LIFE SKILLS FOR YOUTH SERIES

MODULE 6
RAISING CHILDREN

TRAINER'S GUIDE

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LESSON 1
CHILD DEVELOPMENT

Total Time: 1.5 hours, 90 minutes

Special Materials Needed for this Lesson

Baby Doll, Many Items for Children's Toys, Additional and Updated Research on Developmental Disabilities

Competencies for Module 6: Raising Children

Summary of competencies for Module 6: For the class members to understand that children have different needs through their life cycle from birth to adult and for them to have an understanding of the importance of being healthy themselves if they are to raise children.

- <u>Participants will know the different indicators of healthy development for infants and participants.</u>
- Participants will understand how their personal health impacts on the unborn baby.
- Participants will understand the importance of positive parenting in the lives of children.
- Participants will know and understand the importance of creating family with their children and spouse.

> ***Trainer Note:*** *Consider who is attending this module as you prepare the lessons. You might want to modify lessons if you have all girls and not boys, or all boys and no girls. The lessons should be given in a manner that they learn, yet have lots of fun. Don't forget the baby dolls.*

A. Welcome and Introduction

Time: 20 minutes

Welcome

Welcome everyone back to *Life Skills*. Ask for volunteers to share their experiences practicing fair fighting from their Action Plan from the previous lesson. Provide feedback by acknowledging appropriate use of the Eight Rules of Fair Fighting and answering any questions about this exercise or the lesson.

Introduction

Inform the class that this lesson is called Child Development and is the first in a new module called Raising Children.

Begin by describing one of your earliest childhood memories. You might want this is to be a funny story or something that is encouraging about growing up. Ask the group how old they think you were at the time. Accept a few guesses. Acknowledge a correct answer our giving them the correct age.

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Next, ask for three or four volunteers to share their earliest childhood memories and in how old they think they were at the time. When finished, thank each one for sharing. Explain that some people have memories of early events in their lives and yet other people don't. That is very normal.

Continue by explaining in today's lesson they will learn about the various stages of childhood development. However, what they will be learning today will be a very general guide. Not every child will develop on the same schedule and in many cases that is normal because the range for normal is relatively broad when it comes to child development. Many things influence normal development such as: experiences, culture, and family traditions. Just as each of us has different levels of memory, each of us had a unique development process as a child.

B. Lecturette: Developmental Stages

Time: 30 minutes

This lesson will present an overview of child development from birth to five years of age. It is important to keep in mind that the time frames presented are averages. Some children may achieve various developmental milestones earlier or later than the average, but still be within the normal range. This information is presented to help you understand what to expect from a growing and developing child. When parents have questions about their child's development, these should be discussed with a doctor.

Refer to Handouts: *Stages of Early Childhood Development (pages 1-3).*

The handout shows the general physical, social, emotional and intellectual development in young children from birth to 5 years old. This chart is a tool you may want to keep in order to help you better understand some basic child development steps. In order to be a great parent, it is important to learn much more about child development. If or when you become a parent, you will want to learn as much as you can about this subject. For now, this lesson will help you begin to understand the process and changes of development.

Birth to 6 months old

Babies grow very rapidly in the first year of life. Newborn babies are not able to do anything for themselves. Most newborns cannot even hold up their own heads. Parents need to be careful with a newborn when they are picking up and holding the child. The parent needs to use one arm or hand to support the baby.

> ***Trainer Note****: Using a baby doll, show the proper technique for picking up and holding a baby.*

Newborn babies need a parent or caregiver to feed them, change their diapers, dress them and take care of all their needs. The babies cannot tell their parent that they are hungry, thirsty, wet or tired. Their only form of communication is crying. When a newborn baby cries, it usually means the baby is hungry, wet or uncomfortable. As the baby gets older, it is more able to communicate its specific need. Newborns need to be fed every 2-3 hours (or about 8 times a day). They also need to be burped during each feeding, usually every 2-3 ounces (60-90 ml). To

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burp a baby, place the baby against your chest with its head facing toward your shoulder. Gently pat the baby's back until it burps.

> ***Trainer Note**: Using a baby doll, show the proper technique for burping a baby. Pass the doll around and let each person give it a couple of pats to try the technique. Remind them to make sure they support the baby's head.*

By the time a baby is between 4 and 6 months old, he/she will begin understanding more about the world around him/her. The baby will be able to hold its own head up. They will be able to control arm movements and will try to grab items that interest them. They will also begin rolling over on their own. They will begin to recognize the people who are with them often and may begin crying when approached by a stranger. Babies at this age usually make "babbling" sounds.

7 months to 12 months old

Most babies will begin to sit up on their own, then crawl on their hands and knees and then begin to stand during this time. They will want to touch and taste everything they can grab. Safety is an important issue when a baby is able to move himself from one location to another. Small items need to be put away to keep the baby from putting the items in their mouth and choking on them. A good rule is to only allow the baby to play with items that are bigger in size than your fist. Also, make sure the item does not have sharp edges or small parts the baby could chew or pull off. Electrical outlets in a room should be covered or blocked to keep the baby from getting an electrical shock. Electrical cords should be hidden or blocked to keep the baby from getting hurt. Doors and drawers should be locked, if possible, to keep the baby from opening them. Any cleaners, chemicals or items that are dangerous if swallowed should be put away in an area where the baby cannot reach them.

Children are more susceptible to choking on food than adults. When a child starts eating regular foods, the following rules should be followed.

1. Encourage small bites.
2. Insist that child sits while eating.
3. Encourage child to chew food thoroughly.
4. Cut food into small pieces (approximately 6 mm-12 mm).
5. Avoid foods that are round and hard, sticky or large chunks.
6. Avoid the following foods: Nuts and seeds, whole berries, raw carrots and celery, grapes (unless they have been cut in half), hot dogs, large chunks of meat or cheese, hard candy, popcorn.

1 – 2 years old

Between the ages of 1 and 2 years old, most children begin sleeping about 12 hours per night and taking a 1-2 hour nap daily. They will become more verbal and able to make their needs known. They are able to play independently and can obey easy commands such as "Get the ball."

2 – 3 years old

Children in this stage of development are starting to use short sentences. They mimic the actions of the people around them. Their hand-eye coordination is

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improving and they can jump off a step or build a tower using building blocks that is 9-10 blocks tall. Open times, they do not play well with other children and do not want to share toys. They may also resist parent demands.

3 – 4 years old

By the time children are three to four years old, most can do many routines on their own such as: eating, dressing and going to the toilet. Most children are willing to share toys with other children and like to play with other children. They are affectionate towards their parents.

4 – 5 years old

Children who are in this stage of development usually talk clearly and in sentences. They prefer to play with other children and are becoming competitive. They take pride in accomplishments and feel guilty when they have done something wrong. They have good motor skills and can jump and skip.

C. Small Group Activity: Developmental Games

Time: 15 minutes

> ***Trainer Note***: *Prior to this lesson, gather any number of items that can be made into safe toys for infants and small children. Be prepared to give some suggestions for making toys and games for children of different ages. These items could be every day kitchen items such as a wooden spoon and a pan, which could be used to make a drum for toddlers. Another example is a plastic bowl with a lid with little cereal pieces in it, which could double as a noisemaker and a snack.*

Set Up Activity

Divide into 4 groups. Each group will make up a game they can play with a child from their assigned age range. The game should be appropriate to the child's developmental stage. Use the following age ranges:

- 9-12 months.
- 1-2 years.
- 2-3 years.
- 3-4 years.

Instructions

Refer to Handout: *Games for Developmental Stages*

First, right down the developmental stage that your group has been assigned. Then, use this page to write down as many different activities and games that your group members can think of. After you have a number of different ideas, as a group choose one of these ideas to develop. You can use any of the items brought for this purpose or other items you have with you. Be prepared to demonstrate your game for the rest of the class and explain why it is developmentally appropriate.

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Conduct Activity

Allow each group about 10 minutes to develop the game. When they are done have each group demonstrate their game and explain why it is developmentally appropriate.

Debrief

After each demonstration, provide appropriate feedback as to why the game is or may not be appropriate to the assigned age group. Ask for other suggestions for games for this age group.

D. Lecturette: Developmental Problems

Time: 15 minutes

> ***Trainer Note****: Information on some developmental problems is included in the appendix of this lesson. Use this information as a starting point for your own research. The Lecturette below includes some of the basic information that can be shared in this lesson. However, it can and should be enhanced by additional and updated information from your own research.*

Some children have problems that hinder their development. Sometimes those problems are evident at birth or soon afterward. Other times the problems are not noticed until later in childhood. A small percentage of children have a developmental or behavioral disability such as autism, mental impairment and attention-deficit/hyperactivity disorder. In addition, some children have delays in language or other areas.

Autism:

- Group of developmental disabilities that are caused by unusual brain development.
- Tend to have problems with social and communication skills.
- May have unusual ways of learning, paying attention, or reacting to different sensations.
- Begins during childhood and lasts throughout a person's life.
- May have large delays in language, social skills, and ability to understand things.
- May learn very difficult skills before they learn other simple skills. For example, a child might be able to read long words, but not be able to tell you what sound a "b" makes.
- May learn a skill and then lose it. For example, a child may be able to say many words, but later stop talking altogether.

Mental Impairment:

- Involves two things: 1) below average score on intelligence test, and 2) limitations in daily life functions (communication, self-care, and getting along in social situations and school activities).
- Able to learn new skills, but develop much lower than other children.
- Wide range of impairment from mild to profound.

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- Many have other disabilities as well, especially those with severe mental impairment (cerebral palsy, seizure disorders, vision impairment, hearing loss, and attention-deficit/hyperactivity disorder).

Attention-Deficit/Hyperactivity Disorder (ADHD):

- Almost constant & ongoing level of inattention and/or extreme overactivity/lack of ability to control impulses.
- Symptoms are higher than expected for age and interfere with child's ability to function normally in circumstances such as school and playing with others.
- Some indications of ADHD are:
  1. Often does not give close attention to details.
  2. Often has trouble keeping attention on tasks or play activities.
  3. Often does not seem to listen when spoken to directly.
  4. Often does not follow instructions and fails to finish schoolwork, chores, or other tasks.
  5. Often has trouble organizing activities.
  6. Often loses things needed for tasks and activities (toys, school assignments, pencils, books, or tools).
  7. Is often easily distracted.
  8. Often fidgets with hands or feet or squirms in seat.
  9. Often leaves seat, runs about or climbs when and where it is not appropriate
  10. Often has trouble playing or enjoying leisure activities quietly.
  11. Often talks excessively.
  12. Often blurts out answers before questions have been finished.
  13. Often has trouble waiting one's turn.
  14. Often interrupts or intrudes on others (butts into conversations or games).

Summarize

These are just the few of the potential developmental problems that can occur in young children. By understanding the usual progress children make through their developmental stages, you can be more aware of potential problems in development if they occur.

E. Action Plan and Closing

Time: 10 minutes

Action Plan

During the coming week, write down a list of inexpensive toys or activities you could do with a child. Explain what the toy is or how you would do the activity. Also, write down the age of child you think the toy or activity would be for.

Closing

Ask for and answer any questions about today's lesson.

Reinforce that this lesson involved the discussion of the stages of child development and some of the hindrances to normal development. Inform the class the next lesson will involve the discussion of more hindrances.

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STAGES OF EARLY CHILDHOOD DEVELOPMENT (PAGE 1)

Physical / Emotional Development	Age	Social / Intellectual Development
Physical Development Needs to be fed 5-8 times a day, sleeps about 20 hours per day. **Emotional Development** Generalized tension.	Age 0–1 month	**Social Development** Helpless, not social. **Intellectual Development** Makes basic distinctions in vision, hearing, smelling, tasting, touching, temperature, and perception of pain.
Physical Development Control of eye muscles, lifts head when lying on stomach, can see in color. **Emotional Development** Shows delight, distress, smiles at a face.	Age 2-3 months	**Social Development** Visually fixates at a face, smiles at a face, may be soothed by rocking. **Intellectual Development** Able to see colors, tries new sounds such as cooing and grunting.
Physical Development Needs to be fed 3-5 times daily, controls head and arm movements, tries to grasp items, rolls over. **Emotional Development** Enjoys being cuddled.	Age 4-6 months	**Social Development** Recognizes mother, distinguishes between familiar persons and strangers, no longer smiles indiscriminately, expects feeding, dressing and bathing. **Intellectual Development** Babbles, makes many different sounds.
Physical Development Can control upper body and hands, sits without support, crawls on hands and knees. **Emotional Development** Emotional attachment to mother, protests separation from mother.	Age 7-9 months	**Social Development** Plays “peek-a-boo”. **Intellectual Development** Can interact with others, enjoys silly antics or games

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STAGES OF EARLY CHILDHOOD DEVELOPMENT (PAGE 2)

Physical / Emotional	Age	Social / Intellectual
Physical Development Eats about three meals and two snacks daily, sleeps about 12 hours per night, takes about 2 naps daily, can control legs and feet, stands, walks by holding unto furniture. **Emotional Development** Shows anger, fear of strangers, affection, curiosity.	Age 10-12 months	**Social Development** Responds to own name, waves bye-bye, plays “pat-a-cake”, understands “no-no”, gives and takes objects. **Intellectual Development** Says one or two simple words, imitates sounds, responds to simple commands.
Physical Development Creeps up stairs, walks (10-20 minutes) **Emotional Development** Dependent behavior, very upset when separated from mother, resentment of new baby.	Age 1-1.5 years	**Social Development** Obeys limited commands, repeats a few words, interested in his own image in a mirror, feeds himself. **Intellectual Development** Makes lines on paper with crayon or pencil.
Physical Development Sleeps 12 hours at night and takes 1-2 hour nap daily, runs, kicks a ball, capable of bowel and bladder control. **Emotional Development** Does the opposite of what he/she is told to do.	Age 1.5-2	**Social Development** Has temper tantrums, resentment of new baby. **Intellectual Development** Can build a tower 6 blocks tall, vocabulary of more than 200 words.
Physical Development Walks well, goes up and down steps alone, runs, seats self on chair, becoming independent in toileting, uses spoon and fork, imitates circular stroke, turns pages singly, kicks ball, attempts to dress self, builds tower of six cubes. **Emotional Development** Very Self-centered, just beginning a sense of personal identity and belongings, possessive, often negative, often frustrated, no ability to choose between alternatives, enjoys physical affection, resistive to change, becoming independent, more responsive to humor and distraction than discipline or reason.	Age 2	**Social Development** Solitary play, dependent on adult guidance, plays with dolls, refers to self by name, socially very immature, little concept of others as "people." May respond to simple direction. **Intellectual Development** Says words, phrases and simple sentences, 272 words, understands simple directions, identifies simple pictures, likes to look at books, short attention span, avoids simple hazards, can do simple form board.

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STAGES OF EARLY CHILDHOOD DEVELOPMENT (PAGE 3)

Age 3

Physical Development
Runs well, marches, stands on one foot briefly, rides tricycle, imitates cross, feeds self well, puts on shoes and stockings, unbuttons and buttons, build tower of 10 cubes. Pours from pitcher.

Emotional Development
Likes to conform, easy going attitude, not so resistive to change, more secure, greater sense of personal identity, beginning to be adventuresome, enjoys music.

Social Development
Parallel play, enjoys being by others, takes turns, knows if he is a boy or girl, enjoys brief group activities requiring no skill, likes to "help" in small ways--responds to verbal guidance.

Intellectual Development
Says short sentences, 896 words, great growth in communication, tells simple stories, uses words as tools of thought, wants to understand environment, answers questions, imaginative, may recite few nursery rhymes.

Age 4

Physical Development
Skips on one foot, draws "Man", cuts with scissors (not well), can wash and dry face, dress self except ties, standing broad jump, throws ball overhand, high motor drive.

Emotional Development
Seems sure of himself, out-of bounds behavior, often negative, may be defiant, seems to be testing himself out, needs controlled freedom.

Social Development
Cooperative play, enjoys other children's company, highly social, may play loosely organized group games - tag, duck-duck-goose, talkative, versatile.

Intellectual Development
Uses complete sentences, 1540 words, asks endless questions, learning to generalize, highly imaginative, dramatic, can draw recognizable simple objects.

Age 5

Physical Development
Hops and skips, dresses without help, good balance and smoother muscle action, skates, rides wagon and scooter, prints simple letters, handedness established, ties shoes, girls small muscle development about 1 year ahead of boys.

Emotional Development
Self-assured, stable, well-adjusted, home-centered, likes to associate with mother, capable, of some self-criticism, enjoys responsibility. Likes to follow the rules.

Social Development
Highly cooperative play, has special "friends", highly organized, enjoys simple table games requiring turns and observing rules, "school", feels pride clothes and accomplishments, eager to carry out some responsibility.

Intellectual Development
2,072 words, tells long tales, carries out direction well, reads own name, counts to 10, asks meaning of words, knows colors, beginning to know difference between fact and fiction-lying, interested in environment, city, stores, etc.

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GAMES FOR DEVELOPMENTAL STAGES

First, right down the developmental stage that your group has been assigned. Then, use this page to write down as many different activities and games that your group members can think of. After you have a number of different ideas, as a group choose one of these ideas to develop. Be prepared to demonstrate your game for the rest of the class and explain why it is developmentally appropriate.

Developmental Stage: ____________________

IDEAS:

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CHILD DEVELOPMENT

ACTION PLAN

CHILDREN'S TOYS AND ACTIVITIES

Write down a list of inexpensive toys or activities you could do with a child. Explain what the toy is or how you would do the activity. Also, write down the age of child you think the toy or activity would be for.

Toy or Activity	Age	Explanation

Toy or Activity	Age	Explanation

Toy or Activity	Age	Explanation

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LESSON 1 APPENDIX

DEVELOPMENTAL DIFFICULTIES

Autism

Autism spectrum disorders (ASDs) are a group of developmental disabilities that are caused by unusual brain development. People with autism tend to have problems with social and communication skills. Many people with autism also have unusual ways of learning, paying attention, or reacting to different sensations. Autism begins during childhood and lasts throughout a person's life.

Children with autism develop differently from other children. Children without autism develop at about the same rate in areas of development such as motor, language, cognitive, and social skills. Children with autism develop at different rates in different areas of growth. They might have large delays in language, social, and cognitive skills, while their motor skills might be about the same as other children their age. They might be very good at things like putting puzzles together or solving computer problems, but not very good at some things most people think are easy, like talking or making friends. Children with autism might also learn a hard skill before they learn an easy one. For example, a child might be able to read long words, but not be able to tell you what sound a "b" makes. A child might also learn a skill and then lose it. For example, a child may be able to say many words, but later stop talking altogether.

Mental Impairment

Mental impairment is characterized by both a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and school activities. Mental impairment is sometimes referred to as a cognitive or intellectual disability.

Children with mental impairment can and do learn new skills, but they develop more slowly than children with average intelligence and adaptive skills. There are different degrees of mental impairment, ranging from mild to profound. A person's level of mental impairment can be defined by their intelligence quotient (IQ), or by the types and amount of support they need.

People with mental impairment may have other disabilities as well. Examples of these coexisting conditions include cerebral palsy, seizure disorders, vision impairment, hearing loss, and attention-deficit/hyperactivity disorder (ADHD). Children with severe mental impairment are more likely to have additional disabilities than are children with mild mental impairment.

Attention-Deficit/Hyperactivity Disorder (ADHD)

A person with ADHD has a chronic level of inattention, impulsive hyperactivity, or both such that daily functioning is compromised. The symptoms of the disorder are present at levels that are higher than expected for a person's developmental stage and interfere with the person's ability to function in different settings (e.g., in school and at home). A person with ADHD may struggle in important areas of life, such as peer and family relationships, and school or work performance.

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If most of the following symptoms in each of the categories below have been present for at least 6 months to a point that the child is disruptive and inappropriate for developmental level, he/she may have ADHD.

Attention

1. Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2. Often has trouble keeping attention on tasks or play activities.
3. Often does not seem to listen when spoken to directly.
4. Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
5. Often has trouble organizing activities.
6. Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
7. Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
8. Is often easily distracted.
9. Is often forgetful in daily activities.

Activity

1. Often fidgets with hands or feet or squirms in seat.
2. Often gets up from seat when remaining in seat is expected.
3. Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
4. Often has trouble playing or enjoying leisure activities quietly.
5. Is often "on the go" or often acts as if "driven by a motor".
6. Often talks excessively.

Impulsivity

1. Often blurts out answers before questions have been finished.
2. Often has trouble waiting one's turn.
3. Often interrupts or intrudes on others (e.g., butts into conversations or games).

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TRAINER NOTES

LESSON 2
TERATOGENS OR
“STUFF THAT HURTS BABIES!!”

Total Time: 1 ½ hours, 90 minutes

Special Materials Needed for this Lesson

Nutritious Snacks (apples, raisins, etc.)

Competencies for Module 6: Raising Children

Summary of competencies for Module 6: For the class members to understand that children have different needs through their life cycle from birth to adult and for them to have an understanding of the importance of being healthy themselves if they are to raise children.

- Participants will know the different indicators of healthy development for infants and participants.
- <u>Participants will understand how their personal health impacts on the unborn baby.</u>
- Participants will understand the importance of positive parenting in the lives of children.
- Participants will know and understand the importance of creating family with their children and spouse.

A. Welcome and Introduction

Time: 15 minutes

Welcome

Welcome everyone back to this *Life Skills* module about Raising Children. Discuss the Action Plan from their last lesson. Ask for volunteers to share some ideas for simple, inexpensive children's toys as well as the explanation as to why they are appropriate for the age group indicated. Solicit comments from other class members and supply appropriate feedback to ensure understanding of stages of childhood development.

Introduction

After the welcome, introduce the lesson by asking the following questions. Use these questions and answers to create a dialogue about the impact of different foods, drugs and alcohol has on the body when ingested. This discussion is to prepare the class to better understand the whole issue of teratogens. After each question is a sample response.

1. How many of you have had something to eat and then found your stomach reacted in a bad way?
   Stomachache, vomiting, sleepy, etc.

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2. Could someone tell me what an allergy is?
   An allergy can be defined as: Reaction (as by sneezing, respiratory embarrassment, itching, or skin rashes) to substances, situations, or physical states that the average individual might not react to. (Webster Dictionary)
3. How might an allergic reaction hurt someone?
   Allergic reactions can cause sneezing, respiratory failure, itching, rashes and even death.
4. What happens when someone drinks too much alcohol?
   Too much alcohol can cause impaired vision, judgment problems, and drunkenness. It can even cause death, when one is poisoned with alcohol poisoning.
5. Why do they get drunk?
   Ingesting more alcohol than the body can effectively manage, causing what is commonly called intoxication.
6. How about when someone takes drugs, do they act the same way they acted when they did not take the drug? Why?
   Altered states are often the sought-after effect of those taking drugs. One is not functioning normally when under the influence of drugs.

B. Lecturette: What is a TERATOGEN?

Time: 15 minutes

Refer to Handout: *Notes about this Lesson: Teratogens*

Have you ever noticed someone who seems to have a physical or mental disability and wondered just what might have caused that? There can be many causes; most have nothing to do with the individual’s personal behavior.

Sometimes children are born with disabilities for what seems to be unknown reasons. Others are born with disabilities for reasons we can track. For example their mother was an alcoholic or drug user. The substances the mother took when she was pregnant with the child could have affected the child’s development and resulted in the child's disabilities.

Substances that negatively affect the unborn baby and are taken into the body of a woman who is pregnant are called teratogens. This word comes from the Greek language. The word “teratos” means monster and the word “genes” means “from birth.”

Teratogens can be taken into the body, or ingested, in a number of different ways. They can be ingested by breathing, eating, and even absorbed through the skin.

Alcohol is the most common major teratogen to which a baby (fetus) can be exposed. Alcohol destroys and damages cells in the central nervous system. Widespread destruction of brain cells in early fetal development results in malformations in the developing brain structures. This, of course can produce abnormalities in brain function. Alcohol can also cause serious problems with behavior for the child once they are born.

There is a problem that children sometimes have when their mothers consumed alcohol. It is called FAS, which stands for Fetal Alcohol Syndrome. This is very serious for the child and it is totally, 100% preventable if the mother would not drink during the time she is pregnant.

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Ask the following question:

- There are other teratogens as well, can you think of what those might be?

Answers to this question might include: some prescription drugs (therefore a pregnant woman should always inform her doctor before taking prescription drugs), cigarette smoke (including secondhand smoke), radiation.

Ask the following question:

- Do you think what the male eats or drinks can effect his unborn infant?

Accept answers as given.

This is a question that needs much research. Some are saying that when a male drinks too much and then goes on to produce a child, this might have a great impact on the baby. This is yet to be proven as fact, but is significant enough to be concerning.

Perhaps both the woman and the man need to be equally careful of unhealthy or potentially dangerous things they ingest before they decide to have a child.

C. Small Group Activity: "Healthy Nutrition Program for Future Mother"

Time: 30 minutes

Set up activity

Refer to Handout: *"Healthy Nutrition Program for Future Mother"*.

Divide the group into small groups of 3 to 5 members. Ask the group to create a healthy eating program for a pregnant mother. They are to identify foods they know are good, healthy for the mother and unborn baby. Then ask them to list, or identify foods, or substances that might not be good for the mother and the unborn baby.

Ask the groups to report their work out after giving them 15 minutes to create their lists.

> ***Trainer Note:*** *This activity will help the youth think about their lessons on nutrition and health. Walk around and encourage them to consider what they know is nutritional food and what they know is food that is not as nutritional. Remind them that whatever a mother eats, drinks or doesn't eat or drink will affect their unborn baby.*
> *After the reporting out, ask the youth if they have questions. At this time, it might be helpful for the trainer to be prepared to share other ways an unborn infant can be impacted by prenatal teratogens. Use the resource handout in the appendix for this.*
> *Keep in mind, as a trainer; you need to be well read on the different areas in which you are teaching. The resource materials in the appendix will help in this but should not be considered to be the end of your personal learning.*

Debrief

Bring up any teratogens that were not mentioned by the groups. Reinforce the importance of understanding good nutrition for the development of an unborn child.

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Also reinforce the number of different substances that can be dangerous to an unborn child.

D. Other Bad Things

Time: 5 minutes

When a woman is pregnant with a child, she needs to be cautious and conscious of the fact of how the baby is growing and needs good nourishment and good care too. She gives this good care by taking good care of herself while pregnant. When she eats properly, exercises and is careful how she protects her unborn infant, she increases the chances of having a healthy baby. The opposite is true as well. When a woman does not eat properly, fails to exercise and subjects her unborn infant to an unhealthy environment she raises the chance of having a baby with disabilities. Although not all disabilities are due to the lack of prenatal care, some are, and it is important for the woman carrying a child to take especially good care of herself.

Some of the other serious concerns for an unborn baby are the effects of the mother smoking, doing drugs, drinking alcohol, accidents of falling, or being hit in the stomach, etc. Although not all of this can be totally prevented, the woman who is expecting a child needs to be as careful as possible.

> ***Trainer Note**: Connect all the reports from the previous activity to this summary of the lecturette. Acknowledge to the youth how well they did and help them to see there is much more to learn before they decide to have a child.*

E. Activity: Collage

Time: 20 minutes

Divide the youth into groups again. Give each group some magazines and a large sheet of paper. Ask the teams to divide the give sheet of paper into two parts and using the photos and pictures from the magazines create a collage (combination of different elements) of 1) Things that are good for the unborn baby and 2) Things that are bad for the unborn baby. Elements might include things that the mother can or should eat, see, feel, do, etc. and apply not only to her physical health but also to her mood and emotional state.

> ***Trainer Note**: Connect all the reports from the previous activity to this summary of the lecturette. Acknowledge to the youth how well they did and help them to see there is much more to learn before they decide to have a child.*

Summarize

Have the youth to demonstrate their work and summarize the lesson using the ideas that the youth presented on both activities. Praise them for a great work on the lesson. Help them to understand that there are a lot of things they should learn before deciding to have children.

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F. Homework and Closing: 10 minutes

Homework

Refer to Handout: *Homework*. Give them the instructions for the week. They are to find one adult they trust, ask the adult the following questions and record their answers:

a. What is the one most important thing I should know before deciding to have children?

b. What is the best way to take care of my spouse or myself if I/she is going to have a child?

Closing

Ending the lesson today is going to be different. Let’s go around the room and identify two names you love and would consider giving to a child of your own. One name is for a boy and the other name is for a girl.

> ***Trainer Note**: Bring in a list of names... perhaps funny names children have been named or real names that have been used in the past that are not used now. Give this list of names to the youth and ask them to write more on their list.*

Pass out an apple to each youth as they say their names...reminding them that this is a good food for the body and of course good nutrition is good for growing a baby too.

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MY NOTES ABOUT TERATOGENS

Things that hurt a child might be

Can FAS be prevented? If yes, how?

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HEALTHY NUTRITION PROGRAM FOR FUTURE MOTHER

List all the foods they know are good, healthy for the mother and unborn baby. Try to include foods from each of the major food groups: Grains, Vegetables, Meats/Beans, Fruits, Milk, and Oils..

Then list or identify foods, or substances that might not be good for the mother and the unborn baby.

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TERATOGENS

ACTION PLAN

Find one adult you can talk to about this lesson. Ask the following two questions and record what they tell you.

What is the one most important thing I should know before deciding to have children?

What is the best way to take care of my spouse or myself if I/she is going to have a child?

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LESSON 2 APPENDIX

FAS/FAE

Fetal Alcohol Spectrum Disorder is a relatively new name for the neurological damage that can be caused to a fetus when a woman drinks alcohol during her pregnancy. These alternative terms are still frequently used.

Fetal Alcohol Syndrome, Fetal Alcohol Effects, Alcohol Related Neurodevelopmental Delays(which refers to a wide range of impairments that affect of child who has been exposed to alcohol prenatally), Partial Fetal Alcohol Syndrome, prenatal alcohol exposure. We will be using the terms FAS/FAE.

Smith (1982) indicates that alcohol is the most common major teratogen (environmental insult) to which a fetus can be exposed. One study estimates that 10-20% of mild mental retardation (full scale IQ of between 50-80) and low-normal cognitive functioning are the result of heavy prenatal exposure to alcohol.

Alcohol destroys and damages cells in the central nervous system. Widespread destruction of brain cells in early fetal development results in malformations in the developing brain structures. This, of course, can produce abnormalities in brain function.

Alcohol is a behavioral teratogen (Morse, 1991). There is wide variability around the types and degree of effects of FAS/FAE. The organic brain damage which occurs with FAS/FAE underlies many behaviors, and accurate identification is pivotal. Interventions which fail to incorporate the implications of the organicity may inadvertently compound problems. Inclusion of the organic brain damage is essential for the development of comprehensive, effective and appropriate strategies and treatment plans.

When mothers drink alcohol while pregnant, their babies could have Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE). FAS and FAE are a group of birth defects that have no cure.

The following facts about FAS/FAE are significant to consider:

- Caused by alcohol drinking during pregnancy
- Are entirely preventable
- Are permanent and irreversible…they last a LIFETIME
- Impair a lifetime of functioning mentally, physically and socially
- Effects can range from severe (FAS) to moderate (FAE)
- Impairs reasoning, judgment and self-control
- Generates anti-social behaviors
- Effects children of all socio-economic levels
- FAS is the #1 known cause of preventable mental retardation, and one of the three leading known causes of birth defects

The most severe end of the spectrum is Fetal Alcohol Syndrome. It refers to a combination of symptoms that are associated with prenatal exposure to large amounts of alcohol.

The outcomes typically include:

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- Pre- and post-natal growth deficiency (failure to grow.)
- An average IQ of 63, which falls within the mild range of mental retardation.
- Irritability in infancy, hyperactivity in childhood.
- Mild to moderate degrees of microcephaly. (Microcephaly is small head circumference. It is usually associated with varying degrees of mental retardation and abnormal brain development.)
- Dysfunction in fine motor control, such as weak grasp, poor eye-hand coordination, and tremulousness.
- Central nervous system problems.
- Small size, low birth weight or growth retardation.
- Other facial or cranial abnormalities such as: small head size, small eyes and/or short eye openings, under-development of the upper lip with flat upper lip ridges, thin upper lip and flat (maxillary jaw) area.
- Learning problems.
- Many health problems.

Research suggests that the degree of disability is correlated with the amount of prenatal exposure to alcohol. Low infant birth weight was evident when the pregnant woman ingested an average of 2 drinks per day. With 4-6 drinks per day, additional clinical symptoms become more evident.

Most children with Fetal Alcohol Syndrome are born to chronically alcoholic women whose average intake is 8-10 drinks per day or more.

Although the scientific role that alcohol plays in FAS/FAE is not clear, possible factors may include:

1. Acetaldehyde (ACH) is the primary product when alcohol is metabolized;
2. Fetal malnutrition especially if the mother is undernourished. Even when she has eaten the proper foods, the placenta (structure that nourishes the fetus) may not be able to carry these vitamins, minerals and other nutrients which are so important to the developing fetus;
3. Lack of oxygen due to less blood flow to the fetus through the placenta;
4. Disturbance of prostaglandis (PG's) which control normal blood flow to the placenta.

Children with FAS/FAE….

According to the *Fetal Alcohol Syndrome: The Hangover that Last a Lifetime,* at different stages, children often show different effects:

Infancy & Early Childhood (0-5 years)

Problems and concerns:

- Poor habituation
- Sleep disturbances; poor sleep/wake cycle
- Poor sucking responses
- Failure to thrive
- Delays in walking and talking
- Delayed toilet training

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- Difficulty following directions
- Temper tantrums and disobedience
- Distractibility

Latency Period (6-11 years)

Problems and concerns:

- Easily influenced and difficulty prediction and/or understanding consequences
- Give an appearance of capability without actual abilities
- Difficulty separating fact from fantasy
- Temper tantrums, lying stealing, disobedience and defiance of authority
- Delayed physical and cognitive development
- Poor comprehension of social rules and expectations

Adolescence (12-17 years)

Problems and concerns:

- Lying, stealing and passivity in responding to requests
- Faulty logic
- Egocentric; has difficulty comprehending and/or responding appropriately to other people's feelings, needs and desires
- Low motivation
- Low self-esteem
- Academic ceiling which is usually around grade 4 for reading and grade 3 for spelling and math
- Depression
- Pregnancy and/or fathering of a child
- Loss of residential placement

Fetal Alcohol Effect (FAE)

FAE is thought to be a milder form of FAS. It may include some of the features in cases where there is a history of prenatal alcohol exposure. Learning/behavior difficulties can be a severe as FAS. However, FAE is not as easily detected by professionals because there are often fewer physical abnormalities.

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LESSON 2 APPENDIX

PRENATAL EXPOSURE TO CRACK AND COCAINE

- Cocaine exposed infants typically have lower birth weight and displayed growth retardation.
- One study indicated that 27% of infants exposed to cocaine displayed intrauterine growth retardation. A second study indicated that 15 of 56 children (26.7%) were retarded in growth. A third study suggested that cocaine exposed infants were 3.6 times more likely to have intrauterine growth deficiency as non-drug exposed children.
- The weight, length, and head circumference growth curves for these infants were typically below the 25th percentile.
- Birth weight of cocaine-exposed infants averaged 423 grams less than children not exposed to cocaine.
- Infants exposed to cocaine had shorter gestation periods (average delivery at 37 weeks rather than 39 or 40); and there was an increased risk of pre-term delivery.
- Infants exposed to cocaine had a smaller head circumference. 17% of infants in one study and 21.4% in another study were micro cephalic. A third study indicated that these infants were 2.8 times as likely to have a head circumference that was below the 10th percentile.
- Infants exposed to cocaine had a higher rate of perinatal complications (that is, complications immediately after birth.)
- Complications included mild abnormal neurobehavioral symptoms, increased meconium (the presence of bowel excretions in the amniotic fluid that can increase the risk of infection); tachycardia and other heart abnormalities, and impairment of orientation and motor activity.
- 34 of 39 children had central nervous system irritability. 17 of 38 children had abnormal EEGs (electroencephalograms; a test that graphs brain wave patterns) during the first week. The brain wave patterns did appear to revert to normal after several months.
- "Crack" was noted to be worse than cocaine with respect to adverse neurological signs and low birth weights.
- Mothers using more than one drug placed their infants at considerably higher risk than did single drug users. For instance, simultaneous use of cocaine and heroin, or cocaine and methadone, appeared to greatly increase the risks of negative developmental consequences. These infants were also more likely to need treatment for symptoms of withdrawal at birth.
- Two studies had contradictory findings regarding the relationship between prenatal exposure to cocaine and SIDS (Sudden Infant Death Syndrome.) One study demonstrated no difference in SIDS rates. The second study indicated a 15% rate of cardio respiratory pattern abnormalities in cocaine-exposed infants, as compared to a 4% rate in drug-free infants. Drug therapy was successful in regulating cardio respiratory abnormalities, thereby preventing SIDS.

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The long-term effects of prenatal exposure to crack/cocaine have not been fully studied at this time. However, initial studies conclude that the ***effects of cocaine exposure persist into the toddler and early preschool years, and problems are evident in attention-span, cognitive organization, affect, socialization, and play.***

Neurological damage is suspected as the underlying cause of the problems exhibited by crack-exposed children. Cocaine crosses the placental barrier during the first trimester of pregnancy, when the brain is in the earliest stages of development. The neurotransmitter,dopamine is thought to be particularly vulnerable to the effects of cocaine, and abnormalities in dopamine production may contribute to the observed deficiencies in affect and mood.

Research by Howard, Beckwith and Rodning of the UCLA School of Medicine suggests that crack exposed children are often difficult to care for from birth.

- They are likely to be born prematurely, with all the risks normally associated with premature birth.
- They may be irritable, or extremely lethargic.
- Many of the infants become physically rigid at about four or five weeks; this rigidity may last several days.
- They often have poor sucking ability that hinders feeding. Alternative feeding methods or schedules may be required.
- Their sleep patterns may be irregular.
- They often demonstrate insecure attachment.

Ira Chasnoff, of Northwestern University Medical School, studied two and three-year olds who had been prenatally exposed to crack:

- Their intelligence on standardized IQ tests was not found to be significantly lower than the intelligence of children from comparable environments who had not been exposed to drugs.
- Their ability to concentrate was impaired. They were distractible and easily frustrated. They had difficulty organizing and responding in playful ways to their environments.
- They had difficulty playing in unstructured settings. They appeared to be unable to organize their own play activities.

Howard, Beckwith and Rodning's study compared 18 toddlers who had been exposed to cocaine prenatally with a control group of 18 premature children, who had not been exposed to drugs. All children were from similar socioeconomic environments.

- The crack exposed children performed better in the structured environment of a developmental assessment than they did in free play situations. However, although they performed within the normal range, overall, they had significantly lower developmental scores than non-exposed children.
- They were unable to structure their activities in "free play" situations. They engaged in significantly less representational play, fantasy play, or curious exploration. They demonstrated little initiative; many would play only if an adult initiated the activity.
- Crack exposed toddlers did not appropriately play with toys; they scattered and batted at them, picked them up and put them down, and manipulated them without apparent goal or purpose.

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- They had trouble playing with and talking with other children.
- They showed little emotion, and were described as "joyless" and "dispassionate." They did not show strong feelings of pleasure, anger, or distress in appropriate situations; they appeared to be withdrawn, apathetic, and had flat affect.
- They demonstrated insecure attachment characterized by disorganization, rather than avoidance or ambivalence. They showed minimal anxiety and separation distress when left by their caretakers.
- Their attention span was several minutes less than that of non-exposed children.
- Because of the demonstrated link between representational play and the development of language, the investigators anticipated problems in the children's language development.

The studies also indicated that the quality of the children's home environments was often adversely affected by ongoing parental drug abuse. Children in substance abusing families typically experience neglect, disorganization, and inconsistent care. Chronic drug use distorts the parent's thoughts and perceptions and affects memory, attention, and perception. Additionally, physicians suspect that the children may be further injured by breathing the crack-filled smoke in their homes.

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LESSON 2 APPENDIX

CEREBRAL PALSY

Cerebral palsy is a developmental disability. According to the United Cerebral Palsy Research and Educational Foundation, cerebral palsy may be defined as follows:

> ... a group of conditions, usually originating in childhood, characterized by paralysis, weakness, uncoordination, or any other aberration of motor function caused by pathology of the motor control center of the brain. (Thain, 1980)

There are multiple potential causes of cerebral palsy, including prenatal and postnatal abuse and neglect. Most often, cerebral palsy is ***present at birth,*** and is thought to be the result of some prenatal insult from illness, injury, or presence of toxic substances. Mothers who have no prenatal care or who abuse alcohol or drugs increase the risk of cerebral palsy in their infants.

It is estimated that approximately 7,000-9,000 children are born annually with some form of cerebral palsy. Another 1,500 preschool age children acquire it, often as the result of head injury from abuse or accident.

Early symptoms of cerebral palsy are variable. In milder cases, problems may not be apparent until the child reaches school age. Generally, the more severe the condition, the earlier it can be detected.

There are many different conditions that fall within the broad terminology of "cerebral palsy," and there are considerable differences in descriptive terminology in the literature. The types of cerebral palsy can, however, be broadly divided into three major categories:

1. ***<u>Spastic cerebral palsy</u>*** is characterized by stiff, chronically tensed muscles combined with muscle weakness; that accounts for approximately 40-50% of all cerebral palsy.
2. **<u>Athetoid cerebral palsy</u>** is characterized by slow, writhing, involuntary and uncontrolled muscle movements, with muscle weakness. It is estimated that 20-40% of persons with cerebral palsy have the athetoid type.
3. **<u>Ataxic cerebral palsy</u>** is characterized by motor incoordination and difficulty with balance and depth perception. It is estimated to affect about 10% of the population.

Many persons with cerebral palsy have mixed types. 90% of cerebral palsy is either spastic, athetoid, or a combination of both.

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LESSON 2 APPENDIX

FAILURE TO THRIVE

The child with malnutrition associated with deprivation has the following ***physical characteristics:***

- Most appear emaciated, pale, and weak; has little subcutaneous fat and decreased muscle mass.
- The infants are often below their birth weight, indicating weight loss; or their weight is well below the normal range.
- Most are listless, apathetic, and motionless, and at times, irritable.
- Some infants are unresponsive or resistant to social involvement. Others become actively distressed when approached. Many show a preference for inanimate objects.
- Infants may sleep for longer periods of time than is appropriate for age.
- Infants may display immature posturing, more appropriate for newborn or very young infants, including lying with hands held near or behind the head; legs flexed in a "frog" position; thumbs closed inside fists.
- Some children display self-stimulatory rocking, head-banging, or rumination (vomiting and swallowing).
- Developmental assessment will likely reveal primary delays in gross motor and social domains.

Common ***characteristics of parents of*** malnourished children are as follows:

- Research has repeatedly described mothers of underfed children as depressed, socially isolated, withdrawn, and anxious.
- Many parents have histories of abuse and neglect, including an absence of attachment, in their own early childhoods.
- Parents often fail to interact warmly and in a nurturing manner with their infants.
- Many parents are "overwhelmed" by chronic stress, which can be exacerbated by the demands of caring for an infant.
- Parents often show little ability to empathize with their infants; they often misread or ignore their infant's cues. They behave in ways that meet their own needs rather than the needs of their infants.
- The parent may create an unpleasant or painful feeding situation for the infant. As a result, the child may not be cooperative or may reject food. The parent might be impatient, might force-feed the child, or might remove food abruptly. When the child resists or fails to eat, the parent may assume the child is not hungry and discontinues the feeding.
- Some parents, while expressing sincere concern about their children's conditions, appear not to know how to engage in meaningful activity with their infants. There is typically little interpersonal activity between the parent and the infant. Some parents played with their infants in the manner of a competitive peer rather than a nurturing adult.

Specific problems related to feeding might include:

- The parent may not realize the child is failing to grow, nor recognize the lack of weight gain and emaciation.

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- The child's feeding problems may be noticed but thought to be the result of vomiting, diarrhea, or other physical illness, rather than problems in the feeding situation itself. The parent may believe the child is being adequately fed.
- The parent may not be able to accurately report feeding times, schedules, or the quantity of formula the infant has taken. The parent may not be assuring adequate caloric intake.
- The parent may allow long periods of time to elapse between feedings because "the baby doesn't appear to be hungry." Apathy and listlessness that result from low caloric intake are mistaken for the absence of hunger.
- Breast-fed infants can be undernourished if the mother does not produce adequate milk or does not know how to nurse her infant. Breast-fed infants over the age of 5 months may not be able to get adequate nutrition from breast milk alone.
- The parents' problems are not simply the result of a lack of parenting knowledge. Therefore, Kempe and Goldbloom warn that parents cannot be "treated" with a few educational sessions on proper feeding techniques. They state: *"The immaturity, neediness, and feelings of helplessness of the neglectful mother are not transformed into empathic nurturing by one or two lectures. She herself must experience from someone the empathy and nurturing she is expected to give her baby, and she must be able to depend on this support while she learns how to be a more sensitive parent for the infant's benefit."*

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TRAINER NOTES

LESSON 3
POSITIVE PARENTING

Total Time: 1 ½ hours, 90 minutes

Special Materials Needed for this Lesson

Competencies for Module 6: Raising Children

Summary of competencies for Module 6: For the class members to understand that children have different needs through their life cycle from birth to adult and for them to have an understanding of the importance of being healthy themselves if they are to raise children.

- Participants will know the different indicators of healthy development for infants and participants.
- Participants will understand how their personal health impacts on the unborn baby.
- Participants will understand the importance of positive parenting in the lives of children.
- Participants will know and understand the importance of creating family with their children and spouse.

A. Welcome and Introduction

Time: 10 minutes

Welcome

Welcome the participants back to this *Life Skills* module about Raising Children. Review the Action Plan from their previous lesson. Ask for volunteers to share the answers they received to the two questions they were to ask an adult.

1. What is the one most important thing I should know before deciding to have children?
2. What is the best way to take care of my spouse or myself if I/she is going to have a child?

Introduction

Introduce today's lesson by explaining that no matter how carefully a parent plans for the birth of their baby, a newborn will have lots of surprises for them. If this is their first baby, the change in their life will be much greater than they thought it would be. Even second or third babies create a lot of change in a parent’s life. This lesson is called Positive Parenting. It is designed to prepare you to know what to expect and how to care for a child. Some of the basic needs a child has are: physical care (food, clothing, shelter), structure, security, acceptance and defined limits.

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B. Lecturette: Flexibility

Time: 5 minutes

When a new couple has a baby, the most obvious change is in how much time and attention a baby needs. A new mother will find it difficult to get enough sleep, to take a shower, to clean house and to do other things she did before. As the child grows, the parents need to constantly work at caring for and helping their child to grow. Parents need to be flexible in dealing with their children.

Flexibility is important when a person adds a baby to their family. This is true whether the baby is their biological child or an adopted child. For the first few weeks, a new baby is adjusting to his environment. Parents should expect the baby's behavior to change as he or she adjusts.

For the first few weeks or months, the baby's changing and unpredictable needs will dictate the way a parent spends their days. It is important for a parent to sleep whenever they can during this period. Babies tend to wake every few hours for feeding, changing diapers and other needs.

A parent should not worry about keeping all the household chores done. Eventually, the baby will get on a schedule that will allow the parents to get more regular sleep and to have time for more of the household chores. If both parents work together to take care of the baby and the house; then both parents will be more rested.

Babies have different temperaments. Some are calm and placid while others are easily disturbed and require a longer time to soothe. All babies are upset at times. Usually, it means the baby is hungry, wet, or tired. However, sometimes a parent cannot find a reason for the baby to be crying. It is important for the parent to stay calm if the baby is upset and difficult to soothe.

A parent should always be gentle with the baby. A parent should NEVER shake a baby or handle the baby roughly.

There are several techniques for soothing an upset baby. These include:

- Gentle rocking and rubbing the baby's back.
- Walking/pacing while holding the baby.
- Quietly singing songs to the baby.

While some babies like to be cuddled, others do not. This is normal and one of the many differences between babies. Some will mold themselves into whoever is holding them. Others will arch their backs, stiffen their bodies and resist being held. Some parents become upset if their baby does not want to be held. They think they are doing something wrong. If a baby is of this temperament, it does not mean that parents are doing anything wrong. Some babies prefer not to be cuddled. Whether a baby likes being held or not, a parent should try to get close to the baby, talk and smile at the baby.

C. Activity: Parenting Quiz

Time: 10 minutes

Refer to Handout: *Parenting Quiz.*

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Instructions

Answer the questions on the Parenting Quiz by placing a 'T' in front of each question you think is true and placing an 'F' in front of each question you think is false.

Parenting Quiz (and Key)

_F_ 1. Newborn babies are all alike.

_T_ 2. If a baby cries, it is because the baby needs something.

_T_ 3. Babies need to be fed frequently when they are first born.

_T_ 4. Parents should never shake a baby to stop it from crying.

_F_ 5. Parents do not need to be flexible when they first have a baby.

_T_ 6. Parents will not get much sleep the first few months after a baby is born.

_F_ 7. Mother's should spend all their time cleaning the house when the baby is asleep.

_F_ 8. If a baby does not want to be cuddled, the parent is doing something wrong.

_T_ 9. Rocking can sometimes be soothing when a baby is upset.

_T_ 10. Both parents should share in taking care of the baby and the house.

Conduct Activity

When they are finished answering their questions, read each one and ask for responses. Discuss and explain the correct answers.

Bridge

By being flexible, parents are able to better respond to the needs of the children. This adds to a child's sense of security, which is what we are going to discuss next.

D. Lecturette: Security

Time: 10 minutes

From the moment a child is born, it needs to feel secure. Security is one of the most important needs of a child. There are several ways a parent can provide security for their children.

Routine

One of the most reassuring things for children is routine and predictability. It is recommended that parents begin to follow a routine as early as possible. It may take some time for a new baby to follow a routine, which means a parent must be patient. One way a parent can start a routine is by having a bedtime ritual that they follow. The ritual could be to rock the child and then put him to bed. They might play music on the radio while the child is falling asleep. Another ritual might be to read or tell a bedtime story. There are lots of possibilities. (*At this point, ask for suggestions of other types of routines a parent could use with a child. Accept answers as given.)*

Unconditional Love

In order to feel secure, a child needs to know that their parents love and support them unconditionally. A parent should never say things like "Mommy and Daddy won't love you if you do that" and never threaten that the parent will go away if the child behaves badly.

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Parents should also avoid pretending to withdraw love. They should not give a child the silent treatment or turn away when the child speaks to them. This tells the child that you are not interested in what they have to say.

Minimal Conflict

Another way parents demonstrate security is by minimizing conflict in the home. Parents need to teach ways of dealing with conflict by example. They should tackle problems in an open and constructive way, rather than resorting to sulking and undermining.

Children are very sensitive to stress at home so parents should avoid arguing in front of them. If there is conflict between the parents, they should settle it away from the children. Anxieties about work, health or family problems will unsettle children, so parents should not share these anxieties with their young children.

At the same time, overheard conversations can upset little ones who may misunderstand or exaggerate their significance. If conversations are held privately, away from the children, it is less likely they will be overheard. This in turn will avoid misunderstanding and exaggerations.

Gradual Change

Change also affects a child's sense of security. Some children dislike change. If a child shows resistance to change, the parent should not try to tease her out of her fears or deny them. Children differ. Some children seem fearless in new situations and others will take time to adjust. If a child holds back in new situations, the child should not be forced to go into the situation. A parent should stay with the child and support her until she settles into the new situation. For example, if both parents will work outside the home after the baby is born, the baby needs to be given time to adjust to the new caregiver.

Children may be resistant to change. When a child is about seven months old, is common for him to begin to show signs of close attachment to one special person, usually to the mother. This isn't a good time to introduce a new primary caregiver unless the change is made gradually. It is important for parents to choose someone who interacts warmly and sensitively with the child. The attachment usually peaks between 12-18 months. This is normally followed by the child demonstrating increasing independence and self-assertion.

Although, according to Abraham Maslow, it is very important for the child to attach to one primary caretaker, it does not eliminate the need for children to have a close, caring network of family and friends. Children will also form attachments to other people - dad, brothers and sisters, other family members and caregivers. These familiar people will help the children feel less frightened when their parent needs to go away.

If a parent does need to leave the child with someone else, there are a few important points to keep in mind.

- A parent should avoid sneaking out.
- Parents should say goodbye warmly and calmly.
- If the child starts crying, the parent should not prolong the goodbye - the tears will probably stop shortly after they leave.
- Create goodbye and hello rituals.

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- Upon returning, greet child with a special hug and say something like, “I'm back!”

E. Practice Activity: Security

Time: 10 minutes

Part 1

Set up

This activity requires three volunteers. Two volunteers should stand next to each other in the front of the room. The third volunteer will stand in front of the other two and act as their protector.

Instructions

The protector will be responsible to protect the other two volunteers from the trainer. He/she will block the trainer from reaching the other two.

Conduct Activity

Approach and the volunteers and allow the protector to block your passage is to try to reach the other two. Do this several times, approaching from different directions.

Part 2

Set up

The entire class is going to join the third volunteer to protect the other two. They should form a circle around them with their backs to the center. Have them link their arms together and stand closely side-by-side.

Instructions

Tell those in the circle they are there to protect the two in the middle from you, the trainer. They should keep their arms linked and stand securely together to prevent you from entering the circle.

Conduct Activity

When everyone is in place and ready to protect the volunteers in the center, try to get in the circle (but do not be forceful enough to succeed). Make this attempt from several different directions.

Process the Activity

After you have failed to did in the circle, ask the following questions of the volunteers in the middle and solicit comments from the rest of the class as well.

- How secure did you feel when only person was protecting you? Did you think I would get past him?
- How did it feel to be in the center of the whole class? Did you think I would break through the circle? When you saw that I could not break through, did you feel safe?
- Why couldn’t I break though the circle?
- What lesson do you think we can learn from this?

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Summary

Make sure everyone understands how important we are to each other. When we stand together we are stronger, more secure. It is the same for parents. If parents stand together, they can work better than if they are trying to do it by themselves.

F. Lecturette: Acceptance

Time: 10 minutes

Refer to Handout: *Key Points for Active Listening and Giving Praise.*

Active Listening

If a parent begins 'active listening' when their children are little, it will stand them in good stead for later! Parents need to remember to gear their approach to the age of their child and start small. It takes time to learn to be an “active listener”, so parents need to be flexible and keep trying.

Why is active listening important? It discourages parents from jumping in with their own opinions, solutions, criticisms, orders, and so on, and asks them simply to listen to their child and then... listen some more. By careful listening, a parent shows respect for their child's feelings and gives some space to explore the problem and maybe reach a solution.

Active listening involves only 3 steps

1. Pay Attention
   The first step in active listening is to be attentive. The parent should stop whatever they are doing and give the child their full attention. They should look at the child while the child is talking.
2. Acknowledge What Is Said With A Brief Listening Response
   A parent should acknowledge that they are listening by responding with “Yeah?...”, “Oh,...”, or “Mmmm...” and then wait. They should not jump in with advice, solutions, put downs, lectures or sermons. The parent’s non-committal response allows the child to continue to explore her own thoughts and feelings.
3. Name The Feeling
   Underlying many things a child says is an unexpressed feeling. To enable the child to express the feeling, parents should give the feeling a name. For example...

   Parent: Billy, get your stuff it's time to go to soccer practice (*or other appropriate example).*

   Child: NO! I'm tired.

   Parent: Mmm?...

   Child: I'm too tired to go to soccer practice (*or other appropriate example)*.

   Parent: Sounds like you don't want to go.

   Child: No, I don't. I don't like it anymore.

   Parent: Sounds like you're worried about something?

   Child: Uh-huh... the other kids don't like me *(or other appropriate example in which the child expresses what he's upset about).*

This parent listened and allowed her child to express his anxieties. She didn't butt in with reassurances – “You'll be fine when you get there” - nor orders - “You have to

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go” - nor did she deny her child's feelings - “You can't be tired, you've just had a nap”. By naming feelings, she encouraged him to talk through his worries.

Praise

Praise is one of the most powerful tools parents have. It's a far better encouragement than sweets or treats - and it doesn't cost a penny.

Used properly, praise is a brilliant way of reinforcing good behavior and a child will soon come to see it as a reward in itself. However, there's a tendency, especially when praising the efforts of young children, to praise indiscriminately. If a parent praises everything, then praise loses its value.

How often have we said “That's nice” without really looking? Even toddlers can sense that you are praising on autopilot. The problem here is not the praise, but the way that it's given.

Here are a few recognized guidelines for giving praise. None is difficult to follow, though they may seem a bit artificial at first.

1. Avoid using the word 'but' - don't let criticism swamp the praise.

   As toddlers grow, parents often try to help them do better by pointing out areas for improvement. Parents need to be careful when they do this to keep the balance between the positive and negative aspects of what they say. Consider the following example:

   When André came downstairs saying that he had dressed himself for nursery school, his mother took one look at him and burst out laughing. “You did a very good thing by dressing yourself BUT you've put your shoes on the wrong feet and that shirt is inside out!” Then she helped him put his shoes on properly and changed his shirt. The next day Andre waited for his mother to come and help him get dressed.

2. Look for the 'rights' - not for the 'wrongs'.

   André did far more right than wrong, but the wrong things he did got more attention that all the things he did right. In dressing himself, André showed initiative and perseverance in a number of tasks that are difficult for a small boy. All these good things were bundled up in the phrase “You did a very good thing by dressing yourself.”

   This is a case where 'good' is not good enough. The comments from André's mother that followed, which she then acted upon, were about what André had done wrong. Small wonder that next day he waited for his mother to do it right!

3. Speak about what they DO, not what they ARE.

   Parents should not tell their child how good/kind/clever she is – they should start noticing the things she is good at, her unique skills and abilities. If she colors in her picture carefully, they shouldn’t tell her she's 'clever', but say that keeping within the lines must have been difficult and to do it without asking for help was an achievement. She knows she did well and recognizes the parent’s praise has been earned and not automatically given.

There are four key points about giving praise parents should remember.

- Be Positive - pay attention to good behavior not bad.
- Be Specific - describe what you appreciate.
- Praise What They Do - not what they are.

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- Encourage Praise to Others - Encourage children to praise siblings and friends.

G. Activity: Acceptance Practice

Time: 15 minutes

Refer to Handout: *Active Listening and Giving Praise Practice Activity*.

Set up

Ask the participants to pair up with one other person. They will role-play with each other. In each scenario, one member of the pair will be the child and the other will be the parent. In the first scenario, they will be practicing Active Listening Skills. In the second, they will be practicing Praise Skills.

Instructions

With your partner, you are going to practice the two different scenarios. You will each get to do the role-play. One of you will be the child and one will be the parent. Then you will switch roles.

Conduct the Activity

Give the pairs about five minutes for each of the following role-plays. Be prepared to help them with each of these role-plays. Some may find it difficult to do. Be ready to give suggestions.

- *1st scenario – Active Listening Skills* – Child refuses to eat the nutritious food you have prepared. The real reason the child won't eat is because he has an upset stomach.
- *2nd scenario – Praise Skills* -- Child decided to paint a picture for you for your birthday. He/she has made a mess of the kitchen while painting the picture.

When they are finished, ask for volunteers to demonstrate their role-play in front of the group. Provide appropriate feedback pointing out the specific instances of appropriate active listening and praise practices.

H. Lecturette: Discipline

Time: 10 minutes

This is often a difficult area for parents. They often wonder what about the right thing to do or say to help their child behave properly. Parents need to remember that discipline needs to be administered in love. A parent should never discipline a child if he/she is angry. An angry person may lose control and discipline could turn into abuse. If a parent is angry, he/she should first calm down and then deal with the unwanted behavior. There are many discipline techniques available to parents. Let's talk about a few of them.

Distraction

When children are very small it may not be useful to try to correct their behavior. Instead, often a parent will use distraction instead of correction. If a child keeps trying to play with a breakable object, the parent should try to distract the child by giving him a toy to play with or by moving the child to another room to play.

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Timeout

As they get older (2 years old or older), sometimes a parent will use timeout to discipline a child. The parent should have a "timeout" place that takes the child out of the center of attention. The timeout place could be a stool in a quiet area of a room. When the child misbehaves, the parent should explain what they have done wrong and then place the child in the timeout area. The child should be expected to stay in the timeout area for a number of minutes that matches their age in years (2 minutes if they are two years old, 3 minutes if they are three years old, etc.) The timeout should start when the child begins to sit quietly. If the child hops off the stool, the parent should place the child back on the stool and tell him he can get off when he has sat quietly for the number of minutes. If the child was mean to a sibling or friend, the child will need to say "I'm sorry" before the timeout is completed.

Spanking

Whether to spank or not spank is a decision that both parents need to decide before they have children. If they decide to spank, they need to make rules they both agree to follow such as:

- When is spanking acceptable (intentional disobedience)
- Never to spank when angry, only spank on the bottom
- Only spank with a hand
- Only give one or two spanks.

If the parents do decide to use spanking as a discipline, they need always hug their child afterwards and reassure the child that they love them.

Avoid Wounding Words

Sometimes parents wound their children by their words. Parents need to watch what they say about their children. As one child told his father, "If you tell me often enough how bad I am, don't be surprised if I get worse." A girl who drops things gets labeled as 'clumsy' or a boy who forgets things is a 'scatter brain'. When something happens in line with the label, it takes patience and self-control on the part of the parent not to say "There you go again". But labels like 'clumsy' or a 'scatterbrain' make the situation worse. It communicates a message about the child that becomes part of her self-image and the child learns to act in line with it.

Positive Reinforcement

Instead of reinforcing the negative behavior, a parent needs to look for the positive actions a child does and mention those to the child.

For example, if he gets up and helps as soon as he's asked, the parent should just comment approvingly and leave it at that. They should acknowledge what the child has done (e.g. "Thank you for helping me wash the dishes.") Parents should not be gushing in their praise, ("You're SO helpful") because it does not sound sincere. Above all, a parent should resist the temptation to comment on his 'usual behavior'. In other words, don't say something like, "Why are you helping with the dishes? You are usually not so helpful."

Positive Role Model

One of the best ways a parent can encourage positive behavior in a child is to be a role model for them. However, the parent should not make it obvious they are setting

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themselves up as an example. For example, the parent can say matter-of-factly, “I don't feel like washing the dishes now, but it has to be done, so I'd better get on with it.” Just say and do it, without meaningful looks in the child's direction!

Be Clear about Feelings and Expectations

A parent should be honest with their child. When he acts lazy they should tell him how they feel and what they expect of him. They should be firm and assertive. They should not talk about him being lazy. So, instead of saying “You're such a lazy good for nothing!” They should say, “I don't like the fact that I have to ask you over and over again, to come and help me. I expect you to come when I ask you.”

Expect the Best

If a parent asks their child to clear his dishes off the table, they should wait for him to do it himself. They should not get irritated and do it themselves. If they expect good behavior, sooner or later good behavior will follow.

Example: Anna’s father assumes that she will get herself up in the morning, by calling her once only. If she doesn't get up and is late for school, then he lets her take the consequences. This course of action is tough. It may seem easier for her father to keep telling her to get up rather than wait for her to do it. He may feel guilty about letting her take the consequences, like being late for school, but there is no gain without pain. It will eventually pay off to the benefit of both of them. Anna can't expect that other people will always do things for her. The place to learn that lesson is at home.

I. Discussion and Feedback: Discipline

Time: 5 minutes

Set up

Divide the class into small groups or have one large group discussion about appropriate discipline for the following four scenarios. Be ready to give some suggestions if they are not sure how to answer. Be encouraging, but also direct them to understand proper choices.

Instructions

Ask the participants to discuss how they think they should handle each of the four scenarios you will be reading to them.

Conduct the Activity

Read each of the following scenarios. Discuss various actions that parents can take in each.

1. A nine-month old child wants to chew on the electrical cord for a lamp.
2. A two-year-old child bites her baby brother.
3. A three-year-old child refuses to go to bed.
4. A five-year-old child is afraid of the dark and wants the light left on.

Process the Activity

During the discussion, ensure the choices are being made that will correct the situation and are appropriate to the child's age. The following examples are appropriate techniques that could be used in each situation.

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1. Give the nine-month old something else to play with, move a larger piece of furniture in front of the cord and block it, move the lamp, etc.
2. Tell the child that she hurt the baby and we should never hurt the baby; explain that it was wrong and have her sit in timeout for two minutes.

3 & 4. Suggest they do active listening to discover the problem first; make sure they follow a bedtime routine; allow the child to have the light on until they fall asleep or sit in the dark room with them a few times to help them feel secure in the dark. Make sure they know you are close by if they really need you.

J. Action Plan and Closing

Time: 5 minutes

Action Plan

Refer to Action Plan: *What Kind of Parent Do I Want to Be?*

Direct the class to complete the Action Plan with these instructions: Look around you – at your friends, caregivers, teachers and others. What qualities do they have that you admire? Make a list of the qualities you would like to have. If you think you already are starting to develop that quality, put a star next to it. Some examples include: kindness and patience.

Closing

Being a good parent is a lot of work. However, we cannot get discouraged because we make mistakes. Making mistakes doesn’t make someone a bad parent. Even the best parents make mistakes. When you make a mistake, learn from it and work to do better. Parenting, like most things in life, is a learning process.

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PARENTING QUIZ

Answer the following questions by placing a 'T' in front of the question you think the answer is true or an 'F' if you think the answer is false.

__ 1. Newborn babies are all alike.

__ 2. If a baby cries, it is because the baby needs something.

__ 3. Babies need to be fed frequently when they are first born.

__ 4. Parents should never shake a baby to stop it from crying.

__ 5. Parents do not need to be flexible when they first have a baby.

__ 6. Parents will not get much sleep the first few months after a baby is born.

__ 7. Mother's should spend all their time cleaning the house when the baby is asleep.

__ 8. If a baby does not want to be cuddled, the parent is doing something wrong.

__ 9. Rocking can sometimes be soothing when a baby is upset.

__ 10. Both parents should share in taking care of the baby and the house.

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KEY POINTS FOR ACTIVE LISTENING AND GIVING PRAISE

Active listening involves only 3 steps!

1. **Pay Attention**
   The first step in active listening is to be attentive. The parent should stop whatever they are doing and give the child their full attention. They should look at the child while the child is talking.
2. **Acknowledge What Is Said With A Brief Listening Response**
   A parent should acknowledge that they are listening by responding with "Yeah?...", "Oh,...", or "Mmmm..." and then wait. They should not jump in with advice, solutions, put downs, lectures or sermons. The parent's non-committal response allows the child to continue to explore her own thoughts and feelings.
3. **Name The Feeling**
   Underlying many things a child says is an unexpressed feeling. To enable the child to express the feeling, parents should give the feeling a name.

Giving praise involves only 4 steps!

1. **Be Positive**
   Pay attention to good behavior not bad.
2. **Be Specific**
   Describe what you appreciate.
3. **Give Praise**
   Praise what they do, not what they are.
4. **Encouraging Praise to Others**
   Encourage children to praise siblings and friends.

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ACTIVE LISTENING AND GIVING PRAISE PRACTICE ACTIVITY

With your partner, you are going to practice the two different scenarios. You will each get to do the role-play. One of you will be the child and one will be the parent. Then you will switch roles.

Scenario 1 – Demonstrating Active Listening Skills

Child refuses to eat the nutritious food you have prepared. The real reason the child won't eat is because he has an upset stomach.

Scenario 2 – Demonstrating Praise Skills

Child decided to paint a picture for you for your birthday. He/she has made a mess of the kitchen while painting the picture.

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POSITIVE PARENTING

ACTION PLAN

WHAT KIND OF PARENT DO I WANT TO BE?

Look around you – at your friends, caregivers, teachers and others. What qualities do they have that you admire? Make a list of the qualities you would like to have. If you think you already are starting to develop that quality, put a star next to it. Some examples include: kindness, patience.

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TRAINER NOTES

LESSON 4
MEETING NEEDS AND CREATING FAMILY

Total Time: 1 ½ hours, 90 minutes

Special Materials Needed for this Lesson

Large Paper or Flip Chart, Plain Sheets of Paper, Colored Pencils Small Prizes for Family Audition Game

Competencies for Module 6: Raising Children

Summary of competencies for Module 6: For the class members to understand that children have different needs through their life cycle from birth to adult and for them to have an understanding of the importance of being healthy themselves if they are to raise children.

- Participants will know the different indicators of healthy development for infants and participants.
- Participants will understand how their personal health impacts on the unborn baby.
- Participants will understand the importance of positive parenting in the lives of children.
- <u>Participants will know and understand the importance of creating family with their children and spouse.</u>

A. Welcome and Introduction

Time: 10 minutes

Welcome

Welcome everyone to this module on Raising Children. This is the fourth lesson of this module and will be focused on how to meet needs and create family. Ask for a few volunteers to share some of the qualities they would like to have when they become parents from their Action Plan. Keep this brief, but be sure to address the important questions they might bring forward.

Introduction

Introduce this lesson by explaining that it focuses on how to meet needs and create a family. Before we talk about creating a family, we need to define what a family is.

> ***Trainer Note**: Have a large piece of paper, poster board or a flip chart. Ask the class to tell you what the word family means to them. Encourage them that there are no wrong answers because they are sharing their ideas here. Write down the definitions that they give. Then, tell them how the dictionary defines the word 'family'.*

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A family[1]: A self-defined system of relationships caused by birth or circumstance, whose members rely upon one another for sustenance, support, security, socialization and/or stimulation–focused on and guided by the needs of the youngest and oldest members in the system.

Define family further by explaining that family can have many different meanings. A family can be one or more parents and their children. A family is a husband and a wife. It can be members of a household that live under one roof. Also, family can be a collection of people who are related by birth or even a collection of people who are not related by birth. Family is more of a commitment and sharing of goals and values than it is of biological addition. The orphanage itself is a type of family unit. In summary, family is defined by the persons themselves.

B. Lecturette: What Is the Purpose of a Family?

Time: 25 minutes

Begin this lecturette by asking the students what they think the purpose of a family is? Accept their answers as given. After they finish giving their thoughts, thank them for sharing and continue with the lecturette.

According to a researcher named Abraham Maslow, there are five basic areas of needs for every human being

1. Physical
2. Safety
3. Love/Belonging (or Social Needs)
4. Self-Esteem
5. Self-Actualization (which simply means being all you can be or reaching your highest potential.)

Maslow says that needs are met in different places. Some needs are met in the work place, some with friends and in our social relationships and others in the family unit.

In the family, each member should feel this is a place where they are loved, safe and can get their needs met. Adults have responsibility to share in meeting the needs of their children. By meeting the needs of their children, parents are also teaching children to prepare for adulthood to do the same thing.

So, when people choose to get married and start their own family unit they will understand and know how to meet family needs. This can feel like a very big responsibility. Sometimes, parents can feel like they are not doing a good job. They need to remember that NO ONE is perfect and they will sometimes make mistakes. When mistakes are made, parents must recognize their mistake and work towards doing better each day.

The following story illustrates the five basic needs that all people have and how they can be met.

[1] Rycus and Hughes, *Field Guide to Child Welfare.* Child Welfare League of America.

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> ***Trainer Note**: Please read this story with excitement and feeling. Read through it several times before the lesson so that you are familiar with it.*

Imagery of the "Pyramid of Needs"

We are going to pretend that we are explorers who have just been allowed to explore an ancient pyramid. It's called "The Pyramid of Needs". It has been standing since the beginning of time, signifying the needs that all human beings have.

We have been told that it is very dark and dangerous in the pyramid, causing some people to turn back, but not us! Let's light our torches and begin our journey boldly. We have to get on our hands and knees and crawl through the small entrance. *(Pause)*

We find ourselves in a tunnel. It's dark, but by the light of our torches we see there are markings on the walls of the tunnel. We brush away the cobwebs and see that it says,

"LEVEL ONE: **PHYSICAL NEEDS**"

As we make our way deeper into the tunnel we find things along the way. Be careful not to trip on them. There is a basket of food, and an ancient ceramic pot of water. We wonder who placed them there. Further on we find that someone long ago carved the picture of a building on the wall. Underneath, it says "SHELTER". As we go on we find ancient garments, clothing left behind by the builders. We find robes, tunics, and other fine garments of long ago. They are so beautiful!

Going forward, slowly in the dark, we come to a set of steps that leads up to a door. It leads to level 2. We have to pry it open. It takes all of us to open it, but as it swings open and the dust clears, we see another sign. You hold up your torch so we can read it. It says,

"LEVEL 2: **SAFETY**"

It's a little darker in here, but as your eyes adjust you can see ancient carvings and drawings of a man protecting a woman, and a woman protecting a child. Then you see the drawing of a woman and her children being protected from a roaring lion. Standing over them is a man, ready to fight the lion in order to save the others. The people don't look afraid. They know they are safe.

As we stand gazing at these ancient drawings, we wonder who drew them. Then you see another door. We have to pull with all our strength to open it, but as it gives way, we see another set of stairs leading upward. Some of the steps are crumbling, so we have to climb carefully. When we reach the top, there is another door, but this one opens easily. As it opens, we stop and stare in awe at the wonder before us! The room is glittering with gold. There are jewels all over, sparkling in the light of our torches. Ancient treasures of untold value are everywhere. We wonder what this room could be called.

We search for a sign and finally find it, glimmering. It says,

"LEVEL 3: **LOVE AND BELONGING**"

Somehow, as we stand staring at the treasures before us, we understand why this room was built and these treasures left in the pyramid. It represents the sense of acceptance and belonging that comes when one is part of a group that loves and

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accepts them for who they are. As we stand there, we feel a part of something really great. We know that we are loved no matter what.

Although we don't want to leave level three and the warmth that we feel there, curiosity makes us go on. We have to search for a few minutes, but finally we see a golden door shining at the end of the room. We touch it and it mysteriously opens before us. We see another set of stairs. The passageway is narrow. As we go up the stairs, the passage gets more and more narrow. The ceiling is getting lower, so we have to get on our knees to go up the final steps. We encourage each other along the way, saying, "You can do it! Don't give up!" It is a long, climb and we are breathless when we reach the top step. As we enter the room before us, we feel a tremendous sense of accomplishment. We hug each other and congratulate each other before we look around at the room.

Finally, curious to see what the next level is called, we search for a sign. We hold our torches up, so we can see in the darkness. What we see amazes us. We have reached the throne room. There is a gold and jewel-covered throne in the center of the small room. Silk covered tables hold beautiful goblets, and even more beautiful…crowns. There are crowns of gold on the tables! Each is covered with diamonds and rubies. It takes a few minutes for us to realize that there is the same number of crowns as there are people in our group. Amazing. Then we see the sign. We run to read it. Holding our breath, we read, "Welcome to Level Four. You have almost reached the top. You accomplished something great." We then understand that this level is how we feel about ourselves – It is

LEVEL 4: **SELF-ESTEEM**.

It's a good feeling. The feeling is a great sense of accomplishment. We know that if we try, we can do great things, especially with encouragement. Putting on our crowns, we stand close to one another. As we look at each other in the flickering light of our torches, we realize something. We came into the pyramid as individuals, interested in ourselves. But then, we worked together and encouraged one another, working toward the same goal. Somewhere in the pyramid we became….a family.

We spend a lot of time here and are really enjoying ourselves. As we linger here, we begin to realize that something is missing; something hard to explain. We begin talking about our dreams, ideas of who we are and what we want to be. As we talk, little doors begin appearing all around the room. Above the doors are the very things we talked about. The doors say things like, "Writer", Musician" ,Preacher" ,Teacher" ,Explorer" ,Soccer " ,Artist". In small print above each of the names was printed:

LEVEL 5: PATH TO **SELF-ACTUALIZATION**

"Being All You Want to Be"

How exciting! We jumped up and down. But wait, something was very unusual about the doors. They had no locks or knobs; they swung back and forth like a gate. The doors would not remain closed after we took the path. We could return to this very spot. That was even more exciting and gave us a very secure feeling. We knew that each path held its own challenges, excitement, twists and turns, but they were all the same in two respects:

1. They all lead to Level 5
2. Level 4 was open to each of us at anytime.

We hugged, laughed and cried, said goodbye and started on our own path toward self-actualization. We left knowing we had the support of each other and level four to

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return to as our resting place to regroup, refresh and be encouraged. We felt strong…we had just climbed a pyramid!

Relating the Pyramid of Needs to Family

Refer to Handout: *Abraham Maslow's Pyramid of Needs*

You can see there was a point to this story. It's a story that teaches us the needs that each of us have. Someday, when you have your own family, one of your goals will be to help in meeting these needs for your other family members. Let's look at the Pyramid of Needs.

LEVEL 1 – Physical Needs.

In a very healthy family, all the members of the family get their needs met. The physical needs are the most basic: food, clothing and shelter, which we all need in order to live healthy. That is the foundational level for all the others.

LEVEL 2 – Safety Needs

But just as much as we need food, clothing and shelter, we have other needs. We all have the need to be safe and feel safe. That is level 2. A family should be a place where everyone feels safe. Both parents (if there are two parents) should do everything they can to make the home safe for each other and for their children.

LEVEL 3 - Social/Belonging/Love Needs

Love and a sense of belonging are also needs that all of us have. People need a place where they know that they are loved unconditionally - no matter what! When you have your own family you will show them love and demonstrate to each member that they are important and that they belong.

LEVEL 4 – Self-Esteem Needs

The fourth level is Self-esteem. This should be a place where each member is encouraged to grow in using talents and where each member knows that he can accomplish something. It is also a place where your accomplishments are noticed and every member receives praise or congratulations for a job well done. In other words, you are encouraged to "be all that you can be" allowing you to move higher still to move up to Level 5.

LEVEL 5 – Self-Actualization Needs

Level five is Self Actualization, the final level. At this level you are pursuing your individual dreams and goals. You are exploring your inner thoughts, feelings and desires. You are in the process of becoming all you want to be in life. You are finding the success in several or many different tasks, activities and jobs that you attempt.

C. Practice Activity: Ways to Meet the Five Basic Needs

Time: 20 minutes

This activity can be conducted in a couple in different ways. Depending upon the time, and the size and makeup of your class, choose either of the following two options.

<u>Option 1</u>

Set up

Hand out paper and colored pencils. Give each student 5 sheets of paper.

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Instructions

Instruct the students draw on each sheet a picture that, to them, represents or portrays that level. They should draw one picture for each level.

Conduct the Activity

Allow 10-15 minutes for the students to make the drawings. When they are done, have the ones that want to share one of their pictures get up and explain what level it is, and why they think that portrays that level. You could have them tape their pictures to the wall under the headings of the five basic needs.

> ***Trainer Note**: Don't force anyone to share. It may be very personal for them. You may want to allow them to only share one picture each, depending on the time.*

Option 2

Set up

Divide the youth into five groups and assign each group one of the needs, Physical, Safety, Love/Belonging, Self-Esteem, or Self-Actualization. Give each group a big piece of chart paper.

Instructions

They are to work as a group and identify things an adult can do to meet the assigned need of a child. On the paper provided, make a list of these things.

Conduct the Activity

Allow sufficient time for each group to develop a list of three or more activities. The following are some examples:

- Physical – ensure nutritious food is in the house for children to eat.
- Now Safety – to keep the locks on the door in good repair.
- Love and Belonging – hug your child and tell him he is loved.
- Self-Esteem– praise the child – just like we practiced in the previous lesson.
- Self-Actualization – encourage the child to try new things.

When they are finished, have one member of each group explain their list to the class.

D. Practice Activity: Family Audition Game

Time: 15 minutes

> ***Trainer Note**: This next activity may be difficult for some youth. If they have come from a very dysfunctional family where needs have not been met, they might relive some of those difficult experiences.*
> *An alternative to having sets of "parents" for this activity is to have individuals who make up a "family" set up into different groups. Refer to the definition of family in the beginning of the lesson. Ask the youth to decide which "family" they would like to join, instead of referring to "parents".*

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Set up the Game

Depending on the size of your class, select two or three sets of “parents”, one boy and one girl in each set. *Choose class members that are more “outgoing”.* Have them come to the front.

Instructions

First, explain the object of the game is for each set of "parents" to attract the largest family by describing how they will meet their "children's" needs.

Next, explain the following rules:

1. Each set of "parents" will have four minutes to describe how they will work to meet the needs of their "children". The "parents" can use examples such as: “We will love you even when you don’t act loving to us” or “You will always have the encouragement you need to follow your dreams.”
2. They must mention all five levels of needs at least once.
3. Other sets of “parents” may not interrupt while the other is sharing.
4. "Parents" may not mention money or gifts in any way.
5. After all the "parents" have finished, each member of the class will go to the "parents" who they feel will best meet their needs as "children."

The Winners

The winners of the Family Audition Game are the "parents" who have attracted the most “children”. Give each of the winning “parents” a small gift, like a sticker or pencil.

E. Lecturette: Healthy vs. Unhealthy Family Relationships

Time: 15 minutes

> ***Trainer Note****: The information below is a starting point to talk about healthy and unhealthy relationships. As the trainer, you should be prepared to go into more detail about each one of these areas using the information from the index as well as encompassing ideas from previous modules particularly Identity, Health and Hygiene and Healthy Sexuality and Healthy Relationships.*

Refer to Handout: *Met Needs Versus Unmet Needs*

Before you start your own family, you will need to recognize the differences between healthy and unhealthy family relationships. You will want to seek out a life partner who shares your desire to have a healthy family.

Healthy Family Relationships

In a healthy family relationship, all the needs of the members are met.

Physical: Food in the house, house is clean, clothes are provided and cared for, and providing for the needs of others is of importance.

Safety: Home is a safe place to be and members are not living in fear.

Belonging: Members feel that they belong and know they are loved unconditionally. Each member is accepted.

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Self-esteem: Members feel that they are competent and receive positive attention for a job well done. Members are encouraged to pursue their gifts and talents.

Self-actualization:

Members encourage each other to become aware of and explore their inner thoughts and feelings. They feel empowered "to be all they were meant to be."

Unhealthy Family Relationships

In an unhealthy family relationship, all the needs of the members are not met.

Physical: Food is either not provided or is second to alcohol or drugs, etc. The house is a mess or in disrepair.

Safety: Members do not feel secure or safe in the home. There is abuse of one or all members.

Belonging: Love and acceptance are conditional, based on performance, or members do not receive love and acceptance at all. There isn't a sense of belonging.

Self-esteem: Members are told that they are nothing and can do nothing. They are not encouraged to pursue their gifting.

Self-actualization: Conformity is stressed and members are discouraged from thinking for themselves or standing out from others in the group.

F. Action Plan and Closing

Time: 5 minutes

Action Plan

Refer to: *Action Plan Meeting Needs and Creating Family Crossword*

Instruct the class to complete this crossword puzzle. The answers are based on information from this week's lesson.

> ***Trainer Note**: The answers to the crossword puzzle are found in the appendix of this lesson.*

Closing

Give the class an opportunity to get clarification on the lesson by asking further questions. Then thank them for their participation and encourage them to return next week with their assignment completed.

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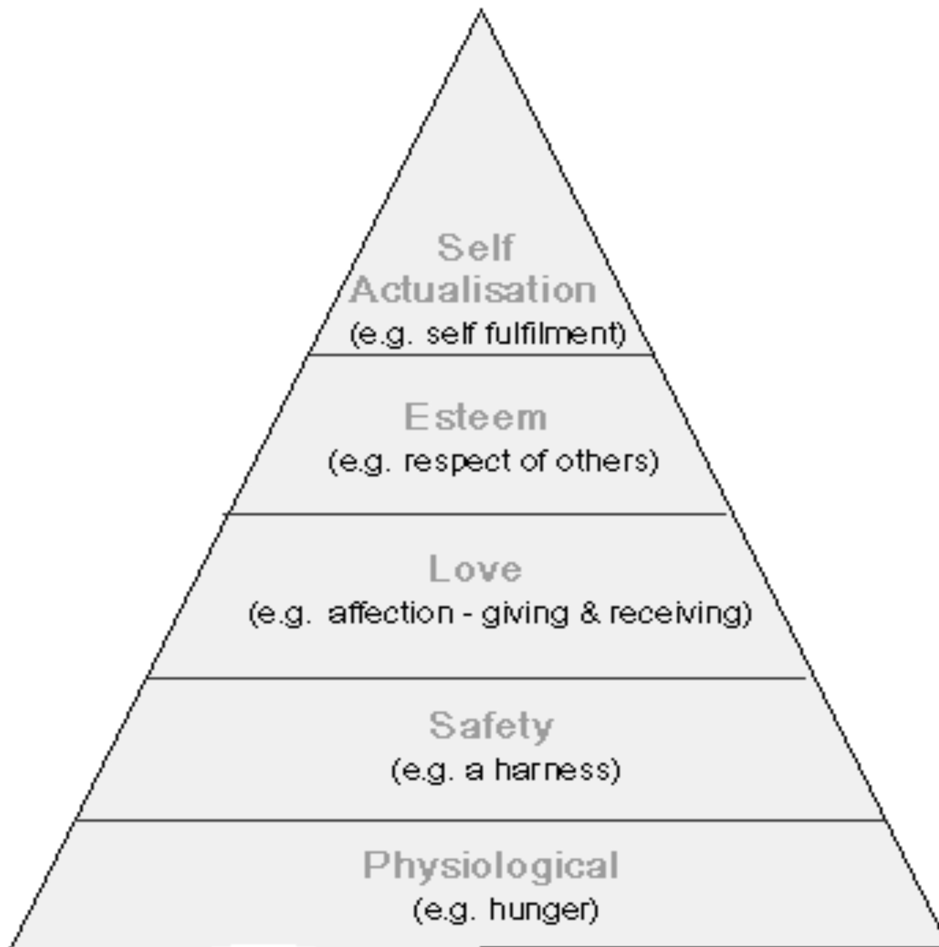
ABRAHAM MASLOW'S PYRAMID OF NEEDS

Five levels of needs:

1-Physical (food, clothing, shelter)
2-Safety
3-Love and Belonging
4-Self-Esteem
5- Self-Actualization (being the best you can be)



Maslow's Hierarchy of Needs

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MET NEEDS VERSUS UNMET NEEDS

Met Needs

Physical

Food in the house, house is clean, clothes are provided and cared for, providing for the needs of others is of importance.

Safety

Home is a safe place to be and members are not living in fear.

Belonging

Members feel that they belong and know they are loved unconditionally. Each member is accepted.

Self-esteem

Members feel that they are competent and receive positive attention for a job well done. Members are encouraged to pursue their gifts and talents.

Self-actualization

Members are encouraged to become aware of and explore their inner thoughts and feelings. They feel empowered "to be all they were meant to be."

Unmet Needs

Physical

Food is either not provided or is second to alcohol or drugs, etc. The house is a mess or in disrepair.

Safety

Members do not feel secure or safe in the home. There is abuse of one or all members.

Belonging

Love and acceptance are conditional, based on performance, or members do not receive love and acceptance at all. There isn't a sense of belonging.

Self-esteem

Members are told that they are nothing and can do nothing. They are not encouraged to pursue their gifting.

Self-actualization

Conformity is stressed and members are discouraged from thinking for themselves or standing out from others in the group.

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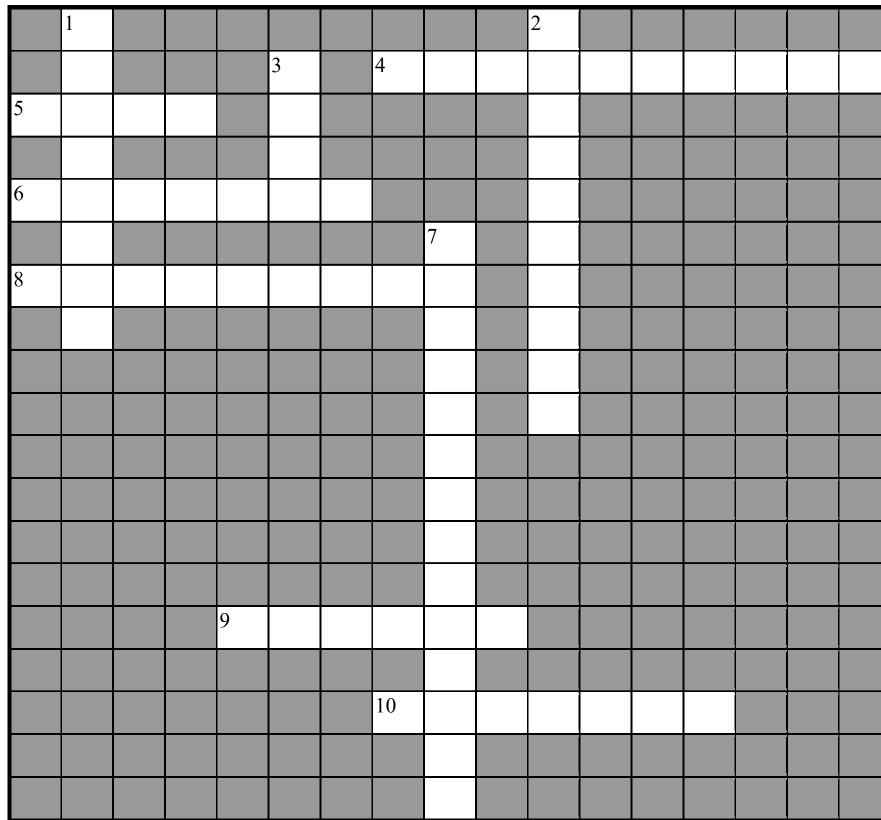
MEETING NEEDS AND CREATING FAMILY

ACTION PLAN

MEETING NEEDS AND CREATING FAMILY CROSSWORD

Based on what you learned in this lesson, fill out the crossword puzzle.



ACROSS

4. Act or process of accepting
5. What we eat
6. It keeps us from having to sleep outside
8. How we call relationships that are bad
9. To fit into a group
10. Relationships that are good

DOWN

1. What we wear
2. Pride in one's self
3. A deep feeling of affection for someone
7. Maslow's illustration about needs

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LESSON 4 APPENDIX

CROSSWORD PUZZLE ANSWERS

Across

4. Acceptance
5. Food
6. Shelter
8. Unhealthy
9. Belong
10. Healthy

Down

1. Clothing
2. Selfesteem
3. Love
7. PyramidOfNeeds

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LESSON 4 APPENDIX

ABRAHAM MASLOW'S HIERARCHY OF NEEDS

Background

Abraham Maslow, a pioneering U.S. psychologist, was born in New York in 1908 and died in 1970. Maslow earned his Ph.D. in psychology in 1934 from the University of Wisconsin. This formed the basis of his motivational research, initially studying rhesus monkeys. Maslow later moved to New York's Brooklyn College.

Maslow's original Hierarchy of Needs model was developed between 1943-1954, and first widely published in *Motivation and Personality* in 1954. At this time the Hierarchy of Needs model comprised five needs. Later versions have added additional stages that are not clearly attributable to Maslow, but are interpretations of Maslow's work by other people. Some of these later stages are given names such as 'Spiritual', 'Cognitive', 'Aesthetic', and 'Transcendence'.

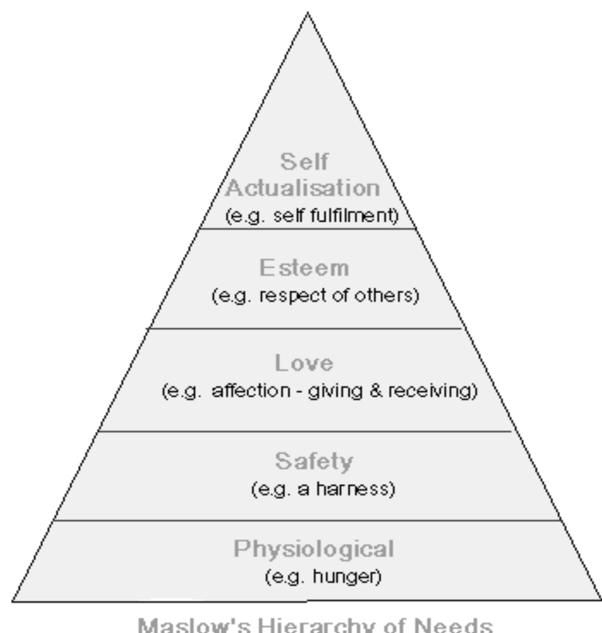
The original version remains for most people the definitive Hierarchy of Needs.

About the Hierarchy of Needs

It would be accurate to say each of us is motivated by needs. Our most basic needs are inborn. Maslow's Hierarchy of Needs helps to explain how these needs motivate us all.

The hierarchic theory is often represented as a pyramid, with the larger, lower levels representing the lower needs, and the upper point representing the need for self-actualization.

Maslow's Hierarchy of Needs states that we must satisfy each need in turn, starting with the first, which deals with the most obvious needs for survival itself.



Maslow's Hierarchy of Needs

Only when the lower order needs of physical and emotional well-being are satisfied, we are concerned with the higher order needs of influence and personal development. Conversely, if the things that satisfy our lower order needs are swept away, we are no longer concerned about the maintenance of our higher order needs.

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LESSON 4 APPENDIX

DESCRIPTION OF NEEDS

Physiological Needs

These are biological needs. They consist of needs for oxygen, food, water, and a relatively constant body temperature. They are the strongest needs because if a person were deprived of all needs, the physiological ones would come first in the person's search for satisfaction.

Safety Needs

When all physiological needs are satisfied and are no longer controlling thoughts and behaviors, the needs for security can become active. Adults in stable environments have little awareness of their security needs except in times of emergency or periods of disorganization in the social structure (such as widespread rioting). Adults in non-stable environments, such as homeless shelters with transient populations, staff and/or funding may actively seek safety needs. Children often display signs of insecurity and the need to be safe.

Needs of Love and Belongingness

When the needs for safety and for physiological well-being are satisfied, the next class of needs for love, affection and belongingness can emerge. Maslow states that people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and the sense of belonging.

Needs for Esteem

When the first three classes of needs are satisfied, the needs for esteem can become dominant. These involve needs for both self-esteem and for the esteem a person gets from others. Humans have a need for a stable, firmly based, high level of self-respect, and respect from others. When these needs are satisfied, the person feels self-confident and valuable as a person in the world. When these needs are frustrated, the person feels inferior, weak, helpless and worthless.

Needs for Self-Actualization

When all of the foregoing needs are satisfied, then and only then are the needs for self-actualization activated. Maslow describes self-actualization as a person's need to be and do that which the person was "born to do." "A musician must make music, an artist must paint, and a poet must write." These needs make themselves felt in signs of restlessness. The person feels on edge, tense, lacking something, in short, restless. If a person is hungry, unsafe, not loved or accepted, or lacking self-esteem, it is very easy to know what the person is restless about. It is not always clear what a person wants when there is a need for self-actualization.

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LESSON 4 APPENDIX

THE IMPACT FOR EDUCATORS

Maslow believes that the only reason that people would not move well in direction of self-actualization is because of hindrances placed in their way by society. He states that education is one of these hindrances. He recommends ways education can switch from its usual person-stunting tactics to person-growing approaches. Maslow states that educators should respond to the potential an individual has for growing into a self-actualizing person of his/her own kind.

Ten points that educators should address are listed:

1. Educators should teach people to be *authentic,* to be aware of their inner selves and to hear their inner-feeling voices.
2. Educators should teach people to *transcend their cultural conditioning* and become world citizens.
3. Educators should help people *discover their vocation in life,* their calling, fate or destiny. This is especially focused on finding the right career and the right mate.
4. Educators should teach people that *life is precious,* that there is joy to be experienced in life, and if people are open to seeing the good and joyous in all kinds of situations, it makes life worth living.
5. Educators must *accept the person* as he or she is and help the person learn their inner nature. From real knowledge of aptitudes and limitations we can know what to build upon, what potentials are really there.
6. Educators must see that the person's *basic needs are satisfied.* This includes safety, belongingness, and esteem needs.
7. Educators should have a *refreshed consciousness,* teaching the person to appreciate beauty and the other good things in nature and in living.
8. Educators should teach people that *controls are good,* and complete abandon is bad. It takes control to improve the quality of life in all areas.
9. Educators should teach people to transcend the trifling problems and *grapple with the serious problems in life.* These include the problems of injustice, of pain, suffering, and death.
10. Educators must teach people to be *good choosers.* They must be given practice in making good choices.

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TRAINER NOTES