Indira Gandhi
National Open University
National Centre for Disability Studies

MCFTE-002

Child and Adolescent Counselling and Family Therapy

Block

1

SOCIO-DEVELOPMENTAL PERSPECTIVES

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MCFTE-002 CHILD AND ADOLESCENT COUNSELLING AND FAMILY THERAPY

"Child and Adolescent Counselling and Family Therapy" is one of the optional papers in the second year of the Masters' Degree Programme in Counselling and Family Therapy. It comprises both theory and supervised practicum components. The theory course (MCFTE-002) is worth 2 credits and the supervised practicum for the same (MCFTE-005) is worth 4 credits. You have to complete and clear both these components separately for successful completion of this optional paper on ''Child and Adolescent Counselling Family Therapy''. For theory course MCFTE-002, you will have continuous evaluation through an assignment, as well as term-end examination. For supervised practicum (MCFTE-005), you will have to work under the supervision of the academic counsellor alloted from the study centre you are attached with, and submit your file in the end, as per the details given in the Supervised Practicum Manual of the course (MCFTE-005).

This optional paper is designed to make learners aware of the need and potential of counselling and family therapy with specific reference to children and adolescent issues. The theory and supervised practicum components are designed to provide the requsite knowledge, understanding, attitudes and skills to the learners, to enable them to make effective interventions with respect to parent child relationships, children and adolescents problems, that are turning into a major menace in the society, running countless young lives.

The theory course (MCFTE-002) consists of two theory blocks.

THE BLOCKS

Block 1 is on "Socio-Developmental Perspectives". It focuses on the social and developmental aspects which influences children and adolescents with particular reference to the family, school, peer groups and mass media. Children in vulnerable situations have been discussed. Assessment of children and adolescents' psychopathology has been explained.

Block 2 focusses on "Therapeutic Interventions". It provides an overview of the different therapeutic interventions used in dealing with children and adolescents. Use of life skills training and play therapy with children and adolescents has been described. Training of parents of children and adolescents especially with disabilities has been discussed. Counselling for abuse during childhood has been outlined. Use of cognitive behavioural therapy for disorders during childhood and adolescence has been explained.

Application of what you learn in these blocks at the field level, and practical exposure is the thrust of the supervised practicum course (MCFTE-005). The details are provided in the Manual for Supervised Practicum for the Course.

BLOCK 1 SOCIO-DEVELOPMENTAL PERSPECTIVES

Block 1, namely "Socio-Developmental Perspectives" will acquaint you with the overview and aspects from children/adolescent's social milieu which influences their development and learning. The Block consists of four Units.

Unit 1 entitled "*Family, School and Peer Group as Social Systems*", as the title suggests, gives you a holistic overview of the primary social systems which have an influence on the child/adolescent's development. It explains the relevant concepts and concerns related to these social systems and their impact on children and adolescents.

Unit 2 focusses on "*Impact of Mass Media*". It begins by recapitulating different differents types of media. The Unit highlights the impact of mass media usage and influence on children and adolescents.

Unit 3 is on "*Children in Vulnerable Situations*". It discusses the interface of child/adolescent in varied vulnerable situations. The interventions to be used with children in vulnerable situations has also been outlined.

Unit 4 focusses on "*Assessment of Child/ Adolescent Psychopathology*". This Unit provides a comprehensive and detailed description of various tools which can be used to assess the child/adolescent. The need of assessment in psychopathology has also been discussed.

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UNIT 1 FAMILY, SCHOOL AND PEER GROUP AS SOCIAL SYSTEMS

1.1 INTRODUCTION

This is the first Unit of the specialisation in child and adolescent counselling and family therapy. We have read in detail about the roles and responsibilities of families across the life span along with characteristics of children and adolescents in Course 1. The process of socialisation has already been covered in MCFT-006. Here, we will try to develop a deeper understanding the influences of family, school and peers on the overall development of children and adolescents.

Objectives

After studying this Unit, you will be able to:

- Appreciate the linkages between microcosm and social systems;
- Understand the roles and influences of family, school and peer groups; and
- Apply the knowledge in understanding children and adolescents.

1.2 INTERTWINING OF MICROSYSTEMS AND SOCIAL SYSTEMS

Ecological perspectives theory we have read about in substantial detail. In this Unit, we will discuss the role of microsystems – family, teachers, peers, school personnel and social systems as well as societal norms.

As such we are born in a family. Family becomes the first school which a newborn attends. In the process of love and care the family transmits the cultural norms to the child. Some of this learning is unknowingly imbibed and some of it is as a conscious effort. Through the varied interactions the child has with

his microsystem – family, school and peers, the child learns the ways of life. The child being an active learner and passive onlooker imbibes all that is being taught directly and indirectly. The conflicts and similarities in the viewpoints of the three microsystems are observed by the child/adolescent. And as the children grow out of adolescence through adulthood, the norms of the society are by and large accepted and portrayed by them.

1.3 FAMILY AS A PRIEMIER SOCIAL SYSTEM

As the heading suggests and as we all are familiar with, the role and importance of family – mother, father, siblings, grandparents, uncles, aunts, cousins – is absolute. A child cannot and does not grow in a vacuum. All have a family. Family could mean the biological family, adoptive family, foster family or it could also mean some people we are close to and are influenced by them. Below are some of the factors in the family which help to develop social norms among children:

- *Emotional tone of the family*: The warmth, attachment, expressions of affection and caring shown by the parents/family towards each other and towards the growing child.
- *Family interaction*: The communication both verbal and non-verbal that takes place in the family.
- *Responsiveness*: Appropriate and timely response to each other as well as the child's cues and demands.
- *Expectations*: From early childhood, parents make clear expectations from the child with regard to what to do; how to do; how to express emotion in front of others, elders, etc. These expectations change with time but are present always.
- *Disciplining and child rearing*: All families use a certain type of discipline methods and specific child rearing techniques with their children. Parents in India are demanding and in India a joyful event is for all members of the family and each member sets out to teach the child certain social norms.
- *Family dynamics*: It includes which part of the region, religion, culture the family belongs and on these factors depends how children are given importance according to the sex of the child, birth order, age, gender roles specified in that society, behaviour and attitude of the parents to the existent social norms; all play a major role in influencing the children and adolescents.
- *Parental characteristics*: How the parents relate to their own parents, the kinds of attachments, feelings and obligations they feel towards their own parents are passed on the next generation.
- *Marital balance and parent-child relations*: The marital bliss and happiness is the desired epitome of marriage but in reality few find it! So, emphasis is usually on – marital balance, which would encompass the power and communication pattern between the spouses, the understanding they share for their interpersonal relationship and personas to be shared with other family members. If there is any imbalance in the marital relationship, the parent-child dyad is influenced and the growth and development of

the appropriate social value system is impacted upon. The influencial parent (spouse) would develop an alliance with the child against the other parent (spouse) and this may at times hamper the child's development.

- *Differential treatment of siblings*: Differential treatment of siblings because of gender, birth order, intellectual abilities, etc. plays an important deterrent role on interpersonal relations. The child who is more favoured would not be liked by other children. They might try to harm the child as a sort of punishment or the favoured child might try to bully others. Mother and father also are seen to have preferences for different children which may also affect the marital relationship. Love, care, and liking of a grandchild over the others' is not at times approved by the other family members, including their own children (now parents of the child) and this can become a cause of concern in the familial relationships.

- *Parental death, divorce or separation*: Though we have clubbed these three important factors together, but the influences of each on the child are varied and all of them are grave. The resiliency and coping which the child has to do to brave these situations helps the child to imbibe the societal rules, roles and responsibilities.

- *Influences of parental work status and work place*: The economic earnings, and social position in the society of the parents; though it is said that these should not influence the child, but in real life all are said to influence the children from early ages onwards. Whether the father is employed or not, whether mother is the earning member, is she sole-earner, how is the family's reception towards mother's earning, father's lower income compared to his other sibling(s), etc. are a few of the aspects and issues which influence the child, his/her learning attitudes and yearning for a social status in the society.

- *Skill learning*: Though, now are not the times when children have to follow the occupation of their family, but still, the families' viewpoints on school, knowledge education and occupation influences the later choice of career by an individual.

- *Family acceptance and respect*: We all yearn for social acceptance and respect whether we acknowledge it or not. For a child, acceptance of his/her family becomes important from early years. As the child grows acceptance of the peer group takes over the parents' even though the adolescent still wants to be accepted and loved by the family.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. Highlight five points which make family a premier social system.

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1.4 SCHOOL AS A LEARNING SOCIAL SYSTEM

School is an important microsystem for many children in their growing years. The school provides a medium for learning and gaining knowledge and experience. Below we would outline school environment and other environment's impact on school achievement by children.

- *Parents' and families' attitude towards school and education*: The attitude of parents and family members towards the school in which they send their child and towards education, both together influence the child's learning– interest and attitude in the school. If the parents look down upon the school, the child would not be able to settle well in the school and do well in educational attainments. Parents' own schooling has some impact on teaching the child but necessarily does not negatively influence the child's school attainments.

- *Teacher's expectations and attitude*: Teacher is the second parent of the child. During young years children develop a special bond with their teacher which also helps to attain good marks, do well in the class and encourage children for learning social rules. Any conflict or non-acceptance of teacher towards parent and vice versa influences the child. Cordial parent-teacher relationship; reinforcement of school learning at home; reinforcement of parental social values at school develop attitudes and skills held important in the society among the children.

- *School size, classrooms and age groupings*: Children are generally put in school according to the chronological age group. Children of about the same age groups would be seen in a class. Ideally classroom should be airy, with good lighting and ventilation facility. The number of students in a class should be less so that there is good student teacher interaction. But in India around 40-50 students are put in the same class. We will not discuss about the type of school the child should be sent to but, rather our emphasis is on the influence of school as a social system. Though, the philosophy of the school does impact learning of socially relevant skills as well as societal norms.

- *Disciplining*: School and classroom discipline like parent-child system in India is demanding. The child is expected to obey the school rules, be disciplined in the school and classroom. Both punishment and reinforcement is being used in administration of discipline and to teach children. Discipline also motivates the child to learn and achieve.

- *Teaching methods and techniques*: Teaching methods and techniques used for teaching children like peer tutoring (older children tutor young child); cooperative learning (a small group of students study together to master skills, like in group activities); textbooks, computer, laboratories, field visits, etc. provide children and adolescents learning experience which are educational in nature but at the same time teach social values to them.

- *Achievement motivation*: Achievement motivation or the motivation to excel in studies and co-curricular activities needs to be present in the child to attain and score higher ranks, grades or marks. Achievements in the school leads

to higher self esteem in the children, confidence and a feeling of accomplishment and self worth. This zeal for achievement would later help the adolescent to go for higher studies and/or professional careers.

- *Cultural influences*: Culture influences have been reported to motivate children to study. Some cultures value education more than others.
- *Parental involvement in studies*: Other than parents' attitude towards school and teachers, their involvement with their child's school home work makes learning enjoyable and special for the child.
- *Special children*: Special children, children with disabilities, children having learning difficulties, gifted children, children with vulnerabilities all constitute children who need special educational facilities. The promotion of inclusive education helps meet the child's need to belong to 'their group' children of the same age group.
- *Drop outs*: All children who attend school do not finish their education. Drop outs are high in educational system which could be due to failure, disinterest in studies, family pressure, need to earn etc. Drop outs may attain education later through open educational systems or may not study further or later re-join the school.
- *Second-language education*: In most of the private and public schools in India, children are taught through English medium, which is a second language to us. Being multi-lingual from the beginning or at least bi-lingual is the norm in our society. Second language teaching exerts. Second language teaching excel both psychological and social pressure to excel in English as it is the medium accepted in the high-class society.
- *Educational policy*: Educational policy is made keeping the social culture as well as child's welfare at hand. Educational policy influences child's learning and achievement.
- *Vocational education and career*: Adolescents attain vocational education or go for higher education depending upon their interest, aptitude, abilities, socio-economic status of the parents, need to be an earning member, etc. Career choice is influenced by discussions with school teachers, peer group and parents.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. What do you understand by cooperative learning?

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1.5 PEER GROUP AS AN INFLUENCIAL SOCIAL SYSTEM

Children who live in large families generally come across children about their ages. Also day care centres place the child with other children of similar age groups. This leads to peer interactions. Children come close to children with whom they study, live nearby, and are like them. By middle childhood children are able to form and choose peers with whom they would like to interact more. Same-sex preferences are also seen during this age. During adolescence become more open and mixing with opposite sex begins.

Peer influences are seen maximum during adolescence. Below we will outline the peer influences.

- *Friends and peers*: With time, children are able to distinguish between friends and peer group. This distinction helps them to later associate and form trust outside home. Friendships in all age groups are special and based on reciprocal trust and help.
- *Peers as reinforcers of desired behaviour*: During early childhood years, eating habits are quite influenced by the peer group. Children are motivated to show the desired behaviour to be accepted. Peers also act as role models for each other.
- Peer acceptance : Peer acceptance becomes significantly important during adolescence. Peers would do things, act out, explore new things together and expect loyality and solidarity of behaviour among themselves.
- *Parents as peer promoters*: During early years of life, parents promote the child to play with children of their age groups. They express pleasure and satisfaction when young children are able to intermingle among themselves.
- *Change of locality and school*: Children are quite influenced by change of residential locality and school. They like to maintain relationships with their old friends. Acceptance in the new school also influences child's achievement and behaviour.
- *Prejudice against outside groups*: Children may develop a prejudice and non-acceptance of other children whom they don't consider their group member. This to and fro rejection can influence the child's esteem and confidence.
- *Aggression, bullying and prosocial behaviour*: Children express verbal and physical aggression, bullying young or weaker, and prosocial behaviour. Some of these behaviours are influenced by their familial experiences, schooling and peer group interactions.
- *Parents vs. peers*: There are certain social skills and behaviour which children learn from peer group which they don't learn from adults. Learning takes place faster with the help of peers. Some social skills are taught by parents especially cultural specific norms of their society and acceptable behaviour. Conflict between peer pressures and parental pressures is quite common during adolescence.
- *Gender and sex typing*: During early childhood years children are seen to reinforce sex-stereotyped behaviours associated within their society. Their ideas and expressions of acceptable gender roles are clearly stereotyped which is seen in their pretend play and also while talking with each other.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. Explain the role of peer relations in early childhood years in 2-3 lines.

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1.6 INFLUENCES AND SELF

All the above factors – parents, family, school, teacher, friends, peers–influence one's roles and responsibilities that one takes up. The behaviour portrayed is usually for acceptance of our in-group members. At times behaviour at school and home may be quite different. The social acceptance acquired for oneself would lead to building up of self confidence among children, development of self esteem and self concept of the adolescent would be formulated. All these influences play an integrated role in the individual's life. None plays a segregated influence. Achievement motivation necessary for a person to strive high in society is influenced by parents, family's outlook, teachers' expectations and peers' motivation. Though career chosen by the peer group after school and higher education may be different but the zeal to excel in their fields would motivate them all. Social values and norms learnt from the family takes the individual a long way in the journey of life. The social values once learnt with disdain are passed on to the next generation with pride. These social values make the child strive for success and happiness in life; a journey not simple, but becomes a crusade for some.

1.7 LET US SUM UP

In this Unit, we learnt about the influences of family, school and peers as social systems. This Unit was more a recapitulation of our life experiences. These social systems play an important role in helping an individual to achieve success and lead a happy life. These influences teach social norms to the child which when he/she grows up, pass on to their next generation.

1.8 GLOSSARY

Achievement motivation : Motivation to excel in studies and co-curricular activities needs to be present in the child to attain and score higher ranks, grades or marks.

Cooperative learning : Children learn from each other through working in groups of two or more children.

Marital balance : It encompasses the power and communication pattern between the spouses, the understanding they share for their interpersonal relationship and personas to be shared with other family members.

Peer tutoring : Older and more experienced children teach the younger children.

1.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Emotional tone of the family, family interaction, discipline, expectations and family dynamics make family a premier social system.

Check Your Progress Exercise 2

1. Cooperative learning is a method by which children of the same age group or class work together to finish assignments or learn or do any group activity.

Check Your Progress Exercise 3

1. During early childhood years parents promote peer interactions. Sex-stereotyping is quite strict among this age group. Peers influence child's eating habits as well as other behaviours.

1.10 UNIT END QUESTIONS

1. Explain the role of parent-teacher interaction in the child's holistic development.
2. 'Adolescents are in conflict with their parents and do things to be with their peer group only'. Do you agree with this statement? Give reasons to support your answer.

1.11 FURTHER READINGS AND REFERENCES

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UNIT 2 IMPACT OF MASS MEDIA

Structure

2.1 INTRODUCTION

Media plays a significant role in people's lives, particularly those of children and adolescents as they are highly impressionable. It has certain positive and negative influences on children and adolescents. These can be regulated through caregivers, peers and teachers using certain strategies so as to have the desirable effects on the physical, socio-emotional health of the child and adolescent. The Unit focuses on these aspects.

Objectives

After studying this Unit, you will be able to:

- Delineate the different sources of media;
- Describe the effects of media on the physical, psychological and social functioning of children and adolescents; and
- Explain the strategies which can be useful for parents, peers and educators in regulating the effects of media on children and adolescents.

2.2 SOURCES OF MEDIA

Media consists of the information presented as visuals, words and sounds either through the print, visual or auditory mediums. This information may pertain to people, places or events, which may be either real or fictional in nature. The different sources of media or the mediums through which information can be conveyed are described as follows:

2.2.1 Newspapers

Newspapers constitute the print media. They contain of information pertaining to people, places and events surrounding the happening around us and in the world at large. They include both main news stories as well as supplements pertaining to various topics. Newspapers are one of the sources of media that influence middle and high school children as well as adolescents. The stories reported in newspapers often pertain to criminal activity such as robberies, physical and sexual assault as well as political news, which is reported at times in a prejudiced manner. The supplements these days carry explicit imagery as well as advertisements which promote certain products and ways of life. Newspapers influence children and adolescents as they shape our attitudes about various people, objects, events and issues. They also increase awareness pertaining to world happenings and diverse topics. They are usually introduced in middle schools, with the objective of spreading awareness about issues and events but if not guided by a parent or teacher, the content can be misinterpreted and have a negative effect on children and adolescents.

2.2.2 Magazines

Magazines are another form of print media, where information regarding various topics ranging from political news pieces to stories about places, issues and famous people are conveyed through words and illustrative pictures. Children are exposed to magazines from a very early age. Initially the glossy colourful pages of the magazines are used to keep children occupied as well as to help them identify and name colours, objects and people. Young children are introduced to comics and books containing stories to educate them about moral conventions and shape their attitudes. In late childhood and adolescence, exposure to gender specific magazines and political or film magazines becomes evident. These magazines, comics and books contain a variety of content like aggressive stories and language, sexual content as well as some educational information. This material can have positive or negative effects on the child or adolescent depending on exposure and interpretation of nature of material.

2.2.3 Radio

The radio started out as a primary mode of conveying news pieces and is regarded as basically an auditory medium Nowadays, the content on the radio is comprised of songs of all genres and advertisements. Children get exposed to the radio from a very early age as it is often the primary source of entertainment in transportation and in some homes as well. It is initially employed to soothe or distract the child and later, songs become a substitution for rhymes children learn. The content of songs these days is at times explicit in nature and also contains some slang and abuses, which are vicariously learnt by children. This if not regulated may have a negative affect on their minds and vocabulary.

2.2.4 Television

The television is a visual and auditory medium which comprises of moving images and sounds. It is the most popularly used medium across age, gender and socio-economic status. The content on television ranges from news to serials, music videos and informational channels. Children are exposed to the television from a very early age as the moving pictures and variety of sounds catches their attention. Since both parents are working for long hours, the television becomes a friend

and nanny for children in their leisure time. The content ranges from informational to aggression, sexual and that pertaining to reinforcing various stereotypes and prejudices. Unregulated or poor monitoring of the content by parents or caregivers may influence children in a negative way such as vision and hearing deficits, obesity or increased body image concerns as well as irritability and aggression.

2.2.5 Computers/Internet

Computers are also visual and auditory medium for relaying different kinds of information. Children spend a lot of time playing computer games or on the internet in school and at home. Computer games may serve as a task to increase attention and problem solving but at the same time certain games may have aggressive and sexual content which may negatively influence the child or adolescent. The internet is a vast resource of information, some of which if not regulated may affect the minds of children and adolescents in negative ways such as physical harm like poor vision and obesity as well as psychological problems like aggression. However, access to the internet helps the child to communicate with various people across the globe as well as be updated regarding information pertaining to a variety of topics. Blogs and chatting on the internet is a popular past time for children and adolescents. Blogs help young people to put fourth their views in the cyber arena and share views of others on various topics. Chatting helps children and adolescents to connect with family, friends and other people across the globe. It helps to establish relationships with people across cultures and exchange views with them. Children and adolescents tend to spend a lot of time chatting online, which can at times take up vital time which can be devoted to academic work, physical exercise or spending time with family. Other computer software helps to enhance presentation skills as well as creativity of the child or adolescent.

2.2.6 Cell Phones

Cell phones or mobile phones are a recent audio visual medium which has become popular with people across ages. Children and adolescents are given mobile phones by their parents at an early age, primarily to stay in touch with them while they go for tuitions, friends' houses or on trips. However, they provide a variety of other uses such as games, song players, camera, access to internet and many more. Mobile phones come in variety of shapes and sizes replete with a variety of features. This may become a source of competition among children and adolescents and may lead to aggression and bullying among them. It may also be a source of censored content which may influence the child's mind. Also, recent research has suggested that excessive use of cell phones may lead to auditory deficits as well as cognitive deficits and emotional disturbance.

2.2.7 Video Games

Video games are an audio-visual media which is popular across children of all ages as well as adolescents; the most popular being play station. These consist of games pertaining to racing cars and bikes, shooting objects and enemies as well as puzzles and mazes of various kinds. They also have a range of difficulty levels. The content of these games has a profound effect on the minds of children and adolescents as it may increase attention and problem solving ability but may at times increase irritability and endorse aggressive behaviour patterns, as many video games are violence and aggression based. The choice of video games plays a critical role.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answers with those provided at the end of this Unit.

Answer the following in 4-5 lines

1. What are the different sources of media?

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   .....

   .....

2. What types of print media influence children and adolescents?

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   .....

3. What types of audiovisual media affect children and adolescents?

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   .....

2.3 EFFECTS OF MEDIA ON CHILDREN AND ADOLESCENTS

Since the minds of young children and adolescents are highly impressionable, media can influence them in various ways. The ways in which media influence the child or adolescent depends on the viewing capacity of the child or adolescent, content as well as regulation by family and educators. The effects of media can be elucidated as follows:

2.3.1 Effects on Physical Health

Excessive exposure to certain sources of media may have certain negative effects on parts of our bodies. These are discussed as follows:-

- **Visual Deficits**

Watching television or viewing the computer screen for long hours may lead to certain visual deficits like myopia or short sightedness. The glare of the screens may cause excessive redness and watering of the eyes. This may be the reason for increasing number of children wearing spectacles in the present day. Eye strain from long hours of viewing the television or computer screens could also lead to complaints of headaches in children and adolescents.

- **Hearing Difficulties**

Listening to the radio or television on loud volume or excessive exposure to loud noises from the computer may lead to hearing difficulties, damages to the ear drum or even deafness in extreme cases.

- **Postural Problems**

Children and adolescents usually slouch while watching the television or lean excessively close to the computers. This may cause neck and shoulder pains and backaches. If very young children slouch too much while watching the television, it may also lead to slight bent in spinal cord as the skeleton of the young child is still developing till the age of 16 to 18 years. Further, stiffness in parts of the body especially wrists and fingers may set in.

- **Changes in Eating Patterns**

While watching television or computers, children and adolescents may lead to unhealthy eating patterns like munching excessive junk food and aerated drinks publicised in media during viewing television and computers. Also the time spent on sports and playing outdoors is reduced, so the child or adolescent may put on weight and become obese. Further, shift in eating patterns has been influenced by media. There has been an excessive focus on thinness. It is conveyed in fashion magazines, movies as well as by television and internet at large. Females are more influenced by this and resort to cutting down on food intake to achieve a thin figure. Taken to extreme, this may result in development of certain eating disorders like anorexia or bulimia.

- **Focus on Physical Fitness**

The media in recent times has put an excessive focus on keeping the body fit by exercising, going to the gym and taking health foods. Adolescents are usually influenced by this information and hence, from an early age start to adopt the means to have well built bodies. For, example, boys start taking protein shakes and doing weights in gymnasiums, while girls avoid fried food stuffs and high calorie foods and enrol themselves into aerobics, dancing or the gym.

2.3.2 Effects on Psychological Functioning

The various sources of media have certain psychological effects on the child and adolescent. It affects the emotional regulation, behaviours as well as thinking patterns. These can be elucidated as follows:

- **Aggression**

It refers to any act resulting in physical or emotional harm to self or another. It can take various forms such as verbal or physical. Verbal aggression is expressed in form of abusive language or shouting. Physical aggression may manifest in the form of hitting another person or injuring someone with a weapon. With the media excessively focusing on criminal or aggressive acts as well as glorifying the stories of notorious persons and serials showing sexual violence, children and adolescents imitate these acts without being fully aware of the consequences thereof. This is depicted in choosing guns as toys and having preference for bombs in firecrackers as well as children bullying or getting into physical fights with others. Since aggression

goes hand in hand with low frustration tolerance and impulsivity, at times adolescents may resort to use of weapons like knives or bats to injure their opponents. At times, young boys may also resort to sexual aggression in form of making sexual gestures or raping females in order to exert their power or superiority over them.

- **Body Image Concerns**

It refers to how children and adolescents perceive their appearances. Due to heavy emphasis on looking good and appealing to others, children and adolescents fall prey to buying branded clothes, using make-up at an early age, going to extremes to diet and exercise so as to imitate models with perfect bodies. This leads to children and adolescents gaining inferiority complexes as well as the risk of developing body image distortions and disorders. The disorders associated with negative body image are body dismorphic disorder, anorexia nervosa and bulimia nervosa. Apart from physical appearance, the media also draws attention to sexuality of adolescents such as appearance of certain physical attributes which make a person attractive.

- **Faulty Coping Styles**

The media at times fosters low frustration tolerance in children and adolescents. This is expressed in the form to resorting to temper tantrums or anger outbursts by characters portrayed in stories reported by the media as well as glorifying smoking, drinking and drugs as a means to cope with external demands. Children and adolescents vicariously copy such acts without being fully aware of their consequences and thus at times land into trouble. At times, many characters in movies, serials and stories are shown as resorting to self harm as a means to deal with failures in life circumstances. This may at times be the cause for increasing numbers of suicides committed by children and adolescents especially after failure in board exams or as a response to break ups in relationships.

- **Awareness**

The media despite having a host of negative influences is the main source of staying connected with the external world, particularly with the happenings in different parts of the globe. The newspapers as well as educational programmes help children learn about a host of topics, different cultures, places as well as enrich their minds and vocabularies. The internet is also a major medium to spread awareness about various topics via chat groups, websites and blogs. Television programmes such as on history and news help to increase their general knowledge and awareness about people, places and events. A benefit of spreading awareness through media is that it highlights information about certain disease conditions, malpractices as well as about certain products whose excessive use may be harmful. Certain awareness is also conveyed prematurely to children or adolescents such as conveying sexual information which is explicit in nature through pictorial, verbal and print media. With this information exchange, adolescents also engage in cyber sex, that is expressing the sexual act in verbal form. This can affect the children/adolescents' minds in certain negative ways as they may not be mature enough to handle the information or may at times engage in high risk behaviour due to heightened sexual awareness communicated by the media.

- **Academic Learning and Creativity**

Both print and audio-visual media promote learning about various kinds of educational topics, hence increasing the general fund of knowledge of the child and adolescent. The puzzles, mazes and games both consisting of words as well as active stimulation through graphics and sounds enhance the child's visual, spatial as well as intellectual skills. Certain software and educational material conveyed through media encourages the child to tap his/her creative potential through various channels. Example: creating musical symphony through computers and using paint software to create a graphic. Additionally, present day computers come equipped with software to help children learn new languages as well.

- **Self Esteem**

This refers to the positive or negative feelings one has towards oneself. The media has an impact on the child or adolescent's self esteem as it influences the way in which children feel about themselves. The positive feelings towards oneself are defined by the media with materialistic objects as well as with the kind of people one should associate with. The body image is also in a large way determined by the media, which is one of the core elements that define one's sense of self.

2.3.3 Effects on Social Functioning

Apart from having an effect on the physical health and psychological functioning, the media also affects the social functioning of the child or adolescent, which can be summarized as follows:

- **Attitudes**

They refer to our likes or dislikes, or preferences towards people, objects, places or events. The media contributes to the formation of attitudes of children and adolescents. The views which are presented on the television or internet shape the preferences children have towards toys, clothing, persons and objects at large. It also shapes the attitude each sex has towards the other as well as regarding attitudes towards groups of peers, such as adopting a positive attitude towards popular children in class and a negative attitude towards bullies.

- **Stereotypes**

They reflect a prejudiced way to perceive certain groups of people in society. Media influences the ethnic and gender stereotypes among children and adolescents. Ethnic stereotypes may be reflected in the way in which different cultures and sects of society think, feel and behave. It may further the child's knowledge about the various cultural practices but at the same time may influence their way of viewing them in prejudiced manner. Example: religious stereotypes may create differences in relating to people across groups. Gender stereotypes are centred on the androgynous and feminine characteristics portrayed by the media at large. The way males and females should dress, express emotion and behave is depicted in the images and narratives in media. These stereotypes are vicariously imbibed by children and adolescents.

- **Consumerism**

It refers to the effects of commercials in terms of increasing sales of various products and the emphasis on excessive marketing. The products targeted at children and adolescents range from food items, toys, clothes, cosmetics as well as mobile phones. Children and adolescents often fall prey to these as most of the ads promise a better self image and lifestyle. This may lead to excessive demanding behaviour from parents and irresponsible spending of money. It may also foster a sense of competition among peers and the fact that one's popularity and self esteem is being fuelled by the material resources possessed by the child or adolescent.

- **Prosocial Behaviour**

This refers to any act signifying helping behaviour and cooperation among persons. Some television programmes like cartoons and other team work based serials foster the behaviour of helping each other and those in need as well as emphasize on the benefits of working as a cohesive group. Children and adolescents taking a lead from this at times engage in group activities as well as establish social clubs for various co-curricular and prosocial causes. Prosocial behaviour can also be exhibited on the internet through online chat groups devoted to special causes or topics as well as posting blogs or websites which can call for contributions by individuals in a cooperative arena.

- **High Risk Behaviour**

The acts which require risk taking and involve stunts are glorified in advertisements, serials and movies in the media. The children try to vicariously imitate the superheroes, while adolescents try to copy their favourite actors. They try to engage in certain stunts which are performed on screen which often leads to physical harm in form of injuries and at times may also risk the child or adolescent's life. High risk behaviour is also associated with experimenting with various substances or engaging in unsafe sexual practices, which are sometimes portrayed by characters on the television or internet. These practices may range from engaging in cyber sex, using sexually explicit language and enacting certain sexual acts with certain persons.The child and adolescent do not have adequate reasoning power to differentiate between fiction and reality and hence try to emulate the actions without regard for the physical, emotional or social consequences that may follow.

- **Interpersonal Relationships**

The media has an indirect influence on the communication and gestures used in interpersonal relationships with parents, peers and others. For example, most serials on television promote certain type of language exchanges as well as some slang which children may pick up and use in interacting with significant others and the like. The movies are also a source from which adolescents pick up certain styles of interacting with parents and peers. These ways of interacting may at times be positive or negative depending on the context in which they are used and with whom they are used. Interpersonal conflicts among the family often result from excessive use of computers or television or cell phones. Conflicts range from the time devoted by children on audio-visual sources of media, which programmes children or adolescents should watch or which sites on the internet they should visit and how much time they should talk on the phone. Chatting on the internet at times also perpetrates conflicts online among persons such as using objectionable language or harassing individuals by sending obscene messages or e-mails.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

Fill in the blanks:

1. _____ is a visual deficit often resulting from excessive television or computer screen viewing.
2. _____ disorders result from extreme measures to diet and exercise.
3. _____ and _____ skills are enhanced by computer games.

2.4 STRATEGIES TO REGULATE EFFECTS OF MEDIA

Media has both positive and negative effects on the health and minds of children and adolescents. In order to maximize the positive effects and curb the negative ones, certain strategies can be employed by parents and educators, which can be discussed as follows:

- Parents may carefully select the print material, such as remove suggestive magazines and newspaper supplements from the reach of very young children.
- Child lock can be employed in television sets and passwords can be installed in computers to keep certain content away from the child's reach.
- Timings of television viewing and surfing the internet can be restricted by parents.
- Parents and educators can assist children in selection of certain programmes on television.
- Middle and high school children as well as adolescents can be involved in activities like debates where topics of aggression and body image can be discussed.
- Close observation by parents and caregivers can help in identifying negative body image concerns as well as signs of eating disorders.
- Parents may carefully select the toys and games which have acceptable content and encourage children to select out the educational material from the material which is likely to have a negative effect on the child.
- Parents and educators may help to highlight the positive and negative effects of media to help children sift out the content effectively.

Hence, to conclude, the media plays a significant role in the lives of children and adolescents and has certain positive and negative effects on their physical, psychological and social functioning. Through effective regulation, parents and educators can help maximise the benefits and cut out the costs and above all help children and adolescents choose and select the information that is helpful to them.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

Match the following columns

	I		II
1.	Restricting channel access	a.	Eating disorders
2.	Negative body image concerns	b.	Child-lock
3.	Positive influence of media	c.	Informational programmes

2.5 LET US SUM UP

In this Unit, we have learnt about media, its sources and the effects it has on our physical health as well as on our psychological and social functioning. The main learning from the Unit can be summarized as below:

- Media plays a significant role in people's lives, particularly those of children and adolescents as they are highly impressionable.
- Its main sources comprise of print media like newspapers and magazines as well as audio-visual media such as television, computers and video games.
- The media affects the physical, psychological and social functioning of children and adolescents.
- The effects of media on physical health of children and adolescents include visual and auditory deficits, postural problems, and changes in eating patters as well as focus on physical fitness.
- The influence of media on psychological functioning of children and adolescents comprise of concerns regarding body image, aggression, awareness, academic learning and creativity, self esteem as well as faulty coping styles.
- The media has an impact on the social learning of children as well especially in relation to formation of attitudes, stereotypes, prosocial behaviour, high risk behaviours, interpersonal relationships and consumerism.
- Certain strategies can be adopted by parents and educators to regulate the influence of media on children and adolescents. These include using restrictions such as fixed timings, child lock as well as monitoring the content viewed and having discussions on various subjects with children and adolescents regarding the information conveyed by the media.

2.6 GLOSSARY

Aggression : It refers to any act resulting in physical or emotional harm to self or another. It can take various forms such as physical, verbal or sexual.

Anorexia Nervosa : An eating disorder in which individuals starve themselves because of a compulsive fear of getting fat.

Attitudes : It refers to the preferences, that is likes or dislikes a person has towards people, objects, places or events. It can be positive, negative or neutral.

Audio-visual Media : The sources of media which comprise of moving visual imagery and sounds such as television.

Body Image : It refers to the perception a person has regarding the physical appearance of his or her body as well as parts of the body.

Bulimia Nervosa : An eating disorder in which individuals engage in strict dieting and excessive exercise accompanied by binge eating often followed by deliberate vomiting and purging with laxatives.

Coping : It refers to the covert and overt actions an individual undertakes to overcome stress.

Creativity : The ability to produce work that is original and that is appropriate.

Print Media : The source of media which comprises of words to narrate information about people, places or objects.

Prosocial Behaviour : The behaviours or acts that are co-operative in nature and benefit the social group a person belongs to.

Self Esteem : The judgements about one's worth and the feelings associated with that.

Stereotypes : Widely held beliefs about characteristics deemed appropriate for certain groups of people.

2.7 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. The different sources of media comprise of both print and audio-visual sources of media. Newspapers and magazines constitute the print sources of media, while radio, television, computers and video games constitute the audio-visual forms of media.

2. The key sources of print media that influence children and adolescents are newspapers, magazines, comics and books.

3. The main audio-visual media forms which influence children and adolescents are television, computers, particularly the internet as well as video games like the playstation.

Check Your Progress Exercise 2

1. Myopia
2. Eating
3. Visual, Spatial

Check Your Progress Exercise 3

1. – b.
2. – a.
3. – c.

2.8 FURTHER READINGS AND REFERENCES

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UNIT 3 CHILDREN IN VULNERABLE SITUATIONS

Structure

3.1 INTRODUCTION

Within a Social Risk Management (SRM) Framework "Vulnerability" is defined as"the likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks. If we try to understand vulnerability of children then in the perspective of SRM, vulnerable children are those who face a higher risk than their local peers of experiencing:

- Infant, child and adolescent mortality,
- Low immunization, low access to health services, high malnutrition, high burden of disease,
- Low school enrollment rates, high repetition rates, poor school performance and/or high drop out rates,
- Intra-household neglect vis-à-vis other children in the household (reduced access to attention, food, care),
- Family and community abuse and maltreatment (harassment and violence),
- Economic and sexual exploitation, due to lack of care and protection.

Objectives

After studying this Unit, you will be able to:

- Understand the meaning of "vulnerability";
- Develop understanding of different ways of assessing vulnerability;
- Gain insight about the role of resilience;
- Identify different kinds of vulnerability and ways of dealing with it; and
- Understand the importance of prevention rather than rehabilitation.

3.2 IDENTIFYING VULNERABILITY OF CHILDREN

To understand if the particular child falls into vulnerability criteria, certain information has to be gathered to evaluate the child like understanding the place the child has in the family, kind of parent-child interaction and family conditions or influences that shape the child's vulnerability.

For some children, vulnerability could be evident on the basis of mere observation but for others, more information needs to be collected.

The definition for child vulnerability in simple terms says vulnerability is all about self-protection. In the above paragraph, when we have mentioned abt abuse and exploitation—this is what links to self protection. So, what does that mean? This means can a child provide for their basic needs? Can a child defend him/herself against a physical assault? Can a child get away from a dangerous situation? For that matter, does a child even know when a dangerous situation is developing? Is a child totally dependent on others? These are questions that provide some boundaries to the idea of self-protection. The things that help one to judge child vulnerability are:

Age - Children from birth to six years old are always vulnerable. Be hyper-vigilant about infants.

Physical Disability - Regardless of age, children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable.

Mental Disability - Regardless of age, children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs and seeking protection.

Provocative - A child's emotional, mental health, behavioural problems can be such that they irritate and provoke others to act out toward them or to avoid them totally.

Powerless - Regardless of age, intellect and physical capacity, children who are highly dependent and susceptible to others are vulnerable. These children typically are so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Powerlessness could also be observed in vulnerable children who are exposed to threatening circumstances, which they are unable to manage.

Defenseless - Regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. This can include those children who are oblivious to danger. Remember that self-protection involves accurate reality perception particularly related to dangerous people and dangerous situations. Children who are frail or lack mobility are more defenseless and therefore vulnerable.

Non-Assertive - Regardless of age, a child who is so passive or withdrawn not to be able to make his or her basic needs known is vulnerable. A child who cannot or will not seek help and protection from others is vulnerable.

Illness - Regardless of age, some children have continuing or acute medical problems and needs that make them vulnerable.

Invisible -. Children that no one sees (who are hidden) are vulnerable. A child who is not visible to be noticed and observed should be considered vulnerable regardless of age. For example: children who are isolated, aloof ,does not participate much in social events etc.

3.3 IMPORTANCE OF RESILIENCE

Over recent years there has been increasing interest in understanding why some children who should be at high risk of developing mental health difficulties do not do so. There is a need for understanding what gives this resilience, so that significant steps could be taken up to reduce future risk for all such children. It has been suggested that the concept of resilience is greater than that of prevention, for while prevention is seeking disease avoidance, resilience also includes the aim of establishing wellness. It is increasingly acknowledged that resilience is a dynamic process in which the individual and the social environment interact to produce a pattern of functioning which offers resistance to detrimental experiences, from which coping successfully with one situation strengthens an individual's ability to cope in the future. Such elements are rooted in developmental progression rather than fixed personality and are probably part of a normative process. Thus not only do these qualities have the potential for strengthening and enhancement, but the resulting improvements in functioning seem to be enduring. It's been researched that the focus needs to be upon three broad domains the intrinsic functioning of the child, the family atmosphere and functioning, and the support and influences that come from the wider community.

3.4 DEALING WITH DIFFERENT KINDS OF VULNERABILITIES

- **Street Children**

For the millions of children worldwide who live in the street, education is the most effective method of reintegration into society. Activities that could be foussed upon for preventing children in diffculties ending up on streets are :

- Raising awareness of the general public about street children and the non-enforcement of the right to education for all.
- Providing technical support for organizations and institutions in order to meet the basic needs of these children.
- Organizing national campaigns and information dissemination to encourage governments and civil society in the provision of educational opportunities for all.
- Providing basic service provision (e.g. literacy courses, medical and psycho-social support, food and clothing) to aid children in making informed and positive decisions about their lives, about leaving the streets and becoming integrated in residential centres or reintegrated with their families.
- Organization of street rounds to identify new street children, establishing a dialogue based on respect to enable them to decide to leave the streets.

- Inclusion of street children in the mainstream school system from early on and rehabilitation programmes for drop-outs.
- After-school educational activities, personalized educational workshops and functional literacy courses and vocational training to bridge formal and non-formal education and to facilitate street children's enrolment in the public school system.
- Organization of advocacy campaigns and preventive education programmes for street children on HIV and AIDS, drug abuse and development of life skills training programmes about communication and interpersonal skills, decision-making and critical thinking skills, coping and self-management skills.
- Creation of a classroom environment that retains former street children in school.
- Improving pre-service and in-service training where teachers acquire experience in inclusive methods and practices, meeting pupils with different abilities, experiences, social and cultural backgrounds.

■ **Child Workers**

Universal access to education, and particularly to free and compulsory education of good quality secured until the minimum age for entry to employment, is a critical factor in the struggle against the economic exploitation of children. The enrolment of child workers in basic education reduces the vulnerability of them for child labour. The activities that could be done for reducing this problem are:

- Mass public information campaigns and community mobilization to increase awareness about the rights of working children at all levels of society and legislation related to child labour.
- Access to free and compulsory education of good quality, secured until the minimum age for entry to employment.
- Measures to bring girls to school and keep them in school including security and the provision of adequate sanitation, girl-friendly methodologies and vocational training in practical life skills leading to further formal vocational training.
- Initiatives to attract higher numbers of women teachers to teach in rural and slum areas and training for male teachers in girl-friendly pedagogical approaches.
- Development of life skills training programmes for child labourers.
- Legislation to guarantee access to education and prevent child labour.
- Codes of conduct and procurement policies for employers regarding child labour.
- Universal child registration at birth and protection of a child's right to official proof of age.

■ **Children with Disabilities**

Children having disabilities often have little hope of going to school, getting a job, having their own home, creating a family and raising their children or enjoying a

social life. For the vast majority shops, public facilities and transport are not accessible. The most important point to be considered under this is about early intervention programme. Broadly speaking, early intervention services are special services for eligible infants and toddlers and their families which are quite vulnerable to develop the disability. This is an effective way to address the needs of infants and toddlers who have developmental delays or disabilities. Early intervention programmes are usually carried out in a variety of ways and in different places. Sometimes it starts in the child's home with the family receiving additional training. Services may also be provided in other settings, such as a clinic, a neighborhood daycare center, hospital, or the local health department. Early intervention plays a vital role in promoting optimal development of children with disabilities.

Apart from the development of early intervention programme, the role of teachers is also quite important. In relation to that, following pointers could be noted down:

- Recognition and response system needs to be based on the premise that when parents and teachers recognize that a young child may not be learning in an expected manner, they can take steps to enhance the child's early school success.
- An intervention hierarchy entails three tiers of instruction and intervention.
  - In Tier 1, the teacher provides all children with a research-based curriculum and effective teaching strategies. Also, all children receive screening, assessment, and progress monitoring in key academic, health, and development areas. This allows educators to determine whether most children (approximately 80 percent) are making adequate progress and to identify the children who need additional supports.
  - In Tier 2, teachers provide interventions and curriculum modifications that require minimum adjustment to classroom routines to the children who do not make adequate progress in Tier 1. Again, decisions are guided by assessment and best practices.
  - In Tier 3, teachers implement more intensive and individualized instruction for those children who do not make adequate progress in Tier 2. Educators make instructional decisions through collaborative problem solving, which is guided by assessment and best practices.
- Children who don't make adequate progress in Tier 3 may need to be referred for formal evaluation for learning disabilities or other special needs.
- Screening, assessment, and progress monitoring to guide the teacher's decision to move a child from one tier to the next.
- Research-based curriculum, instruction, and intervention.
- Collaborative problem solving for decision making: To decide when to move a child from one tier to the next or to select assessment or intervention strategies for a child, teachers should rely on the problem-solving process. This process involves defining the problem, analyzing the problem, developing a plan, and evaluating the plan to determine whether it effectively addressed the child's goals. A critical component of the problem-solving process is using data to make decisions about instructional strategies and evaluate their effectiveness.

■ Children Born in Indigenous Families

Some areas of interventions that can be planned for indigenous people are:

- Developing guidelines for indigenous/tribal people relevant to their needs and aspirations, accommodating their culture, language and learning styles.
- Supporting reflection and action to render curricula and teaching methodologies sensitive to indigenous peoples' rights, perspectives, experiences and aspirations, notably by involving indigenous peoples in the work carried out in this area.
- Developing educational and training programmes for indigenous people in relation to indigenous people's rights, techniques of negotiation, and leadership skills.
- Creating empathetic and supportive environment for such children in educational setting.

Here, it is importants to bear in mind that in India, children belonging to scheduled castes, scheduled tribes, weaker sections of the society and minority sections may also be ill-treated by the society and be in vulnerable situations and need similar help.

■ Children Living in Rural Settings

Rural/urban inequalities are a major obstacle to sustainable development. Percentage of people living in rural areas is still 72% in India. Usually rural people lack access to adequate basic social services. Even those who move to an urban setting, find the going difficult.

Some areas of intervention that could be emphasized for people living in rural areas:

- Educational assistance for the poor and needy (scholarships, free uniforms, relief from school fees, etc).
- Distance-learning through the use of Community Multimedia Centers and ICT.
- Addressing cultural values that limit educational opportunities for girls through schemes such as take-home rations and community daycare.
- Streamlining curricula to focus on the main priorities and combine core and local content and teach it using community/human/material resources to promote active learning.
- Providing better pay/incentive for teachers, especially for rural areas and establish national recognition awards for teachers in rural/remote areas.
- Developing innovative support systems at the school and classroom level to help teachers use active learning techniques.
- Encouraging adequate data collection focussing on the issues affecting target groups.

■ Child Victims of Abuse

The effects of child abuse are wide ranging, and vary from survivor to survivor depending on a number of different factors such as the age of the victim, the

duration of the abuse, the number of perpetrators, the nature of the relationship with the perpetrator, and the severity of the assault (in case of sexual abuse).

Effects of abuse:

- *Emotional effects include :* Emotional effects include feelings of confusion, powerlessness, helplessness, pain, betrayal, sadness, grief, loss, feeling dirty, shame, vulnerable, unsafe, scared, terrified, horrified, depressed, angry, numb from feelings and body, suspicious, untrusting, tortured, sensitive, emotional hurt, panic, anxiety, and feeling miserable.
- *Beliefs about self :* Beliefs about one's self include: "I am bad, no one loves me, no one could love me, I am unlovable, I am dirty, it's my fault, I'm stupid, I should have done something, I should have told someone, I hate myself, I must be bad, I must have wanted it, I must have done something, I'm being punished, I deserve to die, I don't want to be me, why do these things happen to me, I must have deserved it".
- *Minimizing beliefs :* Victims are confronted with overwhelming pain. In order to cope with extreme and intense emotions, the details of what happened, and who hurt them, they may try to convince themselves – "it wasn't so bad, it didn't really hurt them, others have been hurt much more" etc. This is a form of self-protection. It did hurt, it still hurts but it may be too hard or scary right now to face it all.

  As a form of self-protection, minimizing may help slow the process down which may be what the survivor needs from time to time. As a constant way of coping however, minimization leads to self-blame and self-hatred which is not helpful and hurts a great deal.
- *Rationalization :* Victims need to protect themselves from the truth of the situation; after all someone they trusted, and perhaps loved, hurt them very badly. Rationalization is when a victim explains the abusive behaviour away- "he didn't know what he was doing, he was abused himself as a child, he thought he was showing me love, she was really messed up, she didn't mean to hurt me." The victim is trying to protect her/himself from the horrible truth of the situation.
- *Denial :* Denial is recognizable by a victim saying, "it didn't happen; I must be making it up; after all how can I be sure anything actually happened; and what if I'm wrong; it probably didn't happen; it *couldn't* have happened." Denial can help slow the process down. Denial helps a child to survive. We cannot expect someone to simply abandon their hard earned coping strategies even if they are safe now. Safety is not only an external reality, it is an internal one as well. Many victims do not feel safe and may need some denial to cope with how they feel.
- *Problems with boundaries :* Because a victim's boundaries were not respected — they were utterly violated, s/he may have a lot of difficulty knowing where herself/himself boundaries are, how to maintain them, and how to protect her/him from those who do not respect or try to violate her/his boundaries. This leaves many victims vulnerable to further abuse.
- *Trusting others :* It can be very difficult for a victim to trust anyone. It can be even harder when that person is close to them, and cares for them. Often the abuser was that — someone who had a close and trusting relationship

with them. Adult relationships, particularly sexual ones, can be quite challenging and triggering for survivors. At the same time, they can be a source of great love, safety, and healing too.

- *Relationship with one's body :* Since the abuse took place on and in the body, the body can become the enemy. Many survivors carry a great deal of pain and memories in their bodies. Desperately needing ways to cope with this pain can lead to a variety of coping strategies including eating disorders, self-injurious behaviours, numbing, and inability to enjoy sex, having lots of sex, poor body image, a generalized separation from and disregard for one's body, dissociation, and gender-identity issues.

- *Coping behaviours :* There are a whole range of behaviours that survivors may engage in that come from having been sexually abused. They include: addictions, prostitution, isolation, frequent sexual activity, avoidance of sex, over-working, inability to work, high-functioning, low-functioning, argumentativeness, avoiding conflict, perfectionist, and wanting to please others.

  All of these behaviours were learned in response to abuse and served an important purpose — staying sane and alive. It is important to not judge your or anyone else's ways of coping — you're here because of them.

Other Effects

These may include nightmares, insomnia, panic attacks, flashbacks, anxiety attacks, terror, inability to go outside, fear of being alone, fear of being with other people, numerous trigger-responses, headaches, and physical problems (yeast infections, bladder infections, anal bleeding etc.).

Interventions

☞ Physical injuries can be addressed by health care professionals providing:

- Medication;
- Surgeries; and/or
- Rehabilitation and any other required treatments.

☞ For psychological concerns, there are a number of approaches that can be adopted by psychiatrists, psychologists, social workers or other counsellors and family therapists at hospitals, community health centres or in private practice. Such approaches are:

- Counselling;
- Play therapy;
- Psychotherapy; and
- Education, art, music, animal, spiritual and recreation therapies.

☞ Child protection services may provide follow-up intervention, which includes support services to families.

☞ Parenting programmes not only help parents to develop their skills, but also to provide sufficient nurturing to their children.

- ☞ Individual counselling and family counselling and therapy are considered to be effective to enhance family situation and family integration.
- ☞ Medication can be useful for the symptoms of depression, anxiety and other symptoms, but may be more effective if used in combination with counselling and family therapy.
- ☞ Later in their life, the victim may need to undergo couples or relationship counselling when they heal to the point of finding a long-term relationship.

Thus, there is a variety of treatment options for each individual, and the length of time to heal differs depending on the person, his/her life experiences, and the combination of treatment. However, healing is possible. When the victims' desire to heal is met with information, skilled support, and a safe environment, they begin to grow in ways they never dreamed possible.

- **Children Living in Dysfunctional Family**

The general question of differences between children in different types of families is less important than what causes these differences. One way to think about this is to consider the risks that may cause difficulties for children and the effects of living in a dysfuncational family.

Effects:

- *Parental loss :* Divorce/separation/death often results in the loss of contact with one parent and with this loss children also lose the knowledge, skills and resources (emotional, financial, etc.) of that parent.
- *Economic loss :* Another loss for children living in single parent families is that they are less likely to have as many economic resources as children living in intact families.
- *More life stress :* The situation often results in many changes in children's living situations such as changing schools, child care, homes, etc. Children often also have to make adjustments to changes in relationships with friends and extended family members. These changes create a more stressful environment for children.
- *Poor parental adjustment :* Generally how children fare in families is due in part to the mental health of the parents; this is likely to be true for children in divorced families as well.
- *Lack of parental competence :* Much of what happens to children in general is related to the skill of parents in helping them develop. The competence of parents following divorce is likely to have considerable influence on how the children are doing.
- *Exposure to conflict between parents :* Conflict is frequently part of families and may be especially common in families that have undergone divorce. The degree to which children are exposed to conflict may have substantial effects on children's well-being.
- *Developmental issues :* A child's age affects his or her short term reaction to separation/death and divorce; at each stage, developmental issues are worked through differently. Developmental issues include the following:

- *Infants* are somewhat protected from the immediate consequences of separation/death and divorce, but the importance of maintaining a stable and secure attachment relationship with at least one parent complicates housing arrangements.

- *Preschool age children* may attribute parental separation to something that they have done.

- *Early school age children* (five to seven years of age) may understand issues related to separation and divorce in concrete terms, and attempt to maintain ties with both parents, while *late school age children* (nine years of age and older) may be more inclined to be angry with one parent and choose sides. Children in this age group may play one parent against the other or idealize an absent parent.

- *Adolescents* are in the process of becoming independent, dealing with their sexuality and establishing career goals. When a teenager's family is in conflict, routine adolescent tasks are more difficult, and reactions may be repressed or deferred with maladaptive behaviours or an attempt to mask feelings. Teenagers may tend to take on inappropriate responsibility for their parents' well-being.

Interventions

Regardless of the source of dysfunction, children living in such circumstances do survive. The following things could be done by such children with the help of a trusted adult:

- *It is important to first stop and take stock* – Remember that many of the survival behaviours one develops are one's best assets. For example, people who grow up in dysfunctional families often have finely tuned empathy for others.

- *Get help* – In most dysfunctional families, children tend to learn to doubt their own intuition and emotional reactions. Often outside support provides an objective perspective and much-needed affirmation which will help you learn to trust your own reactions. Help or support can take many forms: individual counselling, therapy groups .

- *Learn to identify and express emotions* – Growing up in a dysfunctional family often results in an exaggerated attention to others' feelings and a denial of one's own feelings and experiences. Be selective in sharing your feelings with others.

- *Allowing oneself to feel angry about what happened* – Forgiveness is a very reasonable last step in recovery, but it is a horrible first step. Children need to believe in and trust their parents; therefore, when parents behave badly, children tend to blame themselves and feel responsible for their parents' mistakes. These faulty conclusions are carried into adulthood, often leaving guilt, shame, and low self esteem. So placing the responsibility for what happened during the childhood where it belongs, i.e., with the responsible adults, allows one to feel less guilt and shame and more nurturance and acceptance toward oneself.

- *Begin the work of learning to trust others* – Learning who to trust and how much to trust is a lengthy process. Adult children from dysfunctional families tend to approach relationships in an all-or-nothing manner. Either they become very intimate and dependent in a relationship, or they insist on nearly complete self-sufficiency, taking few interpersonal risks. Both of these patterns tend to be self-defeating.

  Frequently, children of dysfunctional families continue to seek approval and acceptance from their parents and families. If these people could not meet your needs when you were a child, they are unlikely to meet your needs now.

- *Practice taking good care of yourself* – Frequently, survivors of dysfunctional families have an exaggerated sense of responsibility. They tend to overwork and forget to take care of themselves. Try identifying the things you really enjoy doing, then give yourself permission to do at least one of these per day. Work on balancing the things you should do with the things you want to do. Balance is a key word for people who've grown up in dysfunctional families.

- *Begin to change your relationships with the family* – Remember, one cannot change others, but can change oneself. Work on avoiding entanglements in the family's problems. It is also important to be patient with one's own family. They may find it difficult to understand and accept the changes they see in your behavior. While most families can be workable, undoubtedly there are some rare families who are far too dangerous or abusive to risk further contact.

- *Adopted child* – Children who are adopted are noted to be at elevated risk for mental health disorders, such as attention-deficit/hyperactivity, oppositional defiance, major depression and separation anxiety disorders, according to a wide body of research. There's also evidence to suggest that children adopted internationally could have much higher rates of foetal alcohol syndrome, autism and brain damage. The longer a child has been institutionalized increases the potential for behavioral and other problems; thus a child adopted earlier in his or her life, reduces some of the risks.

A multitude of issues may arise when children become aware that they have been adopted. Children may feel grief over the loss of a relationship with their birthparents and the loss of the cultural and family connections that would have existed with those parents. This feeling of loss may be especially intense in closed or semi-open adoptions where little or no information or contact is available with birthparents. Such grief feelings may be triggered at many different times throughout the child's life including when they first learn of their adoption, during the turbulent teen years, upon the death of other family members, or even on becoming a spouse or parent. There can also be significant concerns about feeling abandoned and "abandonable," and "not good enough," coupled with specific hurt feelings over the birthmother's choice to "reject" the child", to "give me away" or "not wanting me enough." Such hurtful and vulnerable feelings may be compounded should the child learn that the birthmother later had other children that she chose to raise herself.

Adopted children may struggle with self-esteem and identity development issues more so than their non-adopted peers. Identity issues are of particular concern for teenagers who are aware that they are adopted and even more so, for those adopted in a closed or semi-open circumstance. Such children often wonder why they were given up for adoption. They may also wonder about what their birth family looks like, acts like, does for a living, etc.

Guilt feelings may accompany such identity issues and concerns. Adopted children may feel as though they are betraying their adoptive family and/or that they will hurt their adoptive family by expressing their desire to learn about their birth family.

For helping children to deal with such hurt feelings, following could be done:

- ☞ Educators' and counsellors' sensitivity and ability to positively work with adopted children who may be experiencing behavioural and emotionally related issues can be an important variable in children's family and social adjustment.
- ☞ Sensitive adopted children may also fall victim to teasing and bullying at school and neighbourhood; where other children taunt them in an attempt to make them feel ashamed for being adopted; thus help of system needs to be taken up.
- ☞ Parents have to shun the questions that usually people ask regarding the child's adoption in the presence of the child.
- ☞ Children should learn of their adoption from the adoptive parents. This helps give the message that adoption is good and that the child can trust the parents. If the child first learns about the adoption intentionally or accidentally from someone other than parents, the child may feel anger and mistrust towards the parents, and may view the adoption as bad or shameful because it was kept a secret.

- ■ **Children Surviving in War Situations**

Terrorist attacks in our country and threats or realities of war are frightening experiences for all. Children may be especially fearful that threatened or actual military action overseas will result in more personal loss and violence here at home. Because repeated scenes of destruction of lives and property are featured in the news media, they understand that it can cause harm in their country.

The degree to which children are affected will vary depending on personal circumstances. Children who have suffered a personal loss from, or had firsthand exposure to, terrorist acts or military actions will be much more vulnerable. Also at greater risk are children whose parents are in the military or in active duty in the reserve forces, and those children whose parents are involved in emergency response or public safety.

All children, however, are likely to be affected in some way by war or terrorism involving our country. For many, the guidance of caring adults will make the difference between being overwhelmed and developing life-long emotional and psychological coping skills. Caretakers can help restore children's sense of security by modeling calm and in-control behaviour. It is crucial to provide opportunity for children to discuss their concerns and to help them separate real from imagined fears. It is also important to limit exposure to media coverage of violence.

Emotional Responses

Emotional responses vary in nature and severity from child to child. Nonetheless, there are some similarities in how children (and adults) feel when their lives are impacted by war or the threat of war:

- *Fear:* Fear may be the predominant reaction—fear for the safety of those in the military as well as fear for their own safety. Children's fantasies of war may include a mental picture of a bomb being dropped on their home. While their worries are probably exaggerated, they are often based on real images of terrorist attacks or war scenes. When children hear rumours at school and pick up bits of information from television, their imaginations may run wild. They may think the worst, however unrealistic it may be.
- *Loss of control:* Lack of control can be overwhelming and confusing. These feelings are experienced by most people in the immediate aftermath of the terrorist attacks. Children may grasp at any control that they have, including refusing to cooperate, go to school, part with favorite toys, or leave their parents.
- *Anger:* Anger is a common reaction. Unfortunately, anger is often expressed at those to whom children are closest. Children may direct anger toward classmates and neighbours because they can't express their anger toward terrorists or countries with whom we are at war. Some children may show anger toward parents who are in the military, even to the extent that they do not want to write letters. Knowing that those who are involved in the military are volunteers only helps to justify anger. Patriotism and duty are abstract concepts, especially for younger children who are experiencing the concrete reality of separation from a loved one.
- *Loss of stability:* War or military deployment interrupts routines. It is unsettling. Children can feel insecure when their usual schedules and activities are disrupted, increasing their level of stress and need for reassurance.
- *Isolation:* Children who have a family member in the military, but who don't live near a military base, may feel isolated. Children of reserve members called to active duty may not know others in the same situation. Such children may feel jealous of friends' undisturbed families and may strike out at signs of normalcy around them. Another group of children who may feel isolated are dependents of military families who have accompanied a remaining parent back to a hometown or who are staying with relatives while both parents are gone. Not only do these children experience separation from parents, but they also experience the loss of familiar faces and surroundings.
- *Confusion:* This can occur at two levels. First, children may feel confused about terrorist attacks and war, what further dangers might arise, and when the violence will stop. Second, children may have trouble understanding the difference between violence as entertainment and the real events taking place on the news. Some of the modern media violence is unnervingly real. Youngsters may have difficulty separating reality from fantasy, cartoon heroes and villains from the government soldiers and real terrorists. Separating the realities of war from media fantasy may require adult help.

Intervention for Children in Such Situations

Acknowledge children's feelings:

- Try to recognize the feelings underlying children's actions and put them into words. Say something like, "I can see you are feeling really scared about this," or "It is hard to think that your dad had to go so far away to help our country, " or "I know it will feel great when your mom comes home."
- Sometimes children may voice concern about what will happen to them if a parent does not return. If this occurs, try saying, "You will be well taken care of. You won't be alone. Let me tell you our plan."
- At times when your children or students are most upset, don't deny the seriousness of the situation. Saying to children, "Don't cry, everything will be okay," does not reflect how the child feels and does not make them feel better. Nevertheless, don't forget to express hope and faith that things will be okay.
- Always be honest with children. Share your fears and concerns while reassuring them that responsible adults are in charge.

- **Employment as Child Soldiers**

  The number of conflicts worldwide may be on a decline but new forms of warfare, often involving warlords, mean that children and youth are frequently used as soldiers. Among the various reasons of why children become combatants are: security, protection, food, boredom, humiliation, frustration, intimidation, promises of education and employment or to avenge the deaths of family members.

  For children recruited for combat, who have missed out on schooling, education can serve as a vital component in their rehabilitation and reintegration into society. Demobilized child combatants require education programmes which take into account their specific experiences of war and prepare them for peace and reconciliation. Some may wish to resume formal education, while others may need vocational and skills training. Significant numbers of girls are involved in armed conflicts but few are included in demobilization programmes, perhaps because of the stigma of sexual abuse which is often prevalent in conflict.

Some areas of interventions for child soldiers:

- Programmes and activities tailored to the specific needs of child soldiers.
- Education combined with psychosocial support and income generation assistance such as apprenticeships and loans for micro-enterprise.
- Education programmes combined with initiatives to stop rejoining as child soldiers.
- Training and support at all levels for lasting reintegration and follow-up studies carried out on ex-soldiers. Visits or monetary/material incentives to ex-soldiers and their families are often essential to keep them in the reintegration programme.
- Education programmes including curricula and teaching methodologies adapted or created to take into account the psychological state of children with war experiences.

3.5 THE DOWNWARD SPIRAL OF CHILD VULNERABILITY

Even an ordinary child depends on the support and supervision of caring adults. A child in a poor household or a household with poor social network is even more vulnerable. The child may lose protection and/or may gradually be forced to support him/her self. A shock to the household worsens the situation (parental death, disease, addiction; drought, devaluation, conflict). Requisite interventions need to be made to help children in vulnerable situations, and present the down ward spiral as a vicious cycle.

3.6 REHABILITATION VS. PREVENTION

- Rehabilitating a former street child, child delinquent, child soldier or child prostitute is difficult and costly.
- If the child is addicted to substance abuse, the cost multiplies.
- But leaving such children unassisted is a moral dilemma, and can also pose serious crime and public health risks to community and society.
- Prevention is believed to be much more cost effective than rehabilitation but it will need to target a larger group of children who are at risk of falling into the worst outcome categories.
- Prevention entails the setting up of wholesome and developmental programmes and services that will enable children to grow wholly and develop fully. It includes programmes and services that enhance family life, and promote effective and responsible parenthood.

The following programmes are followed in many countries for both preventing and rehabilitating purpose:

- Early Childhood Development Services: Child and family focused services designed to build on and improve existing health, nutrition, and early education services for disadvantaged children 0-6 years old are vital. In India, the country wide Integrated Child Development Services (ICDS) programme performs this function.
- Day Care Service for Children: This is the provision of supplementary parental care to 0 to 5 year old children of parents who find it difficult to fully take care of their children during part of the day because of work or some other reason. It is important for day care services to be of high quality.
- Pre-Marriage and Marriage Counselling: Such counselling prepares about to be married couples and spouses to understand their roles and obligations as couples and parents, among others.
- Parent workshops: Such workshops are important for providing and expanding the knowledge and skills of parents and caregivers on parenting to be able to respond to parental duties and responsibilities in the areas of early childhood development, behaviour management of younger and older children, husband-wife relationships, prevention of

child abuse, healthcare and other challenges of parenting. It assists parents and parent substitutes to develop and strengthen their knowledge and skills so that they can assume a major educational role in their child's growth and development.

- Early Detection and Intervention - Programmes and services under this category consist of interventions meant to detect abuse/maltreatment and protect the child and his/her parents, usually the mother, from harm and further trauma. It tries to reduce the frequency, intensity and severity of early signs of abuse or maltreatment through early case finding and immediate responses.

- Child Protective Behaviour Programme - This is a safety programme carried out in various settings especially schools, addressing issues relating to safety including abuse of children, adolescents and adults. It has the following objectives:

  - Provide simple practical skills and strategies to keep children safe;
  - Assist children in identifying and coping with situations where they may be unsafe;
  - Encourage children to recognize early warning signs, i.e. bodily responses/signals;
  - Encourage children to further develop communication, problem solving and relationship skills;
  - Assist children to increase the self protective skills against forms of abuse and assault;
  - Encourage children to recognize their early warning signs to network with a trusted adult and to report their concern.

- Counselling - This intervention focusses on assisting the clients overcome their problems and enables them to move on and pursue activities that will restore their socio-economic functioning. Counselling is carried out either individually or in groups.

- Family therapy - Family therapy is a special form of psychotherapy that focuses on changes within a family, and recognizes that family relationships have an impact on the feelings, behaviour and psychological adjustment of every family member. Instead of meeting with one individual, all or most family members are involved in the therapy process. The family therapy sessions will focus on all family members having input into identifying problems and resolving them. Children are given support in voicing their issues to parents, and siblings are allowed to express opinions. Frequently, the family therapy sessions result in problems being identified in the other family members, rather than focussing only on the behaviour of one child. This not only helps the family make needed changes, it is essential in helping the identified problem-child rebuild self-esteem.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. Separation of parents has an effect on:

   a) Children of all age groups

   b) Infants only

   c) Adolescents only

   d) Pre-schoolers only

2. If a child is adopted it affects:

   a) His physical health more

   b) His mental health more

   c) Both equally

   d) Has no effect on either

3. If a child is adopted early:

   a) It increases the risk of mental health disorders

   b) It decreases the risk of mental health disorders

   c) It has no effect on his mental health

   d) It only affects his physical health

4. When dealing with children who have faced war or terrorism, one should:

   a) Recognize their inner feelings

   b) Try to deny the seriousness of the situation

   c) Not let them voice their concern as it may make the situation worse

   d) Try to ignore their fear in order to supress it

5. When children confuse between real violence and violence in movies, one should:

   a) Let them be confused so as to avoid the seriousness of real violence

   b) Clear their confusion

   c) Not interfere with their ideas

   d) Distract them and avoid the topic

6. A sexually abused child is likely to:

   a) Have more physical problems

   b) Have more mental health problems

c) Have equal amount of physical and mental health problem

d) Not have either

7. It is most likely that sexually abused children would:

a) Have false beliefs about self

b) Not have false beliefs about self

c) Be able to ignore false beliefs

8. Victims of child sexual abuse would tend to:

a) Adopt an attitude of self-protection

b) Completely accept the harsh reality

c) Not talk about it at all

d) Not have an attitude of self-protection

3.7 LET US SUM UP

- A judgement about child vulnerability is based on the capacity for self-protection.
- Self-protection refers to being able to demonstrate behaviour that 1) results in defending oneself against threats of safety and 2) results in successfully meeting one's own basic (safety) needs.
- Child vulnerability is not based on age alone.
- There are many characteristics of older children that make them vulnerable to threats to safety.
- As a safety assessment concern, a child's vulnerability informs us about the predisposition for suffering more serious injury.
- As a safety planning issue, a child's vulnerability helps inform us about what must be done to manage threats and assure protection.

3.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

1. a)
2. b)
3. b)
4. a)
5. b)
6. b)
7. a)
8. a)

3.9 UNIT END QUESTIONS

1. Define the term “vulnerability” and explain different factors that need to be known to assess a child’s vulnerability.
2. How do you think the adopted child is vulnerable for developing psychological problems? Explain.

3.10 FURTHER READINGS AND REFERENCES

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UNIT 4 ASSESSMENT OF CHILD/ ADOLESCENT PSYCHOPATHOLOGY

Structure

4.1 INTRODUCTION

Psychological assessment implies the observation of a sample of an individual's behaviour or evaluation of his/her capacities in a wide variety of domains. It is invariably an important and significant component of a comprehensive psychiatric evaluation which is obtained through standardized techniques which are analysed, scored and interpreted leading to quantitative and/or qualitative description of some aspects of behaviour or mental function. In children and adolescents the most important areas for assessment include intellectual ability, visuomotor coordination, adaptive behaviour, screening assessment for psychopathology. The Unit focuses on these aspects.

Objectives

After studying this Unit, you will be able to:

- Define what is psychological assessment;
- Understand its need and scope in the Indian setting;
- Illustrate the different types of psychological assessments, their description and procedures; and
- Learn the relationship between childhood psychopathology, its manifestation and need for psychological assessment.

4.2 PSYCHOLOGICAL ASSESSMENT

4.2.1 Need and Scope of Psychological Assessment

Psychological assessment is invariably an important and significant component of a comprehensive psychiatric evaluation. It is administered when there are problems with diagnoses, understanding the psychological correlates of a psychiatric or behavioural problem as well as for better management. There are several clinical questions that are addressed to the clinical psychologist who is part of the multidisciplinary team treating children and adolescents for a better understanding of their problems and for making appropriate treatment decisions.

Psychological assessment is generally directed at the specific question that is posed to the psychologist–it could be wide ranging and include assessment of child's developmental level, intellectual ability; providing assistance in diagnosis and differential diagnosis in cases with evidence of anxiety, depression or psychosis and understanding psychological conflicts, particularly in situations where a child is not articulate enough in the interview setting; decision on the type and technique of psychotherapy suitable for the child; and to predict the course and outcome of therapy. Psychological testing can be most helpful when a clear and specific question is referred to the psychologist. Access to the clinical history of a case is essential for the psychologist in order to interpret the test findings. Many a times after going over the clinical history of a case, the psychologist can help formulate the question for referral.

Psychometry, which is also method for measuring mental capacities and processes is a more narrowly defined term that deals primarily with issues of technical and methodological outputs of measurement, such as reliability, validity and standardization whereas psychological testing or assessment is a broader term that deals with clinical questions.

4.3 TYPES OF PSYCHOLOGICAL ASSESSMENT

Assessment tests can be variously classified according to the type of functions involved and the purpose for which they are required, as also the age, education, ability levels and other socio-demographic and clinical characteristics of the sample and the population served. For convenience, the tests are classified here according to types of functions involved.

4.3.1 Cognitive Functions

Cognitive functions broadly include several abilities such as intelligence, attention and concentration, memory, abstraction, judgement and perceptual-motor functions. There are separate methods of measuring each of these functions. Children differ in their abilities to learn, form concepts and benefit from past experiences, and in their capacity to adjust in novel situations. These cognitive functions are markedly affected in certain psychiatric disorders of children like learning diabilities, hyperactivity, brain damage, mental retardation etc.

4.3.2 Tests of Intelligence

Intelligence is a global term that denotes the relative capacity of the child to think rationally, act purposefully and deal effectively with the environment (Weschler, 1981). It grows with age up to a certain level (say 14-16 years) after which it remains more or less constant and declines in old age. This age related growth and decline of intelligence varies in its rate for different abilities, as also in children – it is faster for the very bright and slow for dull children. It also declines in brain damage due to certain disease conditions or accidents and does not develop fully where there is deprivation.

Intelligence is assessed and described in terms of IQ, which is a ratio between the mental (developmental age) and chronological age of the child. This ratio (mental age over chronological age) is multiplied by 100 to remove the fraction.

The following are some of the commonly used intelligence tests in India. All these tests are standardized, published and extensively used. Details about administration, scoring and interpretation of these tests can be obtained from the test manuals which are available with the respective publishers.

- Gessels Drawing Tests (Bakwin and Bakwin, 1960; Verma et al., 1942)
- Developmental Screening Test (Bharatraj, 1983)
- Vineland Social Maturity Scale (Doll, 1965; Indian adaptation by Malin, 1942)
- Bhatia's Battery of Performance Tests of Intelligence (Bhatia, 1955; Murthy, 1966)
- Coloured Progressive Matrices (Ravens, 1965)
- Senguin Form Board Test (Indian norms by Verma et al., 1980)
- Draw a Man scale (Indian adaptation by Pathak, 1984)
- Malin's Intelligence Scale for Indian Children (Malin, 1969)
- Standford Binet Test (Indian Adaptation by Kulshreshtha, 1941)
- Wechsler's Intelligence Scale for Children- Revised (Wechsler, 1944)
- Kaufman Assessment Battery for Children (K- ABC) (Kaufman and Kaufman, 1983)

■ *Gessels Drawing Test (GDT)*

Gessel's studies on drawings of children by copying/imitation suggested that these geometrical shapes and forms can be used as rough, simple, and reasonably accurate measures of maturation and intelligence in children, e.g., an average child of 11 months could imitate vertical strokes, at the age of 2 could copy vertical and circular strokes, at the age of 3 could copy a circle, at the age of 4 could copy a cross, etc. (Bakwin and Bakwin 1960; Verma et al., 1942). It showed highly significant correlations with VSMS and Senguin Form Board Tests.

- ***Developmental Screening Test (DST)***

Based on the developmental milestones especially that of language and speech development, it is an age scale, starting from birth to 15+ years; though it seems more valid for children below 10 years of age. It provides Mental (developmental) age and a single IQ (DQ>) score, which can be read directly from a dice provided with the manual. Items vary from 3 to 4 for each age: 3, 6, 9, 12 and 15 months thereafter at 2 to 13 and 15+ years.

- ***Vineland Social Maturity Scale (VSMS)***

This scale consists of 89 items, arranged in age scales from birth to age 12 at yearly intervals and then from age 12 to 15. The items mostly cover social milestones, hence the obtained age is called social age (SA) and the quotient as social quotient (SQ) to differentiate it from MA and IQ. The scale was adapted in Nagpur by Malin (1942) and gives a developmental profile in different areas like self help, self direction, communication, locomotion and socialization.

- ***Bhatia's Battery of Performance Tests of Intelligence (BBPT)***

This test is mainly meant for children between 11 and 16 years and the test consists of 5 subtests: Block Design, Pass-Along, Pattern Drawing, Digit Span (letter span for illiterates) and Picture Construction.

The first two are borrowed from Alexander's Battery of Performance Test. Special norms are available for literate and illiterate children. Age wise norms (at 6 monthy intervals) are provided. For calculating IQs all 5 subtests have to be used and norms are given for illiterates seperately from the raw score. For calculating PQs only 4 subtests (minus Digit Span) are used and raw scores are first converted into weighted scores, which when added can be read from accompanying tables but this is only available for the literate groups. A shorter version of the scale is available where only the first two subtests (Block Design and Pass Along) are used.

- ***Coloured Progressive Matrices (CPM)***

This test measures the clarity of perception and thinking in children and consists of the general factor (g) of intelligence and is culturally fair. The CPM has 36 items which are arranged in 3 sets, of A, AB and B. Each set progresses from the most easy to the most difficult tests: for task completion, comparision and reasoning by anlogy. It is a non verbal, non performance test of intelligence, and has no time limit. It can be self administered. Norms are provided for children of 5 to 11 years of age. The scores can be converted into comparable scores of the larger 5 set version standard progressive matrices that has IQ equivalents (Burkes 1942).

- ***Senguin Form Board Test (SFB Test)***

This performance test of practical ability consists of 10 blocks of geometrical shapes, which have to be inserted into their respective slots in the board with preferred hand. The test has a time limit. Norms start with the children who are 3 and a half years of age and as the child grows older the time taken for completing the test decreases. From the conversion table one can calculate the mental age of the child, which can be converted into classical IQ. It is

an age reliable and valid test for children upto 11 years of age, although norms are also given for higher age groups.

- ***Draw a Man Test (DAM Test)***

Goodenough's Draw a Man technique has been well adapted in India by Phatak (1984) in Baroda providing age-wise norms between 3 to 16 years; through of age. It is an age scale with no time limit. The instructions are easy to follow and scoring is based on different body parts, their correct , motor coordination etc. (Verma, 1996).

- ***Malin's Intelligence Scale for Indian Children (MISIC*)**

This test has 11 scales, 6 verbal and 5 performance scales (information, comprehension, arithmetic, similarities, vocabulary and digit span for verbal and picture completion, block design, object assembly, codes and mazes for performance scales). Norms are provided for children of 6 to 15 years of age. Each of the 11 subtests can be directly converted into what Malin describes as Test Quotients, whereas the IQ is a mean of these.

- ***Stanford Binet Test***

There are a number of revisions of the Binet-Simon test. Its third revision has been translated in Hindi by Kulshreshtha (1941). The age scale starts from 2 year olds and goes upto adults with a mixture of items at each level. An overall IQ is calculated that is based on the mental age.

- ***Wechsler Intelligence Scale for Children-Revised (WISC-R)***

This is a comprehensive test of intelligence applicable to children from 6-14 years of age, that gives separate scores for verbal and performance IQ tests, as well as full scale IQ. There are 12 subtests each of which measures a special skill or ability. This is a widely used and extensively researched test. Intelligence defined as the broad ability to understand and cope with the world forms the basis for this test.

- ***Kaufmans Assessment Battery for Children***

This is a relatively new test that measures cognitive abilities in children aged 2 ½ and 12 ½ years. The two broad domains of achievement and mental processing are measured through the Achievement Scale and Mental Processing Scale. These have 10 subtests, which provide a profile of abilities. The Mental Processing Scale is equivalent to the WISC-R's full scale IQ and the Achievement Scale tests acquired knowledge in a child. If a child scores high in a mental processing scale, it would indicate a high intellectual capacity, which if coupled with lower score in Achievement Scale will point towards the possibility of a specific learning disability.

4.3.3 Attention and Concentration Tests

Tests to measure levels of attention and concentration in a child include a variety of tasks:

- ***The Digit Span Test***

This is a frequently used test for assessing attention and concentration in children. It tests their ability to repeat maximum number of digits of a set of numbers after its single presentation. As the age of the individual tested

advances, the total number of digits forward and backward, increases. Digits may be substituted by alphabets for rural children.

- ***The Colour Cancellation Test***

From a standard page of numerous dots varying colours, the child is asked to cancel two specific colours. The score is calculated by the maximum number of correctly cancelled colours minus the incorrect ones.

- ***Eysenck's Digit Test of Concentration***

It consists of repeating in the same order the last four digits of the eight series of varying numbers of digits presented – one score is given for each correct response in its proper place.

- ***The Symbol Substitution Test***

In this test each digit is assigned a different symbol. There is practice session with a limited set of numbers in a fixed period, say 60 seconds. The scoring is done in the same manner as in the colour cancellation test.

- ***Pencil Tapping Test***

The scoring of this test is based on the number of pencil taps by a child on a standard sheet of paper, within a standard time of 30 seconds. The subject is asked to tap as quickly as possible.

- ***Reaction Time***

Simple reaction time should be noted while administering any test. Alternatively, an apparatus is available to measure simple, discriminate reaction time. Though gross retardation is visible to the naked eye, its milder form and the degree of retardation can only be measured with the help of these psychological tests.

4.3.4 Memory Tests

There is as yet no published test to specifically and comprehensively measure memory functions in children. But currently at the postgraduate Institute of Medical Education and Research, Chandigarh and the National Institute of Mental Health and Neuro Sciences, Bangalore, work is in progress to develop and standardize a battery of tests for memory functions in children, similar to the test batteries for adults like *PGI Memory Scale, Wechsler Memory Scale, and the Boston Memory Scale.* In children memory is tested as a part of intelligence tests for Indian Children, and Bhatia's Battery for Performance Test. The norms for these subtests are sometimes used to assess memory functions in children, e.g. memory for recent events, remote events, memory for new associations, recognizing sentences and words etc. These are also used with adolescents. However, there is a need for development of specific tests for memory testing in children. Assessment of various processes involved in memory functions such as attention, concentration, registration, retention, recall of various types of information involving varied inputs like auditory, visual, perceptual motor etc. will help considerably in understanding the deficits occurring in information processing and specific learning disabilities. Variations in ability to memorize different types of information will help in neuro-psychological assessments.

4.3.5 Perceptual Motor Functions Tests

■ ***Bender Gestalt Test****:* Children with brain damage often show disturbances of perceptuo-motor functions for which the Bender Gestalt Test is frequently used. The test provides nine cards with geometrical designs. The child is first asked to copy and later to reproduce these from memory. Norms are available for children from several sources (Bender, 1938; Bhargava and Sandhu 1984; Koppitz, 1964). These tests are also used to find out if a child is ready for school and to assess learning disturbances (Koppitz 1964).

■ ***Benton Visual Retention Test (Benton, 1944)****:* The test consists of 10 cards with geometrical designs which are shown to children aged 8 years or above for 10 seconds, after which they are asked to draw the design from memory. Scoring is done on the basis of number of errors occurred.

4.3.6 Psychopathology Questionnaires & Screening Instruments

Psychiatric diagnosis is almost entirely dependent on psychiatric interview, but to avoid difficulties in interviewing and to avoid biases, methods of interviewing have become more and more structured and standardized. In order to elicit and document psychopathology in the most reliable manner, it is necessary that the concern is clearly defined and the guidelines for eliciting are clearly laid down. In practice, structured assessment of psychopathology can be used for: (i) differentiating children with psychiatric disorder from those who are normal; (ii) quantifying the severity of disorder; (iii) determining the nature or type of disorder; or (iv) for diagnosing a particular or several diagnostic categories that are intended. Characteristics of the instruments would vary according to intended purposes. Structured instruments are also available to measure other specific areas such as level of functioning, degree of disability, life events and stress, temperament, coping, parental handling etc.

■ ***Rutter's A and B Scales:*** *Rutter's A scale* for completion by parents (Rutter et al., 1940) and Rutter's B scale for completion by teachers (Rutter, 1964), extensively used for over three decades, have been the earliest screening tests devised for epidemiological studies on children. However, these tests are best used as screening instrument for psychopathology and once indicator/ indicators are found, further tests to assess psychopathology may be required to be used.

■ ***Childhood Behaviour Checklist (CBCL)-*** The CBCL (Achenbach and Edelbrock, 1983, 1991) is a screening cum diagnostic instrument applicable to children of age 4-18 years which is widely used the world over. It provides information through two scales: the behavioural problems scale, and the social competence scale. Its administering time is about 20-25 minutes and it is found to be highly reliable. There are separate versions for teachers and for adolescents aged 11-18 years known as Youth-Self Report. Another version exists for preschool children aged 2-3 years. The higher order factor analysis by CBCL has yielded two broad syndromes, 'externalizing' and 'internalizing' disorders. Norms are available for separate age and sex groups.

■ ***The Strengths and Difficulties Questionaire (SDQ)-*** The SDQ (Goodman, 1994) is a new behavioural screening questionnaire, designed to assess the

behaviour, emotions and relationships in children of age 4-16 years. It is a brief questionnaire (25 items) that can be completed by parents or teachers in five minutes. There is a self report version of the SDQ for children aged 11-16 years. It measures both strengths as well as difficulties in children and yields scores on five scales, namely emotional symptoms, conduct problems, inattention-hyperactivity, peer problem and prosocial behaviour; and total difficulties score. It is standardized.

- ***Developmental Psychopathology Checklist (DPCL):*** The DPCL (Kapur et al, 1995) is a checklist used to assess childhood psychopathology in Indian clinical settings which consists of the following seven clusters that: includes hyperkinesis, autism, conduct disorder, learning disorder, hysteria, emotion disorder and psychoses. The checklist with 124 items, has satisfactory inter rater reliability and validity.

- ***Childhood Psychopathology Measurement Schedule (CPMS):*** *CPMS* (Malhotra et al, 1988) is an adaptation of CBCL especially meant for use on Indian population. It has been systematically standardized, studied and reported in India, and has been used in numerous studies. CPMS can be used both as a screening instrument in epidemiological studies for measuring psychopathology and for arriving at eight factorially derived diagnosis. The peak is applicable to children aged 4-14 years.

4.3.6 Projective Tests

According to psychoanalytic concept of projection, individuals have a tendency to project their own drives, defenses, desires, and conflicts onto external situations and stimuli. A projective test involves providing children with a relatively unstructured stimulus to respond to, and the examiner analyses the responses and interprets the meaning. These tests can be used to uncover more of the child's unconscious and, thus, provide an indication of the covert or latent traits. It is more difficult to "fake" responses in a projective test, but there is significant subjectivity in interpretation, and extensive training is needed to use these instruments. Projective techniques in competent hands do provide useful information but they do not provide answers for everything and cannot be blamed for all the alleged pitfalls or limitations of the psychometric approach to human behaviour. Judiciously used, they can play a useful role in the personality assessment of children particularly as they tend to play out their problems. Make believe play often helps children to express their innermost motives, desires, wishes, fears as well as goals and attitudes.

- ***Rorschach Inkblot Test:*** Developed by a Swiss psychiatrist, Herman Rorschach, this inkblot test has 10 standardized cards. 5 of the cards (1, 1V, V, V1 & VII) are achromatic and 5 are chromatic (II & III have red as additional colour whereas VIII, IX and X are multicoloured cards). The test is administered in a standardized way in which the above set of ink blots is presented to the subject, who is asked to describe what they perceive. The responses are scored for location (whole, detailed or white space responses), determinants (form alone, colour, movement, shading and depth) and content categories (Human, Animal, Anatomy, Plant, Fire, Cloud etc.) as well as popular or original responses. There are also a number of scoring methods with Indian norms. Interpretation of these responses reveal indicators of psychopathology and personality problems.

■ ***Children Apperception Test*** (Indian Adaptation by Uma Chaudhary): This test consists of ten animal pictures involved in activities such as eating, sleeping alone, toilet training and playing competitive games. The subject is required to narrate stories based on the animal pictures, describing them, what they were thinking and doing, and what led to the activities that they were performing; and what would happen at the end. Children project their own fears, conflicts, wishes and problems when making these stories.

■ ***Draw a Person Test*****:** In this test the child is first asked to draw a person, and then to draw figure of the opposite sex. The child is also asked to describe the drawing in detail; their name, age, wishes, fears, thoughts etc. The descriptions as well as the appearances of these figures are interpreted as reflecting a child's personality–fears, anxieties, conflicts, needs etc. Various graphical characteristics indicate towards various signs of psychopathology as well; e.g. emphasis on symmetry, buttons and pockets in the figures indicate dependency in a child; depressed subjects draw extremely small figures; and schizophrenics tend to draw mutilated body or internal anatomy as well.

■ ***Rosenzweig Picture-Frustration Study*** **(Child Form):** Pareek and his co-workers have adopted 24 pictures from this study to Indian conditions, depicting frustration situations like: (a) A lady telling a child who is looking at the cupboard 'The last thing that I had, I've given to your brother. Now nothing is left', (b) One child telling another: 'You are a fool'. The child's responses to these frustrations are classified as follows: Whether the aggression is shown towards self, other significant family members, or harmless things; the presence of sibling rivalry, appreciation of other people's difficulties and the degree to which such feelings are present or absent in the subject.

■ ***House Tree Person Test:*** The HTP was developed by John N Buck in 1942. Client draws three objects: a house, a tree, a person on plain paper. Administrator then uses a Post-Drawing Inquiry Checklist (specific questions) to enable client to describe, define, and interpret the drawings. The test is designed to aid the clinician in obtaining information regarding child's sensitivity, flexibility, conflicts, degree of personality integration and interaction with the environment.

■ ***Play Observation:*** Through an analysis of the child's behaviour, an attempt is made to understand why he/she has behavioural problems. The way the child plays with some of the play materials, toys, clays, colours, objects etc., reflects his attitude towards them. Sometimes aggression is manifested towards certain toys, at times the child may repeatedly touch all his toys for brief periods of time, sometimes the child may prefer one type of play situation and/or talk while playing with certain toys – all these responses reflect the child's world view, and his reaction to the world, thus providing useful data on the subject.

4.4 SELECTION OF PSYCHOLOGICAL TEST & COMMUNICATION OF RESULTS

Psycho-Diagnostic refers to the total process of psychological evaluation (with the help of standardized tests) of a person as a whole with diagnostic, prognostic and therapeutic implications (for qualitative and quantitative, and positive and negative mental health purposes). The purpose of a referral in

clinical practice may be broad or narrow depending upon the reason for it. Psycho-diagnostic tools have their uses, merits and limitations. While selecting a test one has to look at its reliability and validity; and whether it has been properly standardized on relevant local norms.

4.4.1 Ethics in Testing

Each person is unique in some ways and has a right to be treated as such. A person's right to refuse to undergo testing, confidentiality of test results, right to know one's own results etc. should be respected.

4.4.2 Training in Psycho-Diagnostics

Due to the complexity in the standardized administration of some tests and dangers of misinterpretation of test scores, the need for intensive training in psychological assessment has often been emphasized for valid reasons. Test administration is an art that has to be learnt and cultivated. Even communication of test results need to be learnt – what to tell, when to tell or how to report it. Although the information on a child's condition should not be withheld, the language, the tone, the manner in which unpleseant facts have to be communicated is a skill that has to be learned.

4.5 LET US SUM UP

In this Unit, we have learnt the following:

- Need and scope of psychological assessment for children
- Various types of psychological assessment:
  - Tests for assessing Intelligence
  - Tests to assess the Cognitive Functioning
  - Tests to assess Attention & Concentration
  - Tests to assess Memory
  - Tests to assess Perceptual Motor Functions
  - Tests to assess Psychopathology & Screening Instruments
  - Projective Techniques
- How to choose a test and convey its findings
  - Ethics in Testing
  - Need for Training in Psycho-Diagnostics

4.6 UNIT END QUESTIONS

1) What is psychological assessment?

2) Why do we need psychological assessment for children and how is it different from that for adults?

3) What are various verbal and performance tests for children?

4) Which tests can be used to assess memory functions in Indian children?

5) What is the rationale for using screening instruments during the assessment of psychopathology in children?

6) Do you think it is important to adapt and standardize a foreign test to Indian norms and setting? If yes, why?

7) What are the various projective tests available for children?

8) If a child is shy or resistant, which test will you begin with to break the ice and also gather some information and why?

9) Why is formal training is important before administering psycho-diagnostics?

4.7 FURTHER READINGS AND REFERENCES

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OPTIONAL PAPER 2