2: Phase I Birth to 6 weeks p.15

"the process of birth is likely to be at least as tiring for the infant as it is for his mother."

Sleepiness + irritability - 1st days 3 mins/hr ~~at~~ alertness in day - less at night - slowly lengthens 1st month to 6 or 7 mins/hr. easily irritated when awake. quick changes of mood

pp 16-17 praises Piaget's explanation of infant intelligence.

p.17 Phase I baby's "reflexes are triggered by external circumstances of which he has no awareness. 1st signs of coordination - baby brings fist to mouth. p.18 LACK OF MOBILITY - angry baby can propel himself all over crib - bumper recommended. 4 wks - characteristic posture is tonic neck reflex - "fencer's pose". Always provide head support for Phase I baby. HYPERSENSITIVITY. startles + cries easily - avoids bright lights. "SMILING" - NOT YET THE VISUAL DISCOVERY OF THE HAND: after 6 wks. baby begins to notice hands more + more^{p.20} - Pattern of staring at the hand signals entrance to Phase II. ^{→ prob. solving + curiosity} appears involved + studious

p.11 - feel free to use pacifier "No requirement of good child-rearing is more natural or more rewarding than the tending of your baby in a loving and attentive way."

p.12 Helping develop specific skills -

Infant's sensorimotor abilities: prone can lift head high enough to avoid suffocation, hands + feet grasp - can follow just the right target for a few secs. - newborn reflexes (Moro, knee jerk, eye blink) - later spontaneous startling - sometimes as frequent as every 2 mins in sleep.

by 7 mos. - can hold head erect, can turn over easily, can sit unaided + may even crawl a bit, can reach for objects.

can see as well as a young adult. locates sounds accurately may be choosy about who picks him up + holds him close.

can solve simple probs such as pushing one object aside to get to another.

Encouraging interest in outside world: p.14 "good early child-rearing includes seeing that your baby is regularly involved in activities that interest him"

p.20 INTERESTS: not rattles, comfort, yes. urge for relief, for peace
 BEING + HANDLED + MOVED GENTLY THRU SPACE. SUCKING - PACIFIER
 FOR MODERATE DISTRESS - RAVING BABY IS NOT INTERESTED.

SOVE. OULPTS: FINISHING PROCESS OF SIMPLE REFLEX-LIKE ACTS.

p.22 comparison of human babies to Kangaroo babies p.23 "The human mother provides what instinct does not for her baby.

EMOTIONALITY - prefers sleep, rocking eases distress. rocking + sucking are so satisfying they shut off other sensations BUT "When a

toddler is badgering you for attention, do not expect him to be
satisfied with a pacifier." MOTOR + SEMI-MOTOR SKILLS -

6 weeks - can hold head clear of surface a few secs - better
 at tracking - ↑ facility of fist to mouth. Infants keep hands
 fist - ↓ @ 3 mos. SOCIABILITY p.24 tendency to look
 toward eyes of person holding him. + "smile"

LANGUAGE p.25 - a baby who does not startle readily may have
 a hearing loss. p.26 RECOMMENDED CHILD-REARING

PRACTICES: GIVING THE INFANT A FEELING OF BEING LOVED +
 CARED FOR, HELPING INFANT OULP SPEC. SKILLS - put baby

on his stomach several x/day p. 27 how to make a mobile
"A mobile should be placed where the infant tends to
look" (baby tends to look to his far right most of time.
"placed at distance infant prefers" (bet 5-18" from eyes)
"should be designed w a view toward what the baby sees
lying on back in crib" - bold contrasting colors & crude
features that contain configurations similar to those
in the upper front portion of hum. face. ²⁸ ENCOURAGING
INTEREST IN OUTSIDE WORLD - rocking + sucking
p. 29 NOT RECOMMENDED - ELABORATELY ENRICHED ENVIRONMENT
LETTING BABY "CRY IT OUT" OR NEGLECTING TO HANDLE INFANT
FOR FEAR OF HARMING OR OVERSTIMULATING HIM.
p. 30 ^{p. 31} ONSET of phase II - true social smile @ 3rd mo.
HAND REGARD + SUBSTANTIAL Δ in wakefulness.

J. Bruner: "In the process of growing, humans need action. The child - manipulating & exploring, develops his sense of intention. In handling things he becomes 1st a physicist then a psychologist and then a sociologist - "

Robert White " When ch are deprived of play they are deprived of competency & mastery. But when the environment welcomes & accepts play & provides conditions for achievement, trust occurs & hope arises.

Erikson Childhood & Society "Toys & Reason"

Gave me ideas to use on observing
children's play.

Margaret M. Lenthley

"Puppet Treatment in Pediatrics" Whitson
AJN

Great idea & article. It should be routine
treatment everywhere.

Margaret Scutlebury

Arlene. Play Therapy = Children

Enjoyed very much. liked her approach.
Good examples. learned alot

Margaret Bentley

Language Motivating Experiences for Young Children

"Dramatic ^{Engel} Play"

2 Good ideas. More appropriate for teachers
goal of teaching rather than eliciting
feelings

1

Margaret Scutlebury

Read The Nursery School "Dramatic Play"

Shallow covering of the topic.

Margaret Scatlebury

Hartley, Ruth - Complete Book of Children's Play

Started reading. Enjoy the way it's presented.
Impressed by new avenues open to me as far as
play is concerned + facilitating it.

Margaret Scattlebury

Lorise Woodcock "You Can't Hurry Them"

Good lesson of patience, well put, good suggestions.
especially good for parents. Frustrating area that
parents & others need support in.

Maquet & Castlebury

Lois Murphy "The Stranglehold of Norms on
the Individual Child"

Very much agree in approaching children as
individuals. liked point about concentrating on
positives instead of negatives. Agree whole heartedly
in dealing with total child + not labeling esp.
before you know the whole child.

Margaret Scutlebury

Montgomery, Chaveller "What difference does art
make in young children's learning"

liked emphasis on sensations in play (art).
Helpful as far as adult facilitating the
use of art

Marquet Scantlebury

Omwake, Evelyn "The Child's Estate"

liked the way she presented how important
play is for children. Impressed with many meanings
& uses play has.

Margaret Scantlebury

Learning Through Play

Jean Mazullo + Janice Lloyd

liked the way presented, had some neat ideas. Good resource book for creative ideas.

Margaret Scantlebury

"Toys for Growth" C. Handgrove

Good summary of toys good for different age groups. Redundant with Hartley's book The Complete Book of Children's Play

Margaret Scantlebury

Smith, Brian Sutton "Child's Play - very serious Business"
Psychology Today Dec 1971

This article discussed the four modes of play, which are 1. Imitation, 2. Exploration, 3. Prediction 4. Construction

Before going into the modes, it discussed the viewpoints of play in the past, as unsophisticated, trivial and unimportant. But as Piaget demonstrates, play is the activity of intelligence where the child learns discriminative forms of adaptive behavior

Play is a form of quest, where the child can arrange things with creativity to please himself. The pleasure of play is the pleasure of mastery.

I Imitation - Helps child understand world by copying acts of others. At first he imitates his parents, then expands to others. By 2nd yr. child can imitate those no longer there. Much imitation involves fantasy. Between 4 yr - 6 yr. imitative play involves an informal social group

of ~~peer~~ peers.

(2)

2. Exploration - Helps child understand his world by analysing things about him. If a child's exploration becomes pleasurable, then it's play. Playfulness lies in the child's attitudes at the time of the activity. 1st year - infant explores himself; 2nd year - exploring includes testing, scribbling, climbing etc; 3rd yr. includes integration of building - scramble - very verbal play during 3-4 yr.

3. Prediction - Deals with testing oneself - also helps child understand his world, that is between himself and the outside, ex: 2nd yr left child tests locomotive abilities. Play is a form of self validation. Social forms of games are most obvious way of testing. Child validates himself by using others as a standard. Games deal with major forms of emotion life such as avoidance, withdrawal, escape, protection, destruction.

4. Construction - Helps child understand his world by putting things together. It provides new meaning for

(over)

Higher level of organization. Toys facilitate construction. Adults should provide examples of creativity in their own lives to help the child become more creative.

send thank
yous to;

Public N. S.
E. S. E. A.

Children's
Centers

Co - ap

Emotional
Disturbed

Exceptional
Children

Head Start

Hospital

Montessori

Bib material
CTP

Private Kin-
dergarten

Music

[

]

Private
Nursery Schools

CHILDREN - HOSPITAL CARE

RJ 242 Effects of hospitalization
E 35
1973

RJ 242 Lindheim, Roslyn
L 55 changing hosp. environments
1972

RJ 242 Petrillo, Madeline
P 47
1972

CUMULATIVE INDEX TO
NURSING LIT
MEDICUS

Robinson, D.

} "Becoming a Patient: Mother's Ideas about Tonsilectomy "
, The Medical Officer 125:3 1971 pp.37-41

Robinson, D.

"A Note on Hospital Orientation, Mothers and the
Well-Being of their young Children"

The Medical Officer

CXX, 6, 1968, pp.91-93

Petrillo, M.

"Preparing Children and Parents for Hospital and
Treatments"

Pediatric Annals, Vol.I:3, pp. 23-41, Dec. 1972

C, CU

Freiberg, Karen "HOW PARENTS REACT..." ^{good short article} simple clear illustrations

Nurse researcher did follow-up of children's hospitalization to discuss reactions of whole family
mentions Bowlby's "separation anxiety"

"Differences in sex, race, social status were not significant factors in how child reacted to hospitalization."

Some children bring home new negative behaviors from hospital - especially more demands for attention

[Is this negative behavior?]

Younger children show greater # of changes
mothers' Anxiety centered on lack of information about diagnosis, procedures and treatments... and fears about procedures + treatments and child's prospect of recovery

mothers' comment that Nurses do not spend enough time with patients - Nurses sarcastic to mother or child

Hospitalization of one child in family disrupts the whole family

"mothers need much more support than they were given"
"A nurse should seek to discover the parents' worries and alleviate them... with honest answers + sympathetic understanding. Parents should not have to grope for info."

AUFHAUSER "PARENTS NEED TLC"

CHILDREN'S MEDICAL CENTER, DALLAS

pediatric nurse/clinician is parent-teacher and counselor
educates + comforts parents of hospitalized, terminal,
and long-term-illness children

moves throughout hospital including psychiatric + i.c.u.
BUT A PHYSICIAN MUST WRITE AN ORDER FOR HER TO VISIT
She encourages therapeutic play for orientation, to allay
fears + to vent pent up feelings + frustration

IN I.C.U. she phones parents at home each morning to give prog. rept.
visits parents in waiting room.

There is a playroom, too.

she instructs parents + gives them practice so they can give time
competent care at home - also eases transition + shortens time
in hospital - she makes referrals to Visiting Nurse, Assoc.
provides literature

mothers can call her after hospitalization for information
SHE IS READILY ACCEPTED + WELCOMED BY NURSING STAFF + PARENTS

Aufhauser et al

"Nursing: Parents need TLC too"

Hospitals April 16, 1973 CIST

GREEN, MARILYN M. - "THE CONCERNS OF PARENTS OF A HOSPITALIZED CHILD"

P. 3 - IN HOSPITAL CHILD NEEDS ENERGY FOR RECOVERY + IS MORE VULNERABLE + LESS CAPABLE OF HANDLING PROBLEMS - BOTH PARENTS + CHILD NEED FOR PARENTS TO SUPPORT + HELP SUSTAIN CHILD

"IF FAMILY IS ABLE TO ESTABLISH TRUST IN HOSPITAL + STAFF, THEY WILL BE MORE ABLE TO UNDERSTAND, ACCEPT + INTERPRET THE EVENTS OF HOSPITALIZATION."

DESCRIPTION OF CASE STUDY TECHNIQUE -
IMPORTANT POINT - ALL PARENTS "NEEDED TO ASCERTAIN ADEQUACY OF THEIR MOTHERING + FATHERING ... USING STAFF AS SOUNDING BOARD."

POSES MANY QUESTIONS FOR OTHERS WORKING W/ FAMILIES
"THE ILLNESS EXPERIENCE ENCOMPASSED THE PERIOD OF INTEGRATING THE CHILD BACK INTO THE FAMILY UNIT THEREBY EXTENDING THE ADJUSTMENT BEYOND THE DISCHARGE FROM THE HOSPITAL,"

- LEVELS OF RESOLUTION
- ① PARENTS' NEED + ABILITY TO BE PRESENT IN THE HOSPITAL
 - ② " " TO ESTABLISH THEMSELVES AS ACCEPTABLE INDIVIDUALS
 - ③ ESTABLISHING THEMSELVES AS CAPABLE PARENTS
- (SHE GIVES AN INSPIRING EXAMPLE OF A FAMILY GETTING SUPPORT + INFORMATION DURING HOSPITALIZATION THAT WILL CHANGE EVERYONE'S LIVES FOR THE BETTER).
- ④ EVALUATING + ESTABLISHING THEMSELVES AS COMPETENT + SUCCESSFUL PARENTS.
- SUCCESSFUL PARENTS. BUT
"THE DEVELOPMENT OF SELF-TRUST WAS BEGUN IN THE HOSPITAL, BUT COULD NOT BE COMPLETED UNTIL AFTER A TRIAL PERIOD AT HOME DURING WHICH THESE PARENTS WERE SELF-DIRECTED IN THE CARE OF THEIR FAMILY"

Margollo: "Learning Through Play"

A child's IQ is basically established by age 5. Children are always ready to learn on their own level and they learn from experiences that are concrete & active.

Play is a natural way for a child to learn. He learns to concentrate, exercise his imagination, try out his ideas and develop a sense of control over his world.

BUTTOLPH, EDNA G.

"Music With Young Children"

NAME

DATE

Dorothy Redfern

4/21/67

A. Hinshaw

6/18/67

Elyseuth Antheim

Meadow, S.R.

"The Captive Mother"

Archives of Disease of Childhood, June 1969

pp. 362-367

C, 1960+ CV, ST

(cont)

Separation must not create additional deprivation. Safeguards are nec. if therapeutic sep. is used

Nurse is approp. therapeutic agent to supply freq + sustained contact to Ch + mother. Backed by entire medical team.

Time limits set; non-punitive; participation in arrangement; separate assistance to both m & Ch -

Nurse known to Ch as approp. support
-- play, explain + support during treatments
Company at meals - Behav. guidelines

presence at bedtime -

Help for M - best from soc worker -

(M might interpret nurse's time to her as neglect from ch.)

Gradual reunion with assistance
to insure healthier M-ch
relationship -

satisfy these ^{them} ~~by means of~~ ^{her ch -} ~~her behavior~~ ^{ch's needs}
neither respected nor satis. In such
cases rooming - in may deprive ch of
psych supplies - his coping may be ineffect-
ive & life-threatening

ad
note
who is
assessing
from
what
stance.

- 1) Denial of symptoms - ~~depr~~
- 2) Depriving of ego nurture -
3. become oversolicitous, rejecting
or inconsistent -
- 4) Unable to prepare ch v.
- 5) Unable to exercise mothering
skills -

Suggested procedures: Structured,
non punitive separation of ch & par + separate
assistance to each wld permit emergence
of constructive exper for both. (Compare &
Braylton -)

Rubin, Maxine (from Duffey
et al. Current Concepts in
Clinical Nursing Mosby + Co)
1971 p 99-105

"The therapeutic use of separation
during hospitalization: an alter-
native to Pedi rooming-in"

Good discussion of need for bonding,
'open' visiting, rooming-in postulated
on healthy m-ch relationship followed
by discussion of unhealthy or potentially
pathogenic rel where m. reacts primarily
on basis of her own need + attempts to (con)

to work with. I'm sure I will refer to
this book often.

Nonna Sullivan
N156

Osborn, Keith, and Haupt, Dorothy. Creative Activities for Young Children, Merrill Palmer Institute, 1966.

I am glad I found this book, because it will be a good source of things to do with the children I am working with. It contains a wide variety of ideas and projects, with complete instructions, and in some cases, recipes for materials.

the well-being of a child. The complete process of play includes experimenting, exploring, and learning skills and tasks. It stimulates initiative, interest, and imagination.

Donna Sullivan
N 156

M. V. Scarfe, "Play is Education," reprinted from
Childhood Education, Nov., 1962

The essence of this reading was stated
early in the article - "Play is the most
complete educational process of the mind." The
quality of play can be judged by the amount
of emotional involvement. Real education
goes on in serious play - it is not
just frivolity. Play is necessary to

excerpts from interviews w 2 children
appendices of mothers comments
and childrens comments

Teachy, Donna

History and current findings + recommendations

(many references to Aldridge + 2000)

Need for more scientific research to establish definite guidelines for parents in hospital

discusses many difficulties in mother-nurse relationship + problems of mothers in hospital

description of CARE-BY-PARENT UNIT + how good it is

Chapter 4

children + mothers think mothers can do more - children are willing to have mothers do painful procedures

describes limitations of her survey

Recommendations - let's ask the children more

IMPLICATIONS FOR NURSING

APPENDIX II - QUESTIONNAIRE

Teachy, Donna

"Mother's Role with the Hospitalized Child"

M.S. Thesis, Yale (unpublished)

Whitron, Betty: "The Puppet Treatment in Pediatrics"

Puppet shows help to relieve anxiety children may have about the unknown. It allows him to express his fears and have any misconceptions he may have corrected. When the child has to undergo any type of procedure, a puppet show helps him understand what he will see, hear + feel. It can make a potentially traumatic situation much more acceptable to the child.

Sheehy, Emma: "Children Discover Music + Dance"

Children learn to talk by experimenting + listening, and they learn to make music by experimenting + listening. Children respond to the rhythm of sounds and changes in tempo and pitch.

Movement is a child's instinctive reaction to life. He has a natural affinity for rhythm. Various movements help him to express many feelings.

the activity. The child feels that he has some control over what he has done.

All these are valuable points to consider for normal children, too.

Carol Martella

Tucker, Dorothy: "Creative Art: A Developmental Program for Young Retarded Children"

Art allows retarded children expression + an emotional outlet since they lack language + motor skills. It can help improve coordination of large + small muscles. Perceptual skills are increased through working with various media. It provides an opportunity to share + interact with others + to allow child a feeling of individual achievement. The child + teacher can evaluate

Aufhauser, Trude

"Parent Participation in Hospital Care of Children"

Nursing Outlook 15: 40-42 January, 1967

C, CV 1953+ RBR

Morgan, B.D.

"Mothers in Hospital"

Lancet July 1, 1967 p.38

C 1960+ CU, ST

Marrow, D. and Johnson, B.S.

"Perceptions of the Mother's Role with her
Hospitalized Child"

Nursing Research, 17: pp. 155-156 Mar.-Apr., 1968

C, CV 1952+ RBR

Irwin, S.E, et al CHECKED OUT

"The Use of Groups to Mobilize Parental Strengths
During Hospitalization of Children"

Child Welfare Vol. 53, #5, May 1974, pp. 305-312

C, ST

Seidl, F. and Pellitteri, A.

"Development of an Attitude Scale on Parent Participation
Nursing Research 16: pp.71-73 Winter, 1967

Mc Collum, Audrey

"Mothers' Preparation for their Child's Hospitalization"

Socail Casework, July 1967, p.407

C, SAT

2
Petrillo, M.

"Family Assessment and Management"

Emotional Care of Hospitalized Children

Chapter 3 Bibliography at end of chapter

7
Bergensen, Betty

"Nurse-Parent-Patient Relations"

Current Concepts in Clinical Nursing

Vol II, St. Louis, C.V.Mosby, 1968, pp. 237-39

Miller, Israel
Maternal Attitudes

Haller, A.

"The Hospitalized Child and his Family"

Baltimore

INDEX MEDICUS

the use of groups to mobilize parental strengths during
hospitalization Irwin, S. et al
CHILD WELFARE 53:305-12 MAY 74

preparation: Fearless of the familiar HOSPITALS 48:23-6
1 SEP 74

EMOTIONAL REACTIONS OF CHILDREN TO HOSPITALIZATION
DUFFY MINN MED 55:1168-70 DEC 72

Do they really pay you to play? Crocker E.
NS med Bull 52:192-3. Oct 73

AUST NURSES 3:37-8 +, MAY 74

Nurse-parent
relationships

NURS ST MIRROR 138:50-2 MAY 3, 74
^{ONE PICTURE} OF MOTHER + CHILD
NURS TIMES 69:1266-7 SEP 27, 73

child care at
charing cross
The child + his family
at 2 branches

NURS ST INQUIRY 65:1364 MAY 74

hospitalized child +
mother

NURS TIMES 69:278-9 MAR 1, 73

children in hospital
in Wales

NURS ST TIMES 69:354 MAR 15, 73

children in hospital
The family of hospitalized
child

NURS Clin North 7:5-12 MAR 72
Am

relationship bet.
nursing staff + parents

NURS J. Singapore 12:21-3 MAY 72

children + Hospitals

NURS MIRROR 134:10-2 JAN 14, 72

WHERE RESIDENT
PARENTS ARE WELCOME

NURS. TIMES 67:1331-3 OCT 28, 71

IF YOUR CHILD HAS TO GO
TO THE HOSPITAL
PARENT PARTICIPATION

PARENTS 47:62-34 NOV 72

APR J NURS 39:18-21, MAR 72

TARNEY, ELIZABETH

"What Does the Nursery School
Teacher Teach"

NAME

M. Humes

DATE

1/11/72

#1

STANTON, JESSIE & Agnes Snyder

"The Most Important Years"

NAME

DATE

E. M. Snyder

2/19

STANTON, JESSIE & Agnes Snyder

"The Most Important Years"

NAME

DATE

STANTON, JESSIE and Alma
Weisberg

"Play Equipment for the Nursery
School"

NAME

DATE

E. Thyer

7/19

G. Muldon 12-10

STANTON, JESSIE & MARGUERITA
RUDOLPH

"Planning a Nursery School
Building"

NAME

DATE

BUTTOLPH, EDNA G.

#2

"Music Without the Piano"

NAME

DATE

Elizabeth Wathum

BRODY, Sylvia

"Theory & Research in Child
Development"

NAME

Ruth Harner
566-1324

DATE

may 19

BLACK, IRMA SIMOTON

"Your Child and Sex"

NAME

DATE

PLAY SCHOOLS ASSOCIATION

"Why Play in a Hospital"

NAME

DATE

Ruth Skinner

5/19/67

Mary Simmons

1/9/68

Marilyn Jones

7/20/71

Myerson, Edith "Listen to What I Made"
Young Children, December, 1970 pp 90-92

Gives some clever new ideas for
making musical instruments which
are inexpensive and easily replaced.

Sandy Witt

(married, ~~was~~ divorced, deceased)

Puppets representing patients, mom + dad, doctors and nurses were used. It was felt that children could deal more effectively with the concrete rather than abstract. This puppet play resulted in more pt. cooperation pre + post operatively.

P. Del

Whitson, Betty "The Puppet Treatment in Pediatrics" AJN Sept 1972

An article of preparing children for surgery by the use of puppets. Emphasis was placed on obtaining information about the child, how much he already knew, specific details of his surgery (what area, will he wake up in recovery or ICU etc) and parents status.

Through this type of play, the health team
can understand how a child conceptualizes
what is going on with him, and
about him. Such play can relieve
anxieties, frustrations, and (through
intervention) misleading ideas.

P. DiD

Petrillo, M., Emotional Care of Hosp. Children

Lippincott, 1972 p 99 - 122

An extraordinary chapter dealing with
nsg management of childrens feelings and
thoughts about hospitalization thru
dramatic play, esp. using miniature
hospital equipment, toy hospitals and
dolls. The examples were very
informative, and covered different
age groups and children. (over)

PERRYMAN, LUCILE

"Dramatic Play and Cognitive
Development"

NAME

DATE

Dorothy Redfern	4/21/67
Luth Horner	may 19
A. Hirschaw	6-18-67
Florinda Basing	11-30-67
Sherry Paubert	11-23-71

PELLER, LILI

"The Development of the Child's
Self"

NAME

DATE

Nancy Haliburton 4/19/67

MOFFITT, MARY W.

'Woodworking for Children'

NAME

E. Glynne

DATE

7/19

MITCHELL, LUCY SPRAGUE

#1

"Imagination in Realism"

NAME

Ruth Harner
566-1324

DATE

May 19

MITCHELL, LUCY SPRAGUE

#2

"Imagination in Realism"

NAME

DATE

A Winslow

6-18-67

Linda Knowles

12-1-67

MITCHELL, LUCY SPRAGUE

"Geography with Five Year Olds"

NAME

E. Sprague

DATE

7/19

MITCHELL, LUCY SPRAGUE

"Ages and Stages"

NAME

DATE

L. Skirnek

4/10/67

A. Hinshaw

6-18-67

MICHAEL-SMITH, HAROLD

#2

"The Exceptional Child in the
Normal Nursery School"

NAME

DATE

Nancy Haliburton

4/19/67

1

MICHAEL_-SMITH, HAROLD

"The Exceptional Child in the
Normal Nursery School"

NAME

Linda Knowles

DATE

12-1-67

Cleverdon, Dorothy
Rosenzweig, Louis E.

A WORK-PLAY PROGRAM FOR THE
TRAINABLE MENTAL DEFICIENT

~~Sept 8, 1971 Stelle~~ *ok*

mud, sand + water - NAEYC
Linda Bartlett 10/24

LOWENFELD, VIKTOR

#2

"The Meaning of Creative
Expression for the Child"

NAME

DATE

Ruth Harner
566-1324

May 19

A. Henshaw
M. Humes

6-18-67
1/11/72

LEWIS, CLAUDIA

#1

"Language as an Art"

NAME

E. Hynes

M. Humes

DATE

7/19

1/11/72

LEWIS, CLAUDIA

#2

"Language as an Art"

NAME

DATE

Linda Knowle

12-1-67

LEWIS, CLAUDIA

" 'Deep As a Giant' - An Experiment in Children's Language"

NAME

DATE

HOCHMAN, VIVIENNE

"Trips in Early Childhood Ed."

NAME

DATE

Nancy Haliburton

4/19/67

GREEN, MARY McBURNEY

"Laughing Together"

NAME

DATE

GOVERNMENT OF THE DISTRICT OF
COLUMBIA

"Helpful Hints For Parents"

NAME

DATE

GILKERSON, ELIZABETH

#1

"Teacher-Child-Parent Relation-
ships"

NAME

DATE

In order that book may be delivered to you when received, fill in BOTH sides of this card.

The initial issue of our new subscription to Association
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Author

(Mrs.) Marion S. Mueller
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Department: Associate Clinical Professor
Building: Family Health Care Nursing.
Room no.: N 411Y.

Tel. Ext.:.....

CHILDREN AND THE HOSPITAL

I - Introduction:

Hospitalization can be an aid or a deterrent to growth - depending on kind of support child gets from parents and medical staff - e. g., Never Promised You Rose Garden.

II Importance of Preparation:

"Nothing to Fear Except Fear Itself" --

Children have amazing strength and their interest in learning and experiencing is so great that they will cooperate amazingly with unfamiliar or painful procedures when trust is established. This takes preparation; preparation that allows time and an accepting atmosphere for their feed-back; for their questions; for their protests (just because a person sez "I don't like that," the adult doesn't have to change what will make the patient better. Medical people as well as parents need to learn that accepting a protest rather than denying it makes everybody's task easier, not harder. "I know you don't like shots -- you can tell me you don't" -- or "You can yell if you want", works better than "Oh, come on now -- that doesn't hurt" or "Don't be a baby. Be brave."

To prepare a child, means to tell him as accurately as possible what is going to happen -- in terms of his awareness.

Timing important - soon enough so that he can marshall his defenses and use his strengths.

Not so much ahead of time that his fear fantasies take over.

Opportunities to "playout" - both before (and you can use props and pix in explaining) and after, so that he can assimilate and throw off some of the poisons.

Preparation doesn't have to include description of medical procedures only what he will experience and briefly, why this is being done in terms of "making him better". He should know what he will feel like and what will be expected of him, and what he can do to make himself feel better.

III Basic Concerns:

Mutilation
Desertion

Powerful threats in hands of adults, *(meaning these threats are effective inhibitors of child's behavior)* but undermine child's mental health & really are less effective goals than trust, honesty, respect, support, acceptance and empathy.

- IV Medical personnel as teacher of parents
- V Child's need for parent or parent substitute for his continued wholeness.

Ex. - crying vs settling in

Bowby's studies

How to circumvent unnecessary emotional (and hence slowed physical) distress or deterioration.

Support supportive parents, welcome them
Strengthen unsupportive - helping inadequate parents rather than condemning.

Provide opportunities for play and for feeling of in-touchness with life. (Not always easy because a scared resigned apathetic child may appear to be an easier patient if long term health is not seen as one goal of medical help.)

SUMMARY:

Establish trust by Preparing Child -- preparing family

(Preparation of infants accomplished by support and preparation of parents because transfer from mother to infant is through body language, not speech).

Encouraging maintenance of family ties

Encouraging maintenance of healthy self-image

Offering play opportunities for distraction (for opportunities to play out concerns and hence understand better)

Don't lie -

Do accept feelings and encourage their expression.

Characteristics of caregivers:

Acceptors, observers, non-judgmental; aware that they are not running a correctional institution or a finishing school, or a trade school, or a testing service or a craft guild.

The adult best serves who sets up and is readily available as a surprised and admiring audience and consultant; not a playmate, not a critic, not a straw boss.

Limit setting: meet the child where he is. Receive and reflect child's message and then help the child express impulse in an acceptable way that won't hurt him or get her in trouble.
(Pull examples from the audience)

Insta-load / Film Strip + Tape
or projector for film strip

Play environment, can't

Slides:

IV

Evaluating

Characteristics of play space...Freedom, with discipline by environment as much as possible.

Stance of adult...eye level vs. prison guard vigilance;
Organic; age appropriate materials; non sterile; non-cute...

Call for child to complete.

Moves child toward other children;

Builds feeling of success.

Characteristics of materials

Safe, amorphous; sturdy and whole or expendable.

Environment raises questions calling on child to do research to answer.

$\frac{1}{2}$ familiar is the thing that teaches.

Variety; gives message of acceptance for individual differences.

Encourages feeling of competency including parents' sense of

"We could do that!"

(over)

OUIJI HUNT

(This is sung as a chant, where the children repeat each phrase after the teacher. There are arm and body movements with some of the phrases, which are indicated in parentheses.)

Goin' on a Ouiji hunt (repeat)

Gonna catch a big one (repeat) (arms extended)

I'm not afraid (repeat) (hands on hips)

What's that over there (child's name)? (point)

(Child says animal name)

(Group repeats animal name)

Can't go under him (repeat)

Can't go over him (repeat)

Can't go through him (repeat)

Got to go around him (repeat)

One, two, three, four

(Start over)

Using of a few minutes to form a bridge between you and a child makes a greater possibility of cooperation from him. Your behavior in building a bridge must be such that he can aid in the building. This requires an alert and ready passivity on your part, especially with a young, non-verbal child. You may sense it's best to put yourself in a posture of silent availability; let yourself be given the once over before making any overtures.

Develop the knack of using the equipment to make it valuable without adultizing it.
Make your gestures slow - tentative - give him time.

1. Move slowly.
2. Offer yourself rather than imposing yourself.
3. Show respect.
4. Introduce yourself.
5. Let child initiate or control as much as possible.
6. Phrase things as statements much of the time, rather than limiting your interchange to questions.
7. Eye level, eye contact, unless child seems overwhelmed by this.
8. No moralizing!
9. Avoid lies - ~~"Your mama won't come if you keep on crying."~~

Avoid: "Big boy" - "Baby" - "Good" and "Bad boy" - "That's not nice" - "Shame on you" - what do you say?

Concern of child re desertion - mutilation -

Child's concept that hospital and illness are punishment for being bad.

If M. present, you may need to cultivate non-verbal communications with her of approval and delight or appreciation in child. If child handles something of yours in a way you don't want to, you quietly handle the situation. If it's not yours, let her handle or not - and observe rather than intervene.

Barriers to observation.

1. Leading questions
2. Staring
3. Towering
4. Talking
5. Indulging in distracting behavior

"We're going down the hall to the playroom. Here's a _____ for you to carry"...

Ask question instead of giving orders -

"Where are your slippers?"

"How does this go"?

No's and how to handle -

Ch.: "No" - You, (incredulously) "No?"

Ch.: "NO" - you, (smiling) "Yes".

" " " " " "

" " " " " "

(all the while heading amiably toward activity)- can be turned to a chant.
He sez no and I say yes and that's how we play everyday - etc.

Don't take it seriously and don't get sore - don't talk him into or out
of - accept the feeling while continuing the action - light touch here

Tantrum - how to handle

Toileting - including accidents

Feeding

Points to keep in mind in preparing Ch for procedures

Preparation = permission to talk &
cope - (Mary Redman) - "I already
knew - -"

Playing out limitations - (no digging
the heart out)

Phraseology "Cut?"

Timing

Things to mention: ~~Come to~~ (where
m. will be, how shell know
where you are -

Masks, light, how many shots,
Site of surgery - Not a punishment
nothing else will be done -
over

If using puppets, allow child to
name -

Some ch prefer animals -
Transfer power & mastery -
Introduce light last -

The child doesn't need so much blood and guts to avert him - he doesn't want to hurt himself; a milder reminder is sufficient, coupled with a positive instruction as to how to handle the situation properly.

Symbolic expressions of emotion (non-destructive) are to be allowed and reassured: "It's all right to cry"

It is one thing to support a child's own wish to be courageous, and another to demand it of him.

It should be his choice whether he wishes to cry or not, and he should be reassured that he will not suffer the nurse's loss of respect if he does cry. He should be helped to see that so long as his behavior is o.k., his thoughts and feelings belong to him and are acceptable.

Provide alternatives -2-

5. Give the child a place to move to. Keep in mind making it difficult and unrewarding for him to louse up and easy and pleasant, for him to succeed, (Often it's the other way around.) *Don't come between or make child move thru you*
6. Look for the impulse at the root of the behavior. Usually it's something of value reaching, however, crookedly toward the light - like a desire for new knowledge (curiosity) or mastery; then try to find an acceptable way of helping the child satisfy that impulse which won't get him into trouble. *That's play. Ex: Throwing; Exploring; Felling; Climbing*
Ex: a new appliance at home
This way you use the child's own steam & motivation
7. Going with the grain --

Goes with above -- first you recognize the child's message; then you state the limits, the reason and offer an alternative that satisfies the impulse -

Ex: child with doll - another child grabs -
teacher intervenes helpfully -
Result: learning social behavior that enhances
and works. Teacher intervenes God-like; learning
that results -

Avoid: Exploitation

Hanging up the child either by love or authoritarianism

Instruments:

Dance drum
Cymbal
Autoharp
Guitar and Uke
Bells, tambourines, stix
Triangles

Train songs:

Captain Go Sidetrack yr
Train
Let's take a little trip
Choo choo choo
Here comes the train
Train is a comin
This Train
New River Train
When the train comes along

Animal Songs

Hop Ole Squirrel Bow-wow doggie -- Nice Kitty-Cat and Mouse
3 Blue pigeons
10 Speckled frogs

Hey Mr Knickerbocker
Peanut - peanut butter

Baby Songs

Here's a ball
Open shut them
Eensy weensy
People on the Bus

Trouble is:

most people
wld like most to
talk - the m.d.
+ / or nurse -

Have no idea what
to fill out where it
says "unit" (assump-
tion of shared context)

Name _____
Unit# _____
Date _____
Room _____

I would like to talk with a : () Chaplain () Social worker
 () Financial Counselor () Volunteer visitor

() Housing () Meals () Child Care () Parking/transportation
() Local churches

If you or your family needs help with other aspect of your hospitalization, please describe briefly

Nunez, B., Non Verbal Techniques in Psychotherapy

This article offered the use of play and mainly the use of music to get in contact with three groups of children. the groups were 1) children with deafness 2) delay in language maturation 3) autistic child.

The music therapy they used was most impressive to me. It felt that it was fantastic that you could use rate, rhythm, theme etc in music to help a child. Ex the type of instrument was important because it put the child close to what he was doing or it set him apart, also the group activity in music showing an interest in others and wanting to join in.

To me the article was well worth reading.

MYTHS ABOUT PARENTS IN HOSPITAL (STAFF)

1. Hospitals have the right to "allow" or "not allow" parents.
2. Parents automatically know how to act with their child in the hospital, or, only those parents who do know should be allowed. To wit: only middle class kids with "good" parents need support.
3. Because a history sheet is filled out on the child that states nickname and toilet habits, this information gets read and used.
4. That children sleep all night and therefore don't need their folks around then.
5. That parents sent home to get a rest can rest better there.
6. That the companionship needs can be filled by the nurses because they have feeling for children and preparation in child development.
7. That a child's needs can be satisfied on a schedule that suits the giver rather than the recipient.

Training groups for ~~the~~ new volunteers
on "How to give support." // ~~parents~~ new
parents volunteered. (Helping others is
an important part of coping effectively &
healthy adaptation. Helps relinquish the
sick role -

Effect of this - Families see
themselves as participants in care
with responsibilities. ~~now~~

Rooming-in, open visiting & parent participation are not enough ~~or~~ altho they're better than restrictive rules - but what is essential is the staff attitude of welcome, appreciation, and helpfulness.

Families want to choose their degree of involvement - this may vary from day to day -

Stakes Mandeville Parent Board,
matron sister -

U C - Parent menu ck list in admitting; in nursing in-take -

Provides both information to family
& offers assistance.

Need 1-1 time + repeats + reinforce -
ment.
People don't read & don't
hear.

Ex: Mom on Jeds I interviewed -
me "What would you tell a parent new
to floor that you didn't know but had
to find out?"

Mom "Washer + dryer, where the shower
is, how to find social worker & what
soc worker can help w; daily bed meeting,

The problem

Children need family support at all times but most especially when hospitalized. Hospitals were often built without family inclusion in mind; for many years parents were considered unnecessary & irrelevant to children's health care recovery.

Parents told stories of hospitalizations where their knowledge of their child's unique responses to his/her disease & treatment were not appreciated. M's talked of being labeled "overprotective, underprotective, bossy, neurotic & amateur physicians." If they were anxious about leaving they were told that staff was ~~was~~ that they were lacking in trust. If they were relieved to have respite, they were seen as "dumping" their child.

Some problems

The best booklets go unread.

The Challenge is to ~~find~~ educate community in advance; to use ways of educating and orienting that work: In stake interview; parent rounds; admissions; where possible, pre admission -

Good models - See transparency.

Frustration on both sides -

Families most frequent complaint -

"I can't get any information"

Medics chief complaint "I tell 'em & they don't listen"

A paradox - the more staff share - families The more families trust and listen -

Nurse led Parent meetings
Twice weekly parent meetings - How to respond
to issues that arise - guilt, fear of retaliation
from staff if parents complain; different answers
from each m.d.,

Material from parent meeting shared; issues
addressed to appropriate parties; Changes in
hosp. policy come about as result. Ex: Parents advised
to stay, but no beds.

Child led: Ritter, another parent group leader suggests
a format:

1. Warm-up: ^{name games; something you'd like to remember} ~~act hosp.~~ something else to forget
2. Main activity - one boxes, role play, arts & crafts, trust walk
^{add their work.}
3. Follow up discussion - ^{summing up discussion}

Central theme, i.e. - Preparation materials - evaluate book -
opportunity to discuss feelings -

II Some
Parent Ed in ambulatory care setting -
Alfred Dupont - Wilmington Delaware
Captive audience: large #s of parents
reached. All

Theme: Parents need to feel how much they make a difference
in their ch's lives -

Survey indicated 12 topics ~~was~~ that parents ^{were} most
interested in:

1 topic @ month - ranged and ages +
stages, special needs + concerns; discipline;
Choosing day care + school; teaching abt sex;
Play, toys, junk; helping learn to read; cooking
+ learning; helping handicapped ch learn to
cope; farm planning; adolescents -

Materials + format: films + articles, bibliog -

Admn approved after raising concerns - cost, traffic,
interruption of other programs -

Changing to family centered care

Jucson (also Shriners in Chicago)

1st Step: long meeting to discuss fam centered care
"where we were + what we wanted to change"
↓
Established time tables, evaluated progress, modified objectives -

Educate staff: shared articles, discussed philosophy

Graphics depicting time elapsing between
establishing goal (liberalized visiting,
father's in labor + delivery)

Public Info.

Newsletters

~~Posters - Scandinavia, NAWCH~~

~~ACCH - Children in Hospital~~
~~Week~~

thing back. If not, you need to
add to parents' store of getting to
help infants attempt be success-
ful!

(Frieberg's Kitchen psychiatry -
WARM LINE Parents Place)
Parent Support Groups -

K. Barsaard (cont)

Preemie doesn't give much back. Super-mom syndrome as if compensating for baby's unresponsiveness. By 8 mos. such a baby may be more reactive than term counterpart.

When parent is not giving, baby may give more to relationship, trying to get reacted from less responsive mom. Hi baby signalling ~~is~~ is highly correlated at 10 mos. $\bar{c}$ m. non-res-
ponsiveness (for short period before giving up?)
* Parents of newborns come $\bar{c}$ a 6-mo.
supply of nurturance. Critical point for feed-back, par may turn off. This is ~~some~~ time to monitor whether par is getting some cover

Nurses' extend their role to include families, & like it better -

Typical Newsletter contains: Suggestions for checking infants' hearing, ~~Notice that~~ Call for success stories from parents of preemies & before and after six of child -

News of a grant to the group from March of Dimes; news of a meeting where I & CN nurses were invited to get info abt P.S.D. & to give suggestions for parent-to-parent teaching.
Suggest suggest for R.N.'s: "Speak up" ^{sell abt concerns} ~~the plight of fathers~~ -
Parents were invited to speak to a group of I & CN & OB doctors -

What's going on -

with newborns -

Fam Cap, alternative birth Centers;
La Maje; parent infant groups,
both formal & informal -

Results - despite more women
returning to work, I see greater
satisfaction, ~~relaxation~~ and expertise
among today's Crop - Less competition,
more support for each other & Breast
feeding at least in middle class mums -

In hosp; nurses' (and docs) efforts
go toward encouraging touch, bonding - etc -

Research & Lit

Notes from Kathy Barnard

Aid, Affirmation, affect is offered to families to help them know resources. To establish trust. (they won't hear if they don't trust)

Attachment of child to primary caregiver is the template for all later relationships. Styles of attachment & interaction come from this.

We must invest in parent so that they can invest in child -

for 2 weeks. The group stuck to-
gether - kids just celebrated
first b'day party, drew names -
Nothing like seeing variety
re walking, weaning, playing -
The + toy workshop + Busby.
Berkeley rosette of Mersing
moms -

Talk about labors - endless ✓
new each time to participants -
Annie's reaction to La Maze -
Annie's trust in pediatrician + health care system + self

support group has been a
sustaining, elastic, endlessly
fascinating source of support
and enjoyment -

(quote K. Barnard - "we invest in parent so that they can invest in ^{child}")

Circuitry - The hospital
put the group in motion
offering prep for childbirth
groups, offering choice of
early discharge + home care for sev'l
days - followed by group leader

From doting grandma's view point -

Annie - despite her help & support for experienced ma & sisters

Credits the group which began to Farmcap as the major contributor to her delight and skill in parenting. She credits her pediatrician & her husband, and ~~I credit~~ her life time of

seeing parenthood as a joy & not a sacrifice -
But the parent to parent

3

Diversionary play:

Points to consider...

Sick children may prefer something less challenging than well.

Hunger for "real", natural, amorphous, easily manipulated.

Hypnotic effect of play in helping child focus on something besides pain. — Show Video —

Does it enhance child's self-esteem?
describe phone wire sculpture-

Examples: Water play; coloring, crafts, some creative activities.

Child's own pretending

2

Necessary elements for play:

Environmental message (Slides)

Permission for play

Presence of trusted other...

Materials

Attitude toward play on part of authority figures.

Communication: Do they perceive what we believe?

Why is it important for nurse to approve? Cooperation, not competition

①

Introduction

Play:

Excercise...visualization.

Names...songs,

Theme...it's supposed to be fun... but serious, too -
What makes it play?

Play for children...step forward; For adults, step sideways.

4 kinds of play in hospital: (They overlap)

1. 1. Diversion, 2. Development, 3. Prep, integration, release..
4. Reminder of wholeness and self as continuing despite hospital

III. The environment for therapeutic play. (slides)

Preparation, Integration, Release....

Slides.

Role Play -

Block II. Effective and ineffective approaches in communicating with children in unfamiliar environments.

Aids that help develop trust and cooperation.

Developmental play

Infants & toddlers

school age

adolescents -

Peers, pillows, records -

Slides and demo materials. Hand outs -