ADDRESSING EMOTIONAL NEEDS IN ABANDONED CHILDREN AT THE RITA ZNIBER FOUNDATION

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Abstract

The purpose of this project was to provide tools to the caretakers of the Rita Zniber Foundation to help them address the emotional needs of abandoned children. We collected information through weekly observation activities with children, focus groups with caretakers, and interviews with the organization's administration. Two deliverables were provided to the organization: an educational book detailing emotional problems abandoned children face while growing up, and a group therapy guide designed to help facilitate meaningful conversation to address these issues.

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Executive Summary

Background

In Morocco, approximately 8,700 children are abandoned by their parents every year. The Rita Zniber Foundation in Meknes, Morocco, is a private orphanage housing approximately 350 abandoned children. *Le Nid* (the nursery), houses children six and younger and is where most of the children come into the care of the foundation. A building called the Annex houses over 200 children ages 6-18.

There are many psychological implications of both the act of being abandoned and of growing up in an institutional setting. Children often have difficulty forming healthy relationships, which can lead to emotional distress, behavioral problems, and delayed emotional or physical development as a result of living in an institution. It is important to note that being abandoned and living in an institution do not cause a child to develop these problems, but rather create the environment in which these problems are extremely common.

Fortunately, if these issues are brought to light early on and addressed, the effects of abandonment and other issues can be mitigated. Providing caretakers with effective resources can be a key factor in helping children cope with emotional problems. These resources include educational tools to learn more about an issue, and new ideas for curriculums and activities to help with direct assistance.

Goals, Objectives, and Methods

This project developed educational materials for the caretakers of the Zniber Foundation to help address the emotional needs of abandoned children. In order to prepare effective materials, four main research objectives were established:

1. Understanding the context of the foundation
2. Understanding the needs and experience of the children
3. Understanding the needs an experience of the caretakers
4. Designing resources for caretakers

This research provided an understanding of the complex relationship between caretaker, child, and the environment they live in. The insight generated from these research objectives was used to inform the final deliverables that were produced.

Objective 1: Understanding the Context of the Foundation

To ensure that our deliverables and training materials were appropriate for the context of the orphanage and the needs the caretakers face, it was important to assess how the two facilities operate. We wanted to understand how caretakers, children, and others play a role in the foundation, and understand how emotional issues affect their interpersonal relations. We conducted interviews with Madame Ouafae, Head of the Annex, and Madame Faïza, a health

supervisor at the nursery. Weekly visits established relationships with the caretakers and children, as well as allowed us to make observations on the way they interacted with each other.

Objective 2: Understanding the Experience and Needs of the Children
At the Annex we engaged in observing the children during their free periods in order to build better relationships with them. Because the children had Wednesday afternoons off, we chose this day to visit every week so that we could spend time with the caretakers in the morning and the children in the afternoon. Our team rotated between outdoor games, the board game room, the computer room, and the tutoring room. By spending time interacting with the children in a casual setting, we could better observe any behaviors that may have an impact on their daily interactions. We played icebreakers with the older children in order to gauge how they interact in a small group setting.

Objective 3: Understanding the Experience and Needs of the Caretakers
The target audience for our deliverables is the caretakers at the foundation. The goal of speaking with them was to gain insight into their experiences working with the children, challenges they have, and resources that they believe would work well. Over the course of multiple visits, we wanted to gain a better understanding of the current resources available to caretakers, and to begin to build relationships with them through focus groups.

Objective 4: Designing Guidebooks
In order to design the guidebooks, we took into account four criteria. First, the deliverable needed to be educational and provide caretakers with sufficient background to properly identify and assist with specific emotional issues. In the focus groups, the caretakers had requested additional information about these issues. The deliverable also needed to be interactive enough to engage the children and keep them interested. During observations at the Annex, we noted that the children responded positively to stimulating activities like sports and games, and less so to quiet times like studying and tutoring. Also, the deliverable needed to have an appropriate scope. Since neither we nor the caretakers are certified psychological professionals, the deliverable avoided specific diagnoses and instead gave advice for dealing with general issues. A child and adult psychotherapist was also consulted to ensure this was the case. Finally, the deliverable needed to use simple language for easy future translation into Arabic, and to use minimal materials in the activities to reduce the cost of performing.

Findings
The Context of the Foundation
The purpose of the foundation is to provide the children with the essentials of life: food, a bed, a clean place to live, and an education. The Annex bedrooms are divided by age, housing about twenty children per room.

We observed three separate environments: the classroom, outdoor games, and indoor games. The classroom was the most chaotic, as children are not motivated to do schoolwork. The children seemed to enjoy playing outside the most, we played and observed a game of soccer with the 13 year-old boys. Teamwork was evident between the children; they would pass easily and often to each other. The last room that we observed was the game room. The atmosphere of the room was very calm. As we observed before, the children were working well together and were willing to help each other with activities such as Legos. They were also willing to help us learn their names and other Arabic words despite the language barrier.

The Experience and Needs of the Children

The children were always excited when we visited. We were always greeted by smiles and handshakes from the children. They continually tried to speak with us regardless of the language barrier. They would do this by saying their names, asking our names, and making hand and face gestures.

We noticed many behaviors at the foundation that we learned about during the preliminary research phase. Many of the children seemed emotionally and physically younger than they actually were. Others were extremely blunt and seemed to be unaware of the cues that determine what is socially acceptable. The younger children at the foundation appeared to act out more frequently than the older children. That being said, the children acted as siblings towards one another and were always willing to help.

The Experience and Needs of the Caretakers

The first observation we made was that some of the caretakers were very involved and present when interacting with the children, while others were passive and only stepped in when a problem needed to be resolved. The focus group conducted with the caretakers helped us to understand their daily routines through their perspectives. They were concerned that there is not a daily activity or time where the children can talk to them about their problems. When children have a problem or want to talk about their feelings, they rarely come to adults. Those problems are only addressed when the child exhibits negative behaviors.

The caretakers asked us for activities and information to provide better care to the children. They believe that activities will be helpful in facilitating conversations with the children about issues before they act out. They would also like more information on the psychological implications of abandonment. The caretakers believe that with a better understanding of this, they can connect better with the children.

Deliverables: Resources for the Caretakers

Educational Guide

The educational guide was intended to be a tool to help the caretakers understand the psychology that accompanies certain behaviors exhibited by the children. In correlation with the second resource we designed, it is our goal that the caretakers will feel comfortable facilitating healthy conversations with the children to help them cope with any evident emotional issues.

When we chose what sections would go into our educational guide, it was important that we identified both issues that are unique to abandoned children, and issues that all developing children face. In addition to explaining each problem and determining their signs and symptoms, we included a section with information on how to give care for that particular issue. Because there is no cure for abandonment, it is helpful for the children to have adult figures available that feel comfortable answering questions about the subject in a thoughtful, accurate, and respectful manner.

Group Counseling Guide

We also designed a group counseling guide that contains information and advice on play therapy and counseling sessions, and activities to help facilitate those sessions for various age groups. We worked to break up the activities for the therapy sessions by age ranges to keep the children engaged and to make sure that the activities were age-appropriate. The guide provides a loose program for the caretakers to follow, which breaks the sessions up into three segments: activity, talking, and conclusion. Also included are conversational icebreakers for older children to become more comfortable in the group, and activities for younger children to be used for the entire therapy session. At the end of the guide, there is a list of resources for more activities and information on play therapy, group counseling, and facilitating conversation.
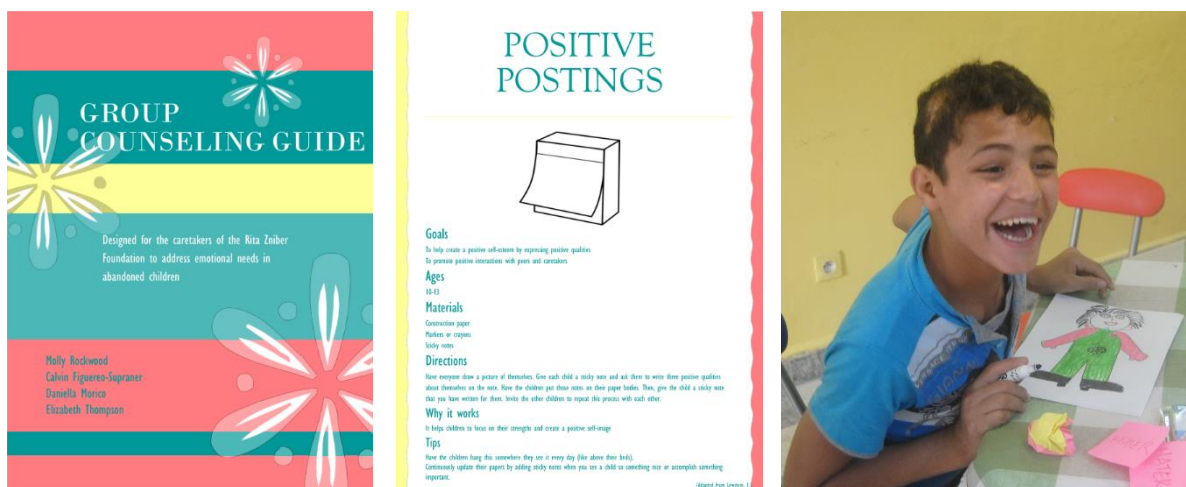

Figure 1. Group counseling guide (left); Positive Postings instructions (center); participant completing activity (right)

Demonstrating and Testing Guidebooks

The caretakers asked us to demonstrate an activity for them to gain confidence in being able to facilitate activities themselves. Testing the deliverables was also important in adapting the activities to the needs and preferences of the children, which is why we asked for feedback from the children and caretakers.

The activity that was tested was Positive Postings, where the children color a picture of themselves and write positive qualities on sticky notes that are then affixed to the picture. Friends and caretakers are encouraged to continue to add positive qualities to a child's picture. The activity is designed to help improve children's self-esteem through acknowledging their own positive qualities, as well as receive compliments from others. Furthermore, this activity gave the children a physical representation of positive qualities that they possess.

We received positive feedback from both the caretakers and the children. In this aspect, the activity was successful. The children were beaming at the end of the activity. It was obvious that they had a positive sense of accomplishment from designing their pictures. The sticky notes helped the children to realize the purpose of their drawing and they loved having the opportunity to vocalize their positive attributes.

Recommendations and Conclusion

After completing our research, we have several recommendations for the foundation. One recommendation is to have each caretaker read the educational guide to help recognize the signs of a child struggling with the emotional implications of abandonment and living in an institutionalized setting. The group counseling book should be used by the caretakers as a resource to aid in conducting further conversations. The activities should be used during a group counseling session that ideally would take place weekly at the same time and place. These weekly meetings would help to set a framework for conversations about feelings towards abandonment and living in the foundation.

This project sets up groundwork for future implementations to benefit other facilities, such as schools, homes, other institutions for abandoned children, and locations that are easily accessible to the general public, like libraries or doctors' offices. These guides will provide parents and guardians with the ability to educate themselves about emotional problems that their children may face after adoption. Although the adults who will use these guides have not necessarily adopted children, the included materials and activities can be adapted and utilized to be helpful to all children. With the implementation of the recommendations mentioned above, any child struggling with emotional issues will benefit from these resources.

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1 Introduction

The Rita Zniber Foundation in Meknes, Morocco, is an organization that provides homes for abandoned children. It houses approximately 350 children with about 110 employees working for medical, education, administrative, maintenance, supervision, and support. There are currently no programs in place at the foundation to help children to cope with emotional problems. The goal of this project was to provide the foundation with educational materials that help to illustrate and address the emotional issues the abandoned children face. In order to effectively help the foundation, it was vital to have a general understanding of the context of orphanages in Morocco, including emotional needs of abandoned children and their caretakers' perspectives on these issues. By identifying the most prevalent emotional problems found in abandoned children in Morocco, the Zniber Foundation was provided with the most applicable information for their children.

Studies have shown that orphaned children around the world are at more at-risk for developing emotional and developmental problems. This is a consequence of the children growing up in an institutionalized setting with a lack of available resources, and the presence of emotional trauma due to the child being abandoned. When these issues go unaddressed in adolescents, there can be lifelong effects on their social and mental performance (Makame, V., Ani, C., and Grantham-McGregor, S.).

The director of the Zniber Foundation, Madame Ouafae Amhaouche, was concerned because she had noticed developmental issues among the children in the foundation, along with a lack of resources to provide support for these issues. The residential psychologist is no longer with the foundation, and has yet to be replaced. Because the staff has little to no knowledge on supporting children with emotional problems, they are not equipped to help the children who may be struggling. Madame Ouafae noted that it is important to educate them on these issues. The caretakers also have trouble with answering questions about difficult subjects, like abandonment, and facilitating conversations about these subjects. The caretakers needed to be educated in these issues in order to get the children to open up about them. Without sufficient resources, they lack consistent help to work through issues they need help dealing with.

The project resulted in two deliverables for the caretakers at the foundation. The first was an educational guide that explores common emotional issues abandoned children face, as well as emotional issues different age groups face, ways the caretakers can empathize with these issues, and ways to help the children cope. The second was a group therapy guide designed to help caretakers facilitate meaningful conversation about the issues discussed in the education guide. This guide utilizes activities as a means to facilitate conversation. All of the tools provided to the caretakers were tailored specifically to their needs within the context of Moroccan culture and the Zniber Foundation itself. This was accomplished through weekly participant observation of

the youth, focus groups with the caretakers, interviews with the organization leadership, and consultations with a child psychotherapist. With this information, the Rita Zniber Foundation was provided with the most applicable information for their children.

2 Background

2.1 The Context of Orphanages in Morocco

According to UNICEF, more than seven million children are being cared for in institutions around the world. There are over 8,000 orphanages in the world and almost 12,000 children's homes, with more than 700 orphanages and 1,600 children's homes in Africa alone. Orphanages around the world tend to have limited resources due to poverty (Csaky, C). There are approximately 55 homes for abandoned children in Morocco, but more than 30,000 abandoned children overall ("Orphelinats marocains"). The limited resources that are available mean that Morocco is less than able to provide sufficient care for many abandoned children.

2.1.1 Orphans and Abandoned Children

According to the United Nations, there are around 143 million orphans worldwide, the majority living in Asia, with 39 million in Africa (Connolly, 2004). The greater part of these orphans are not being taken care of in an institution. Most children in orphanages have one or both parents still living. In Morocco, there are approximately 8,700 children abandoned by their parents every year. Many children are placed in orphanages by their parents because they are incapable of providing care for their children. Most of these children are from poor families or minority backgrounds that are discriminated against in the community. Worldwide, Kern (2013) estimates that only 40% of the orphaned female population and 30% of the male will become successful members of society. It is also estimated that about 80% of the children who grow up in Moroccan orphanages are at risk for delinquency, due to their unstable environment.

In Morocco, children in orphanages are known as *enfants abandonnés* or abandoned children, since oftentimes one or both parents are still living (Association «Bébés Du Maroc» : La Parole Aux Enfants Abandonnés). In Morocco, as in most Arab countries, adoption is treated differently than the typical Western definition: rather than Western adoption, there is kafala. Kafala is similar to adoption, in that the child is raised and cared for by another family, but different in that the family is only seen as the caretaker of the child. In Morocco, kafala stipulates that the child must not take a new last name nor convert from Islam, and the child must maintain legal nationality of the country of his or her birth. This most often occurs when a Moroccan child is adopted by parents from a different country, despite moving to a new country; the child must retain their Moroccan citizenship.

2.1.2 Orphans in a Muslim Context

In Islamic culture, orphans are seen as children in need of charity: the Qur'an states "Serve God, and join not any partners with Him; and do good - to parents, kinsfolk, orphans, those in need, neighbors who are near, neighbors who are strangers. The companion by your side, the wayfarer (ye meet), and what your right hands possess: For God loveth not the arrogant, the vainglorious"

(Qur'an. 4:036, Oxford World's Classics Edition). Muslims believe that orphans should be cared for and looked after by their fellow Muslims. There are many quotes in the Qur'an that preach kindness and charity towards orphans. The prophet, Muhammad, was orphaned as a child. His uncle took him in and raised him. In Morocco, a child is considered abandoned if they either:

1. Are under 18, with no living parents or legal means of supporting themselves
2. Have parents incapable of providing protection or education, due to forces outside their control
3. Have parents who disregard their moral responsibility to guide their child toward the right path (in other words to raise them to be a good Muslim)

It is important that the child is raised as a Muslim, and a parent can be deemed unfit if they are not raising them in the Muslim faith (Bargach, 2002).

2.2 Psychological Effects on Orphans and Abandoned Children

Abandoned children can suffer from psychological difficulties. An attachment, or deep connection, is needed between a child and parent or other caregiver in order to allow for a child to develop correctly. Children in orphanages often develop attachment issues in the form of unhealthy relationships to caregivers or parents. Often this is caused by lack of caretaker or individual attention, or personnel changes in caretakers and orphanage workers (Reactive Attachment Journal).

Emotional disorders are particularly common in orphans because common methods of helping the children only focus on material needs instead of psychological needs (DeWitt, MC). It was noted that, "Many orphans did not function as well as could be expected even when their material needs were adequately met and suggested that psychological problems may be responsible" (DeWitt, MC, 2010: page 461).

2.2.1 Common Emotional Problems of Abandoned Children

Orphans tend to exhibit greater emotional distress and behavioral problems, but are just as vulnerable to psychiatric and mental disabilities as non-orphans (Musisi, S). Differences between orphans' and non-orphans' personalities were studied in Thiruvananthapuram, India, and there were three main findings. The first finding was that there was a significant difference in alienation, hostility, and self-destructive behavior between orphans and non-orphans. The second was that there was a positive correlation between hostility and alienation, locus of control, and number of years living in the orphanage in the case of orphans. The third finding was that, in the case of non-orphans, there was a negative correlation between self-destructive behavior with home atmosphere, but a positive correlation between self-derogation with alienation and hostility (Thomas, I).

In a second study, researchers took MRIs of older orphaned children's brains. The MRIs showed that there was a reduction in gray and white matter and that their brains were smaller

(Hamilton). Having parents, caretakers, or one-on-one attention is needed in order for a baby to develop correctly. Children who grow up with parents have a much stronger amygdala reaction when seeing their parents as opposed to seeing strangers. The amygdala is one of the parts of the brain that deals with emotions. However, an experiment showed that orphaned children who have been adopted would show similar reactions in the amygdala when shown pictures of their adoptive mother and strangers (Olsavsky, p 853-860) This shows that they do not have strong emotional responses when seeing their adoptive parents. One thought is that this adaptation can help children survive without parents, but this could also affect all future relationships in that they will never have strong emotional responses to other people (Hamilton, J).

Many children who grow up in institutions have delayed emotional development. Experts believe this is because children are being raised outside a traditional family environment, which itself varies across cultures. From a young age, these children are aware that they are being raised differently than their peers, which can lead to feelings of isolation. They struggle with blaming themselves and thinking they did something wrong. Younger abandoned children cannot understand why other children have mothers and they do not (Van Wyden, G).

Abandonment can cause insecurities in all relationships that the child forms as well as relationships later in life, including issues with attachments. Children with these issues can often develop healthy relationships later in life, but some children do not (Reactive Attachment Journal). Children who have grown up in orphanages often show poor self-regulation, struggling to control their emotional responses to life's challenges and problems (Ginis, B). They can become angry over minor issues, and develop physical tics or low self-esteem. Additionally, they can struggle to find motivation for long-term goals, such as delaying immediate gratification. These children have difficulty with tasks above their current abilities, and may quickly express helplessness to receive attention from caretakers. They may also express entitlement after having had everything fairly distributed in the orphanage. For example, if the orphanage hands out pencils, each child receives a pencil, even if they have no need or desire for it. This trait can continue as they grow older, so that when others around them are given something, they may feel entitled to that same thing even if it's not something they want or need (Ginis, B).

Because abandoned children tend to be less social with peers, they struggle to create support systems to help deal with everyday stresses and issues. This causes them to form unhealthy coping mechanisms (Treatment For Abandonment & Attachment). The structured environment of being raised in an institution can also adversely affect a child's development, since their home environment may inhibit self-expression and opportunities to communicate. These developmental disorders often lead to low self-esteem and difficulty communicating. Experts believe that a positive self-image is influenced by three main things:

1. "belief in being liked by other people
2. belief in the ability to perform various activities

3. belief or feeling of self-importance" (Shipitsyna, L)

Because these beliefs are fulfilled by the healthy interpersonal relationships a child forms within their environment, their self-image is negatively affected by their delayed emotional development. These children often have trouble communicating with others because they lack the vocabulary needed to express their opinions confidently. Because of this, they are often perceived as rude and immature. They also lack the capacity to fully understand the opinions of their peers, which can lead to a feeling of isolation from their community. Without a nurturing environment, they often grow to expect failure from themselves. This causes prolonged disadvantages, socially and scholastically, that may reinforce their negative self-image (Shipitsyna, L).

Orphans are susceptible to higher depressive symptoms than other children, as shown in a study completed in Namibia (Ruiz-Casares, 2008). These children have a lack of supportive services, and trained health workers on emotional disorders, due to living in an orphanage (Ruiz-Casares, 2008). Depression is defined as "a serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way" (Depression Definition), and depression in orphans can be associated with previous abuse or neglect, painful separations from family, feelings of rejection, relocation, lack of trust in the orphanage, and the absence of family or friends. Those with depression are found to be less optimistic about the future, displaying more disruptive and angry behaviors compared to children without depression (Ibrahim, A).

Depression is most commonly caused by one or a combination of genetic, biological, environmental, and psychological factors (National Institute on Mental Health). There are numerous symptoms of depression that can occur either very suddenly, or more gradually. They include depressed mood, increase or decrease in appetite, loss of interest and energy, and feelings of guilt. Also, many children with depression express less emotion when socializing with peers than children without depression (Cole P.M., Luby J., & Sullivan, M.W., 2008). Due to the financial situation and resources of the Zniber Foundation, these treatments are not necessarily available.

Antisocial personality disorder (APD) is often triggered in early childhood development, especially in cases where children are separated from their parents. APD is characterized by a pervasive pattern of disregard for the rights of others, lying, deception, impulsivity, aggressive behavior, lack of empathy, and lack of remorse" (Ali, 2009). Symptoms of APD include attempts at manipulating emotions, repeated attempts or successes at breaking the law, ignorance of the safety of others, substance abuse, frequent occurrences of lying, stealing, and fighting, lack of guilt, the ability to act in a charming manner in regards to their negative behavior, and feelings of anger or arrogance (A Service of the U.S. National Library of Medicine).

Reactive attachment disorder (RAD) is commonly seen in orphans. Children with RAD do not form normal or healthy relationships with their guardians or caregivers. This disorder develops when bonds of affection, love, and comfort are not created, which puts a strain on all future attachments (Farman Ali, R). Common symptoms of RAD include an opposition to physical affection, anger problems, trouble showing authentic care, failure to display guilt or remorse, and disobedient and argumentative actions (Kemp, G).

2.2.2 Strategies for Coping with and Treating Abandonment Issues

One of the main treatments for abandonment is therapy. There is no cure for abandonment, only mechanisms to help cope with the various symptoms. It is important to know how to respond and talk to a child who was abandoned. In the case of a child rejecting personality traits of absent parents, steps that should be taken include affirming the child's own unique qualities, allowing the child to talk about their feelings, and reaffirming that their feelings are normal. In the opposite case where a child will idealize the absent parents, it is helpful to allow them to talk about their memories and to ask them open-ended questions to aid in their recollection of past events. With children who suffer from low self-esteem, it is helpful to remind the child that he or she is not at fault, to praise them for their actions, and to allow the child to develop relationships with other adults. In order to help the child to better express their emotions, it is important to reaffirm that you care for them even when they are angry or sad. It is essential to be trustworthy and to connect regularly with the child (Wolf, J).

There is still a lot of ongoing research about the best ways to talk to children about abandonment. Because it is a type of loss, there is a mourning process (Trozzi, 13). To help grieving children, explaining the situation honestly can ensure kids do not create false explanations. It is important to answer all their questions in an age-appropriate manner, so that they do not have to create a truth that they understand. (Trozzi, 14) The main strategy for assisting grieving children is reassuring that they will be cared for. Creating routines helps to establish a sense of security. Each child expresses emotions differently so letting children grieve in their own way is an essential way to let them overcome their emotions. Allowing the child to ask the same questions over and over again and give consistent age-appropriate responses is a crucial part of giving kids closure (Supporting Grief in Children).

There have been major developments in the understanding and the treatment of depression in the past several years, and depression is generally considered highly treatable by doctors and psychiatrists. One of the most used methods is prescription of antidepressants, which correct imbalances in neurotransmitters. Several types of therapy, including cognitive behavioral therapy (CBT), help to address behavioral patterns and negative thinking that may accompany depression (Stanford University of Medicine).

The treatment of APD is much more difficult than the treatment of other personality disorders, mostly because those with APD do not often look for treatment on their own. The most common form of treatment is a system that rewards positive behavior, and gives consequences for negative or illegal behavior (A Service of the U.S. National Library of Medicine).

There are many steps that guardians or caregivers can take while dealing with a child with RAD. Forming a set of consistent boundaries helps to teach children what is and what is not acceptable behavior, and helps to make them feel more secure. Next, it is important to address negative behavior in a calm manner so that the child sees the situation as manageable and safe. Also, having a consistent routine will give comfort to children who feel threatened or unsafe with change. Finally, making a child feel loved and wanted with repetition and consistency will aid with bonding that the child may not have received earlier in life (Kemp, G).

The mechanisms to help with symptoms of abandonment may change the way people with this issue see themselves and cope. Because everyone processes problems differently, it is important to provide a caring and safe space where these people will feel comfortable. In conclusion, a person struggling with abandonment issues should understand that he or she is not alone and that there are many different types of treatment available.

2.2.3 A Deeper Look at Depression in Children

Depression in children is often not taken seriously. Some kids with depression "may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood" (Depression in Children and Adolescents)

It can be more difficult for adults to understand depression in adolescents because they are looking at the child's problem from the standpoint of a fully developed adult. Depression is also more difficult to notice in children because young people go through so many changes that it is challenging to distinguish between what is normal and what is not. Adults often feel guilty or frustrated when dealing with a child who has depression. Because of this, the illness can put a strain on the relationships of the family. It is important to be honest with family members about the depression so that the child has many means of support (Children, Youth, and Depression).

Children that have depression may lose motivation and can be more difficult to engage. A child with depression may be easily irritable, cry often, and have outbursts of anger. Feelings of misery and guilt may accompany this behavior, as well as constant low moods. The figure below discusses symptoms of depression that are often seen in children, as well as what adults may notice (About Depression).

Symptoms	Behavior
Lack of passion	Disinterested in typical activities
Fatigue	Feeling tired often
Restlessness	Inability to sit still
Irritability	Bad-tempered
Agitation	Apprehensive, jumpy
Sleep problems	Insomnia or change in sleep patterns
Sadness	Habitual feelings of unhappiness
Worthlessness	Feeling unloved or bad about oneself
Guilt	Excessive self-blame
Social withdrawal	Avoiding other people
Suicidal thoughts	Talk of death hurting oneself
Poor concentration	Unable to focus
Memory problems	Lapses in memory

Figure 2. Common behaviors of a child with depression (adapted from: About Depression)

There are many types of support available for those with depression. It is important that people realize that depression is a medical condition and should be encouraged to seek help when they need it. Something as simple as talking and asking them how their day is and how they are feeling helps them to feel like their problems are validated. It is important to make sure that people with depression do not isolate themselves, which they commonly do because they do not want to bother other people. To help those going through depression, it is often helpful to create activities that promote a sense of accomplishment. Also, it is important to look into clinics and therapists so they can have someone to talk to about their emotional problems. Finally, relapses are common in people with depression and should be closely monitored ("How to Help Someone Who's Depressed").

2.3 Understanding Learning Disabilities
Many people with learning disabilities have an average or above average intelligence. A learning disability is a neurologically-based processing problem. It is not a reflection of a person's intelligence, but rather an interference with how they receive and process information. This affects their ability to learn new information and skills, affecting them scholastically and socially (Types of Learning Disabilities). It is important to note that the phrase 'learning disability' does not necessarily imply visible developmental disability, such as sensory or physical impairment. A learning disability is characterized by increased difficulty understanding or applying unfamiliar material, but does not by definition imply mental retardation as a primary cause It is important to note that the phrase 'learning disability' does not necessarily imply visible developmental disability, such as sensory or physical impairment. A learning disability is characterized by increased difficulty understanding or applying unfamiliar material, but does not by definition imply mental retardation as a primary cause. Learning disabilities are often mistakenly conflated

with either learning problems (such as physical handicaps, mental retardation, and emotional disturbances) or societal problems (such as environmental, cultural, and economic disadvantages) (Types of Learning Disabilities).

There are many different types of learning disabilities: the most common found in children are dyslexia, dyscalculia, and visual processing disorder (Kemp, G). These disabilities are categorized into writing, reading, dyslexia, math, and attention disabilities (Types of Learning Disabilities). Common disorders that are not learning disabilities, but still largely affect a child's learning ability, are ADHD, autism, and Asperger's Syndrome (Kemp, G). There exists a direct correlation between self-esteem and the ability to succeed scholastically. Children with learning disabilities are more likely to struggle in school, and if that struggle continues, the child is more likely to develop self-image issues. That low self-esteem can lead to the child developing mental and emotional issues over time (Shipitsyna, L).

Children with learning disabilities may experience difficulty using or acquiring social skills, in addition to just academic skills. Behavioral problems and verbal communication issues are two core components that adversely affect the social success of a child with a learning disability. Behavioral problems can be especially problematic for young boys, who on average display more negative behaviors than their female counterparts. Those with learning disabilities are less likely to take part in social activities or make connections with friends and others (Cermak, 1998).

Disabilities can worsen in children when no special accommodations are made. Children with disabilities, who must continually try hard to overcome their issues, can become frustrated and often act out in class. One in ten school-aged children have learning disabilities, and 20% of those children have an attention disorder, making it difficult to focus in classes (Facts for Families, 2012).

More often the case is that the child in question has a neurotypical level of intelligence, but consistently performs below that expected level, due to a range of mental or emotional difficulties (Cermak, 1998). In this way, learning disabilities are less visible to caretakers or someone giving a professional diagnoses because the outwards personality of the child will not always reflect the extent of said disability.

2.3.1 Strategies for Coping with and Treating Learning Disabilities

Studies have shown that coming to terms with a learning disability can be a difficult part of having one. Many people have reported shock upon discovering they had a disability, and that their perspective on many parts of their everyday life had shifted (Kenyon).

After this discovery, many people feel embarrassed and isolated. Though perhaps aware that they were developing differently mentally from their peers at a young age, diagnosis often occurs

in teenage years, when there are excessive stresses and changes occurring in their lives. Many adolescents often go through a great deal of emotional trauma at that age, and the discovery of a learning disability may only add more stress to the situation as they become aware that they are alienated from their peers (Cermak, 1998).

Many people with learning disabilities report disconnect with the non-disabled population. They often feel judged by their peers, or treated as if their opinions are less valued due to their disabilities. They also report finding more support from others with learning disabilities, who gave better advice and coping mechanisms, rather than those from professionals. They often feel professionals lectured and talked down to them, while their community supported them (Dyson, 2010).

Accepting the fact that one has a disability is a difficult step, especially when children with learning disabilities perceive the larger non-disabled community as a source of rejection. A healthy support system is vital to coping with learning disabilities, so by providing training on how to support children coping with the fact that they have a disability to the facilitators, we can help improve the mental health of many of the children in the Zniber Foundation.

2.3.2 Implications of Implications of Public vs. Private Education

In Morocco, free public education is compulsory for all children from ages six to fifteen. Preschool is not provided by the government, but is offered by many private institutions in urban areas. It is preferred for a child to go to private school, as the public school system in Morocco is not ideal due to circumstances such as a lack of one-to-one attention. The attention that a child gets in private school is unparalleled, and the success rate of a student graduating from private school is much higher than that of public school.

Success in Moroccan education is greatly dependent on a student's success in standardized testing. Their advancement in each tier of the Moroccan education system depends on their ability to pass these tests. In 2014, 44% of the students who took *le baccalauréat* (qualification exam taken at the end of secondary education) received a passing grade (Allilou 2014). In the orphanage, three out of the four students who took the exam passed. However, Madame Ouafae noted that many of the children at the Zniber Foundation drop out of school before they have the chance to take the exam. The exam is difficult to pass and many children do not have the motivation to do their schoolwork because "they are orphans and no one cares about them" (trans. by Aziz). Also, many of the children in the orphanage do not see the benefits in higher education and end up choosing to start work. They begin in vocational areas such as ironwork, carpentry, and glasswork, and never end up pursuing higher education. If a child at the Zniber Foundation does decide to pursue higher education, they are allowed to continue staying at the foundation. Otherwise they are required to leave at the age of eighteen (Madame Ouafae, IQP 2014).

2.4 Physical Health Challenges

Many children with physical disabilities experience hindered mental development. This section will explore the negative effects physical disabilities have on a child's development, and how it relates to the context of the children at Zniber.

In Morocco approximately 10% of the population suffers from a physical disability. The lack of proper medical care contributes to this increasing statistic (Boutayeb, A). A study done by the World Health Organization in 2011 showed that 31% of Moroccan children under the age of five are malnourished. The highest indicator of malnourishment in Morocco is stunted growth, at 14.9% of children (NLiS Country Profile: Morocco). Proper nutrition plays a huge role in the development of young children. Motor, intellectual, and behavioral problems can develop from early childhood malnutrition (Grantham-McGregor, Sally).

2.4.1 Malnourishment

A case study conducted in the West Indies investigated the relationship between malnutrition and mental development in children. This case study found that malnutrition can lead to three key problems in a child's development: their cognitive and motor functions, their behavior, and their learning (Grantham-McGregor, Sally).

Many young children who experience malnutrition miss milestones in their motor development skills. With the delay of acquiring these motor skills, the child is often not at the same physical development pace as many of their peers (Grantham-McGregor, Sally). Studies have correlated the delay in cognitive development to a child's performance in school. These children were at higher risk for lowering grades, repeating a year, and dropping out of school (Winick, Myron).

Malnourished children tended to have more behavioral problems when they were older. These children were found to be more unresponsive compared to healthy children when given tasks to do. They were also more attached to their mothers, and formed weak or poor relationships with peers and teachers. Culture plays a large role in the severity of behavior issues, and has been the cause of inconsistencies from studies conducted in different regions (Grantham-McGregor, Sally).

Studies show that children who were malnourished also tended to have lower IQs; however, there were many variables that were not controlled in these studies. These issues come from delayed enrollment in school, attendance, cultural and family attitudes towards the importance in education, and the quality of the school system. Malnutrition is most prevalent in developing countries like Morocco, which is why there is a correlation between behavioral problems, malnutrition, and performance in school (Grantham-McGregor, Sally).

2.4.2 Visual and Hearing Impairment

Children with visual impairments tended to have more social and emotional issues. The difference in academic performance between visually impaired students and students with normal sight was negligible. The most notable difference was their social skills, in particular, forming relationships with their peers. Girls seemed to be more negatively affected by being visually impaired than boys did (Huure).

A study conducted with children with and without hearing impairments in grades 3-6 showed that children who are hearing impaired are at a higher risk for struggling to comprehend vocabulary and language. The students were presented with a use decision task, which evaluates the student's understanding of the use and meaning of the word and a traditional lexical decision task that evaluates the student's understanding of the existence of the word within a language. The study showed that the hearing students all had high scores on both tests while the hearing impaired students had a large range of scores. Though being hearing impaired does not guarantee that a student will have issues understanding language, as some students scored similarly to hearing students, it is obvious by the range of scores that there is a gap in understanding that does not exist in the hearing student population (Coppens, K).

2.4.3 Cognitive Growth

Different abilities that children gain, such as smiling, waving, and speaking, are defined as developmental milestones. Each age has a particular set of milestones that the majority of children should reach. At two months, babies begin to smile, they can calm themselves with activities such as sucking on their hands, and they start to try to look at their parents. They also make gurgling sounds, turn their heads towards sounds, follow objects with their eyes, and act fussy if there's a lull in activities. Finally, these children can hold their head up, push themselves up when lying on their stomachs, and make smoother movements with arms and legs.

At four months, babies smile more spontaneously, enjoy playing with people, copy facial expressions, and cry in different ways to show hunger and pain. Their cognitive skills include showing happiness and sadness, responding to affection, using hands and eyes together, and recognizing people and things at a distance. Finally, these babies can hold their heads steady, push down with their legs when on a hard surface, roll over, and push up to their elbows when they are on their stomachs.

At six months, babies know whether or not somebody is a stranger, like to look at themselves in a mirror, respond to sounds by making sounds, respond to their name, and respond to others' emotions. Their cognitive skills include looking at things nearby, bringing objects to mouth, expressing curiosity at things that are out of reach, and beginning to pass things between hands. Finally, children can roll in both directions, sit up with no support, and rock back and forth.

At nine months, babies may be clingy with adults they feel comfortable with, have favorite toys, understand the word no, use fingers to point, look for things that are hidden from them, play games like peek-a-boo, and pick up object between thumb and index finger. Finally, their physical skills include standing, getting in a sitting position, pushing to stand, and crawling.

At one year, babies can be nervous around strangers, have favorite objects or people, show fear, repeat sounds to get attention, respond to simple verbal requests, and try to repeat what people say. For cognitive skills, babies explore by shaking or throwing, find hidden objects easily, can locate the correct picture or object when named, copy gestures, use things such as cups correctly, bang things together, put things in containers, poke things with fingers, and follow simple directions. Finally, the children can get into a sitting position with little or no help, pull to stand up, walk a few steps, and stand alone (Center for Disease Control and Prevention, "Developmental Milestones").

2.5 Available Resources for Child Care Professionals

Finding effective resources for children with emotional problems can be a key factor in helping them cope. There are many different types of online environments that provide unique tools and techniques used very frequently by child care professionals (Top 10 Resources for Special Education Teachers, 2013).

Connecting with other child care professionals can be crucial in discussing different types of effective strategies for helping children with emotional and learning disabilities. Social media sites allow people all over the world to connect and share stories and information. The three most used social media sites for reaching out to a large community of these educators are Facebook, Twitter, and LinkedIn. On Facebook, there are numerous special education teacher groups already formed. On Twitter, many teachers and professionals send out information and links to online resources. It is also possible to tweet your own links and tips to help others. Finally on LinkedIn, professionals and teachers have their own profiles where their experiences are clearly highlighted (Top 10 Resources for Special Education Teachers, 2013).

Next, many websites contain tools that professionals can use, particularly in areas of social skills, academics, and behavior. Usually, experts in the field of special education are the ones who are designing these websites. An example of one of these websites is called Do2Learn. Websites like these contain activities for students to engage in, including crafts, songs, and games. These encourage learning, communication, social skills, and self-regulation (Top 10 Resources for Special Education Teachers, 2013).

Finally, there are numerous websites available that aid child care professions specifically with special education children. An example is called Teacher Vision. These are typically free and contain a wide range of resources such as daily lessons, point charts, and accommodation

checklists. Also, there are resources for different types of disabilities, lessons, subjects (like math, social studies, etc.) and types of educational and assistive technology (Top 10 Resources for Special Education Teachers, 2013). There are numerous guides and booklets that are available to download, which are aimed towards parents as well as teachers. A collection of these resources can be found in Appendix C.

3 Methodology

This project worked to develop educational materials for the caretakers of the Zniber Foundation. We accomplished this by creating two deliverables. The first was an educational booklet to educate the caretakers on the psychological implications of abandonment. The second was an assortment of activities and advice to help facilitate healthy communication between the caretakers and the children. To construct our deliverables, we conducted numerous interviews with these groups to determine problems that they face and what resources they would benefit from the most. We also spoke with a play therapist to get information from a professional psychologist regarding emotional disorders.

3.1 Ethical Considerations

It is important to acknowledge that there were many sensitivities in working with these children, most importantly, the relationships between caretakers and children at the foundation. Many of the caretakers have helped raise these children from birth and have formed relationships with them. Our goal was not to change the way the caretakers care for the children, but rather provide them with materials to help make stronger connections with the children.

Forming appropriate relationships with the children was vital to the success of our project. Because children are extremely impressionable, we needed to be sure we were always acting in a way that was not only appropriate for younger ages, but also culturally considerate. We wanted to make a positive impact on the children without changing the core values the foundation teaches them.

Our deliverables are meant to be educational materials and should not be used to try to diagnose children. It would be unethical to ask the caretakers at the Zniber Foundation to give specific diagnoses without consulting a professional psychologist. They are not formally trained in the psychiatric diagnosis of emotional concerns, so they are not qualified to tell a child they have a specific issue. For this reason, the deliverables that were provided to the caretakers are tools to help empathize and understand the emotional and psychological implications of abandonment, in an effort to provide better care without diagnosing children.

3.2 Context of the Orphanage

To ensure our deliverables and training materials were appropriate for the context of the orphanage and the needs the caretakers face, it was important to first assess how the Annex operates. We wanted to understand how caretakers, children, and others play a role in the community, and understand how emotional issues affect their interpersonal relations. To collect this data, we considered three questions: from whom can we learn, what must we learn, and how will we learn it. Two groups were identified as primary stakeholders: caretakers and children.

We visited the foundation multiple times to better understand how it works and how it is run. On our first visit, we met with our sponsor Madame Ouafae, Head of International Kafala and Public Relations at the Annex. Madame Ouafae has worked with three Interactive Qualifying Projects (IQPs) with Worcester Polytechnic Institute (WPI) students. These projects included developing a financial plan for the foundation, designing art and music rooms, and creating a volunteer program with a local university.

We were introduced to our main contacts at the foundation, Aziz Rafii and Mohamed Hamdi, who were both raised there. Now, they are adults and help with administration. Mohamed graduated university and has returned to the foundation as a social worker. Aziz is currently attending university and living at the foundation. He helps the staff with day-to-day activities and acts as a mentor to the younger kids. Aziz was also our interpreter and helped us interact with the caretakers. After our interview with Madame Ouafae, Aziz gave us a tour of the facilities at the Annex. The purpose of the tour was to get a better idea of the living space at the foundation.

On the second visit we interviewed Madame Ouafae again in order to better understand what she feels the children's issues and to what type of help she feels the children would be open. After this interview, we took taxis to the Mohammed V Hospital in Meknes, where the nursery is located, to get a tour and to see how that facility operated. We felt it was important to know how the children are being raised in their earliest development, to identify specific areas to address in our deliverables.

3.3 Experience and Needs of the Children
The children of the foundation will be greatly affected by any materials that we give the caretakers. It is important to understand how the children function within the foundation, as well as to observe how they interact with each other and with the caretakers so that our deliverables can best cater to their needs. It was important to determine what type of help the children are willing to receive, as well as the sensitivities surrounding the methods we used to find this information.

3.3.1 Engaging Youth at the Annex
Over the course of our visits to the foundation, our objective was to observe the children on a normal day while establishing relationships with the children to better understand their wants and needs. Mohamed and Aziz formed a group of ten boys ages 14 to 16. We sat in a circle and went around saying our names, our favorite colors, and our favorite foods. There were icebreakers planned for the kids, such as two truths and a lie, and Mohamed and Aziz helped to translate. We bonded over the icebreakers, as well as games we played outside with them. Then, we spent some time in the game room with kids aged 8-10 and the computer room with kids

aged 10-12. This was to observe the children without any sort of planned activity as well as to meet and try to talk to some of the younger kids.

We also wanted to begin to build relationships with the children at the Annex. When talking to the children, we believed building relationships with the children was very important. We wanted to form bonds with them because it would help us better understand their needs and wants. With a better understanding of their day-to-day life and their interactions with caretakers, we gained a well-rounded view on how their relationships work, and how we could tailor our final product to our stakeholders.

3.3.2 Observing at the Nursery

When visiting the nursery, our goal was to see how the schedule operates on an average day. We wanted to watch the caretakers work, and learn what the children's days were like.

For one of our visits, we helped feed the newborns. The caretakers had us sit down on a bench in the hallway, where they brought each of us a baby and warm bottle of milk. We then were brought to a table with babies aged 9-18 months to help feed them solid food. Once all of them were fed, we were brought to the playroom for about an hour, where a nurse brought in about ten babies all under nine months old.

During our last visit with the nursery, one of us was put in a playpen with about 15 toddlers aged 9-18 months. The rest of us were in the playroom with eight children aged 9-18 months. We spent about two hours playing with and feeding the babies.

3.4 Experience and Needs of the Caretakers

The major stakeholders, and the target audience of our project, are the caretakers at the foundation. The goal of speaking with them was to gain insight into their experiences working with the children, challenges they have, and resources that they believe would work well. Over the course of multiple visits we conducted two focus groups and multiple interviews to gain a better understanding of the current resources available to caretakers, and begin to build relationships with them. We felt it was important that they knew we valued their opinions.

We interviewed six of the caretakers at the Annex in a focus group setting. The caretakers supervised different age groups with 3-15 years of experience doing so. Because we do not speak Moroccan Arabic, the primary language of the caretakers, Aziz helped translate. There were so many answers to each question that it was impossible to translate everything. We noticed that some of our open-ended questions were answered with a yes or no. Despite the difficulty in communication, the focus group overall was extremely helpful in our assessment of resources and in building stakeholder relations.

In our next focus group with the caretakers, we collected data on what they thought about our final products and opinions about emotional development and mental health. We collected their ideas for solutions, on top of asking for opinions on our already-identified ones. We considered factors including the extent of their Internet access, which determines if they can benefit from online resources, their preferences for hard materials such as posters, manuals, or infographics.

At the nursery, contrastingly, children do not attend school, so the caretakers have fewer breaks and spend their entire 24 hour shift with children. Because of this, we interviewed the health supervisor, Madame Faïza. Madame Faïza acts as management in the nursery and participates in various everyday tasks at the facility to help it run smoothly. Her daily duties include addressing problems with sick children, physical maintenance of the facility, receiving updates from the nurses and passing them on to the next shift, updating logbooks of medical history, and interacting with donors, visitors, and volunteers. Aziz acted as a translator during this meeting as well, although Madame Faïza spoke French well in addition to Moroccan Arabic.

3.5 Designing Resources for the Caretakers

We wanted to make sure that our deliverables were matching our stakeholders' expectations. After creating preliminary ideas for our deliverables, we talked with Madame Ouafae and the caretakers for their opinions.

3.5.1 Deliverable 1: Educational Guide

The first deliverable was an educational guide to help the caretakers understand the psychology that accompanies certain behaviors exhibited by the children. In correlation with the activity book, it is our goal that the caretakers will feel comfortable facilitating healthy conversations with the children to help them cope with any evident emotional issues.

When we chose what sections would go into our educational book, it was important to us that we identified both issues that are unique to abandoned children, and issues that all developing children face. In addition to explaining each problem and determining their signs and symptoms, we included a section with information on how to give care for that particular issue. Similarly to the activity book, these sections were written using simpler language for easy translation into Arabic.

Finally, it was essential to the caretakers and Madame Ouafae that we included information on abandonment. Because there is no cure for abandonment, it is helpful to have adult figures available that feel comfortable answering questions about the subject in a thoughtful, accurate, and respectful manner. Further information for the educational book can be seen in Appendix C.

3.5.2 Deliverable 2: Group Counseling Guide

The second deliverable is a group counseling guide that contains information and advice on counseling sessions and 20 activities to help facilitate those sessions, all for various age groups. When choosing activities for the caretakers, it was important that they had a clear, purposeful outcome that aligned with our project's goals. When adapting these activities, it was also necessary to simplify the language used to describe them so that they could easily be translated into Moroccan Arabic. Finally, we adapted the activities to use minimal materials so the foundation would only need to allocate little to no money towards conducting them.

While designing the deliverables, it was important that we consulted a professional child psychologist. Because the caretakers expressed great interest in utilizing activities to have meaningful conversations with the children, we chose to consult with a play therapist. Play therapy is a form of counseling where children receive therapy through self-expression and play, rather than through traditional verbal therapy. We spoke to Anne McCauley, a Licensed Mental Health Clinician (LMHC), and a Registered and Licensed Occupational Therapist (OTR/L), a child and adolescent psychotherapist of over ten years. She specializes in play therapy for children of ages 4-18.

3.6 Testing Deliverables

The caretakers asked for us to demonstrate an activity for them to gain confidence in being able to facilitating activities themselves. Testing the deliverables was also important in adapting the activities to the needs and preferences of the children. It was important that the activity achieved the intended outcome, which is why we asked for feedback from the children and caretakers.

It was also necessary to speak with the caretakers about any suggestions they had to make the activity more impactful. We discussed their feedback in a focus group setting composed of the computer lab teacher, a tutor, a caretaker for the older girls, and a caretaker for the boys whom we had previously spoken to.

The activity that was tested was Positive Postings, which can be found in Appendix C. This activity was chosen because of its simplicity in instruction and materials. It was also chosen because the outcome of the activity is relatively immediate and we would be able to better evaluate its success. The activity is designed to help improve children's self-esteem through acknowledging their own positive qualities as well as receive compliments from others. The results for this activity are shown in Figure 9.

4 Findings

Throughout interviews with stakeholders and observation sessions at the foundation, we collected information for each of our objectives and noted specific trends that appeared in our findings. With this information, we began the process of designing deliverables that were given to the administration and caretakers.

4.1 Context of the Foundation

The context of the foundation was identified through interviews with the caretakers and administration, tours of the facilities, and observing the daily activities of the children. This was done to understand how the space was utilized by the children. It was also important that we gained information on the types of sponsorships available at the foundation as well the priorities and needs regarding emotional concerns.

During one of our interviews with Madame Ouafae, we learned that her official job title is Head of International Kafala and Public relations, and that she began working at the foundation in 1997. She explained that the foundation is classified as an Association with Public Interest Status, which permits them to ask for assistance and donations. Finally, we requested a schedule of daily activities and recent statistics on child population and intake at the foundation.

The purpose of the foundation is to provide the children with the essentials to live: food, a bed, a clean place to live, and an education. The Annex bedrooms are divided by age, housing about 20 children per room. As the children grow older, they move up into different rooms. The bedrooms have bunk beds lined against the wall. When the children get older, they receive a locker where they can put their personal belongings. Each bedroom has a camera to encourage accountability at all times for the children. The clothing that is donated is shared amongst the children.

The caretakers do all the cleaning and cooking. The children each have responsibilities, such as making their bed and completing their schoolwork. The day at the Annex is very structured. As Madame Ouafae says, "it is run like a military school." (O. Amhaouche, personal communications, September 1, 2015). With limited resources and over 200 children, it needs to be run that way. All the children wake up at six in the morning, make their beds, and eat breakfast. Then the children go to school, come home at different times for their lunch breaks, and return back for the afternoon sessions. When they come home from school, they rotate by age groups between the homework room, game room, computer room, and outdoor activities.

On Wednesday afternoons the children in primary or middle school are at the foundation because they don't have school. When there is no school, the foundation provides structured activities including tutoring, sports, and games. Because the children had Wednesday afternoon

off, we chose this day to visit every week so we could spend time with the caretakers in the morning and the children in the afternoon. When visiting the foundation to observe, we noticed different dynamics in each room.

The first rooms observed were the classrooms. The French classroom contained eight to ten private school children who were all around the age of ten. Each child had his or her own work to complete at a specific level of education. None of the work appeared to be homework. Instead, it may have been practice work given by the foundation. Some of the kids would do each other's work for them, and some would climb on tables, slide on the floor, and jump on other children.

Next, we observed the children play soccer, which took place outside in a small courtyard. There were eleven kids aged ten to thirteen who were divided into two teams of six. There were two older kids who were refereeing, and an adult was present for coaching. Despite any developmental delays, the children were proficient in the sport. Teamwork was evident between the children; they would pass easily and often to each other. There was some physical conflict between teams that included hitting faces, dragging kids to the ground, and spitting in faces. Finally, kids would try to switch teams often and would get along well with any new team members.

The last room that we observed was the game room, which consisted of approximately 15 children who were 10-13 years old. The atmosphere of the room was very calm. A teacher sat in the front of the room working while the majority of the children watched television and had quiet conversations. As we observed before, the children were working well together and were willing to help each other with activities such as Legos. They also were willing to help us learn their names and other Arabic words despite the language barrier.

Throughout our interviews with the director, we learned that there are many different types of sponsorships that families can participate in, including sponsoring a child to go to private school. This not only helps the child get a better education, but also provides more individual attention than public school. Madame Ouafae has noticed that children who attend private school tend to be more successful, often pursuing higher education and getting better jobs. An additional program is *parrainage*, which is a system where Moroccan families host a child for vacations or holidays. Madame Ouafae has mixed feelings about this program. She believed it is a benefit in that children will experience a traditional Moroccan family setting and see how families interact with one another. However, some of the children do form unhealthy relationships with their host families. They may become overly attached to the family and have trouble adjusting back to life at the Annex when they return from *parrainage*.

After interviewing Madame Ouafae, it was quickly established that her main concern was addressing the emotional issues that develop from being abandoned. Our project goal was narrowed from addressing learning and emotional disabilities found in orphaned children to

addressing emotional problems that develop after abandonment. It is Madame Ouafae's hope that the resources we provide the foundation will help the caretakers administer better care to the children. She also heavily emphasized that each age group and gender requires different types of attention and nurturing for healthy mental growth. It is extremely important to note this in the final deliverables, given that the children's ages in the Annex range from 6-18 years.

The foundation currently has limited resources for helping the children with psychological problems. The psychologist who worked at the foundation left this past summer, and the only formal psychological help the foundation has access to now is the public psychologist found in the local hospitals. These psychological services are not meant to provide therapy, which Madame Ouafae believes would be extremely helpful. These services only provide patients with medicine to help improve their situation. The only children who have benefitted from seeing the psychologist are children with erratic behavior caused by medical problems, such as ADHD. The children who are in need of therapy have no real options for professional help because of high financial costs.

Some key observations were:

Structured schedules
Evident teamwork
Concern about implications abandonment
Lack of professional emotional help

Table 1. Key observations of foundation

4.2 Experience and Needs of the Children

4.2.1 At the Annex

The children were always excited to interact with and learn more about America. They were curious about features that they did not have including blue eyes, winged eyeliner, freckles, moles, and different hair types. On later visits, many of the kids remembered us and were excited to see us again. We were always greeted by smiles and handshakes from the children.

When we talked the boys, they continually tried to speak with us regardless of the difficult language barrier. They would do this by saying their names, asking our names, and making hand and facial gestures. When two turtles were discovered in the garden, one of the children used it as an opportunity to teach us Arabic words such as big, small, and baby.

Throughout our visits to the Annex, the children seemed to be physically younger than they

actually were. In our first focus group, we originally thought that the children were approximately 12 years old. We later discovered that most of them were 14-15 years old. Many of the teenagers we met appeared to have not started puberty. Most of the children appeared small for their age group.

There were many different personality types within the foundation. When we played with the children, some of them were outgoing and eager to interact with us while the more shy children observed how we interacted with the other children from a distance. Many of the younger children were often blunt and seemed to lack a filter. They would make it obvious if we did something wrong, such as pronouncing an Arabic word incorrectly or not knowing the rules to a game. Contrastingly, a few children took us under their wings, teaching us new games and attempting to help us communicate despite them not knowing any English.

A trend we noticed was that everyone continually acted to help each other. Whether it was building a Lego structure, putting together a puzzle, or beating a level on a video game, the children were always willing to help one another. Without even asking for help, when one child saw another struggling they would step on and lend them a hand. The sense of camaraderie between the children was evident in the way they interacted in simple things such as playing with one another.

Some key observations were:

Enthusiastic children
Physical developmental delays
Varying personality types
Lack of social filter
Teamwork amongst children

Table 2. Key observations of the Annex

4.2.2 At the Nursery

Many of the children are adopted as infants. Once they reach the age of three, the chances of them being adopted dwindle. This was obvious in our visit to the nursery when we saw that the number of children decreased as their ages increased. Many of the children at the Annex still ask about their adoption prospects into their teenage years.

Children begin preschool at three years old. There is a small classroom in the nursery where the

kids learn the alphabet and numbers for one hour a day. This is also the age where the children begin to realize they are not growing up in a traditional family setting. They start to learn what a mother and father are. They also become aware of adoption when the other kids leave. Though they are aware of the situation, they are not necessarily upset by it.

It seemed obvious to us that the nurses at the nursery, with their limited resources, cared greatly for the children and took pride in their work. The babies seemed content; they were not too fussy and they smiled a lot when we held and played with them. The nurses were always running around from one task to another. It seemed that they never ran out of things to do to provide the necessities for the babies. It is important to note that though they were busy with changing diapers, making bottles, and giving the children baths, the nurses always took an extra minute to smile at a baby or tickle their stomach to make them giggle.

The women who work there note that, compared to their own children, the children that grow up in the nursery tend to reach developmental markers, such as crawling, walking, and talking, later on. This is normal for children living in institutional care; however, it does not imply that these children are handicapped. Because of this, the caretakers use benchmarks based on the other children in the same age group. The nurses observe the children when they play to determine whether there are developmental delays. For example, if in a group of six same-aged children only five of them can walk, the nurse will know the sixth child is developing more slowly. If this behavior is noticed, the child goes to see a doctor who helps to work with the nurses to correct these problems. Each child has a logbook containing their medical history, and any of these problems will be recorded in it. That logbook gets passed on to the Annex when the child moves there.

The mentally and physically handicapped children live in the nursery as well in rooms separated from the infants. Madame Ouafae made it clear that this was not a home for handicapped children; however, those homes are not common in Morocco. She also mentioned that these children may have a lesser chance of being adopted. These children will live in the nursery for the rest of their lives. They will not go to live in the Annex because they cannot receive proper care there. With no one else to take care of these children, the foundation has no choice but to take them in with the understanding that they have no training or resources to provide proper care to these children in adulthood.

Some key observations were:

Most children adopted as infants
Developmental delays
Children were content

Table 3. Key observations of the nursery

4.3 Experience and Needs of the Caretakers

The focus group conducted with the caretakers helped us to understand the daily routine through their perspectives. Each nurse has a group of approximately ten children of the same age to look after. She will rotate with another nurse on shifts lasting 24 hours. The nurses help the kids with all aspects of their day including bathing, wearing fresh clothes, walking them to school, making sure that they eat their meals, and helping them with anything else they may need. Because they have so much to do throughout the day, it is very difficult for them to help with any emotional problems a child may be struggling with. The women care a lot about the children, and "make time even if there is none" if they notice a child is upset (trans. by Aziz).

The caretakers were concerned that they did not have a daily activity or time where the children can talk to them about their problems. With ten children to look after, it is impossible to know everything that is happening in their lives. When children have a problem or want to talk about their feelings, they rarely come to adults. Those problems are only addressed when the child exhibits negative behaviors. Caretakers have noticed that younger children tend to cry when they are upset, but older children will hit another child or throw a toy. When the caretakers speak to them to find out the root cause of their acting out, they discover the child was struggling with a separate issue. Many of the children seek out negative attention in an effort to express that something is wrong. This is frustrating to the caretakers because they are willing to help, but if the children do not tell them there is an issue there is nothing they can do.

The caretakers did not believe that going to see the previous psychologist was very helpful for the children. The foundation provides care for very many children, so the therapist lacked the time to provide proper therapy. The caretakers noted that the children would express regret about a negative action, make excuses for their behavior, and continue to repeat the behavior in the future. They believed that seeing the psychologist was not effective in addressing the emotional issues behind why the child was acting out because of the time constraints.

Though the caretakers believe that many of the children have emotional issues from being abandoned, they also noted that the children have to deal with issues all children face. Most of

the children would rather play than study. When they reach their teenage years they begin looking for more responsibility. Growing up without a family and with the knowledge that they were abandoned only makes it harder to deal with these issues. When asked about the children's attitude, one of the caretaker's immediate responses was that the kids are "always smiling," indicating a positive relationship between caretakers and children (trans. by Aziz).

The caretakers also mentioned that lack of motivation to do well in school is a big problem for children in the Annex. They are not self-motivated to do their own work because "it will not change the fact that nobody loves them" (trans. by Aziz). The caretakers try very hard to encourage them to do well. They explain to the children that if they do well in school, they can be successful in life and will be able to provide for themselves the things they were missing in childhood. The children do their best, but long-term motivation is a hard concept to grasp as a young person, making it difficult for the caretakers to reach the kids.

Madame Ouafae believes that with a strong understanding of the issues that the children at the foundation will face, caretakers can better help the children work through their problems. She would like the project to focus on ways to educate the caretakers how to empathize with the children. It is important that the caretakers know that intimate relationships with children have the potential to be damaging to both parties. The project should give caretakers ways to talk to kids struggling with emotional issues, while still maintaining a healthy relationship.

The caretakers asked us for activities and information to provide better care to the children. They believe activities would be helpful because they want to sit and talk with the children about their issues before they act out, but have no resources on how to facilitate these conversations. The caretakers want to find activities that will help to encourage children to come to them with issues. Also, they would like more information on the psychological implications of abandonment. The caretakers believe that with a better understanding of this, they can connect better with the children.

The caretakers at the nursery are looking for educational activities to do with the children. They would like activities that the children can play while developing their minds. They have also asked for help finding organizations that could administer activities. They have limited time and resources to play with the children, so finding groups that are willing to volunteer would be very helpful.

Some key observations were:

Lack of tools to help children cope with emotional problems
Lack of education on emotional problems
Need for educational activities

Table 4. Key observations of caretakers

4.4. The Deliverables: Educational Guide and Group Counseling Guide

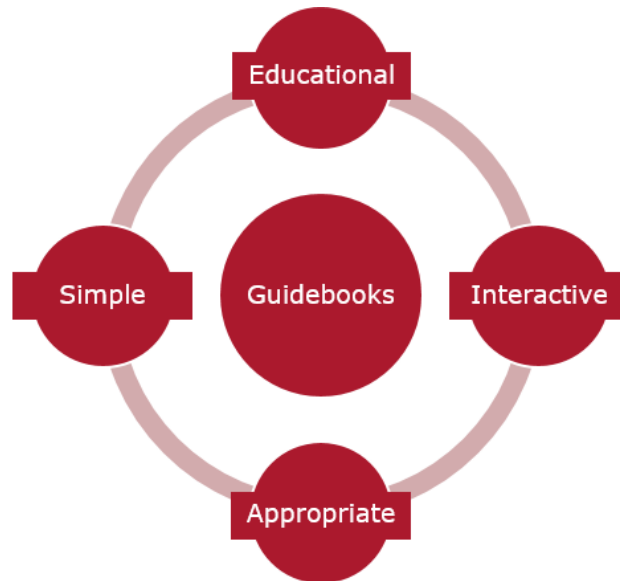To address the needs of our stakeholders, we took into account four criteria in designing the deliverables:

Figure 3. Criteria for designing the guidebooks

First, the deliverable needed to be educational and provide caretakers with sufficient background to properly identify and assist with specific emotional issues. In the focus groups, the caretakers had requested additional information about these issues. It was necessary that the caretakers have a basic understanding of emotional problems that abandoned children face before they try to help.

The guides also needed to be interactive enough to engage the children. From observations at the Annex, we noted that the children responded positively to stimulating activities like sports and games, and less so to quiet times like studying and tutoring. Anne McCauley explained that children do not have the capacity to understand and/or vocalize their feelings properly, especially

at ages younger than ten. Because at these ages their primary priority in life is to play, activities can be a great way for them to talk about these feelings (A. McCauley, personal communication, October 2, 2015).

Also, the deliverables needed to have an appropriate scope. Since neither we nor the caretakers are certified psychological professionals, the deliverable avoided specific diagnoses and instead gave advice for dealing with general issues. Anne McCauley, a child and adult psychotherapist, was also consulted to ensure this was the case. She assisted in helping to choose what material we included in the guides.

Finally, the guides needed to use simple language for easy future translation into Arabic, and to use minimal materials in the activities to reduce the cost of performing. We selected activities that were designed by professional therapists and psychologists and adapted them to the needs of the caretakers. These adaptations helped to reduce the cost of performing the activity by substituting materials for verbal instruction or using materials the foundation already possessed.
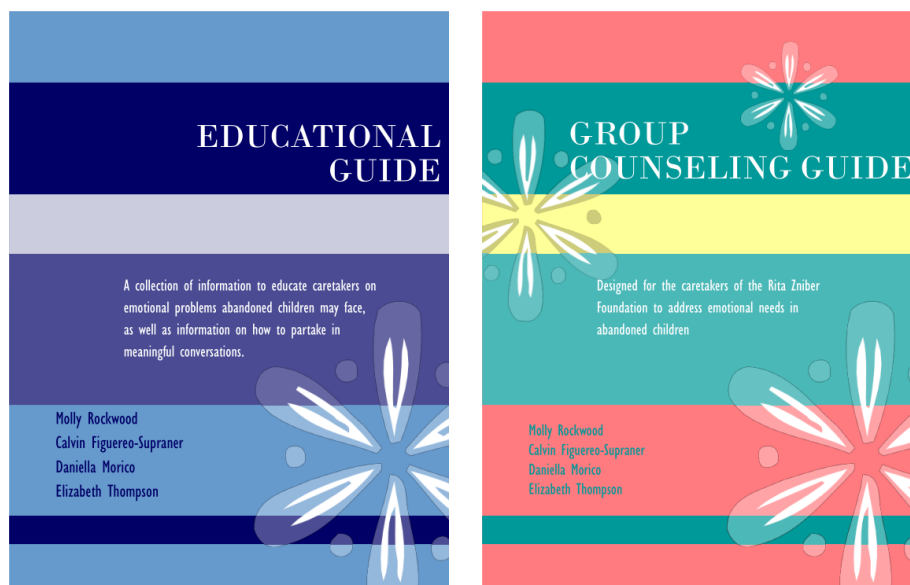

Figure 4. Guidebook covers

To meet these four criteria we created two guides: an Educational Guide and a Group Counseling Guide, which can be seen in Appendix C.

5 Educational Resources for Caretakers

5.1 Content of Guidebooks

Two guidebooks were the best solution for the caretakers and the children at the foundation. The first was an educational guide to teach the caretakers about common problems that abandoned children face. The second was a counseling guide to help facilitate group conversations for children which includes activities and instructions on creating a safe space.

5.1.1 The Educational Guide

The first deliverable created was an educational guide (Appendix C). It addresses the caretakers' concerns that they are often unaware of the specific problems the children are dealing with. While the caretakers are involved in many of the children's lives from an early age, they may be unfamiliar with the complications that come from abandonment and living in an institutionalized setting. Consequently, the guide lists common problems abandoned children face, techniques for answering children's concerns, and other generalized issues by age group. By presenting the most common issues succinctly, the caretakers are better equipped to identify and respond to children's needs.

5.1.2 The Group Counseling Guide

The group counseling guide (Appendix C) was designed based on the caretakers' need for activities and other resources to help initiate conversations. The guide contains a background on play therapy and instructions about how to best utilize the information provided, as well as information on how to be an effective facilitator for meaningful conversation. Additionally, it discusses how to facilitate a counseling session, including breakdowns by age of the children. The guide contains 20 activities with directions, tips, and rationale for the activity. Included are conversational icebreakers for older children to become more comfortable in the group as well as activities for younger children to be used for the entire therapy session. At the end of the guide, there is a list of resources for more activities and information on play therapy, group counseling, and facilitating conversation.

The therapy sessions would be split into three segments: activity, talking, and conclusion. The activity can be chosen based on what issue the caretaker would like to address. The goal of the activity segment is to warm the children up to the ideas the caretaker wants to discuss. The activities are designed to make a child think about a problem in a certain way, which can lead to the child expressing their own emotions. Once the activity is completed, the caretakers will facilitate a conversation about the activity. There are suggested talking points in the guide based on the activity. The goal for the discussion segment is to help children to possess their thought and emotions. The third segment is the wrap-up. This is a short discussion that covers all the

important points made in the first two segments and highlights the message that the caretakers want the children to take away from the session.

Finally, we worked together to break up the activities for the therapy sessions by age ranges. They were designed to accommodate age groups of 2-6, 6-10, 10-13, and 13-18. This was important to keep the children engaged and to make sure the activities were age-appropriate. The younger age groups would spend more time in the activity segment while the older children would spend more time in the talking segment. The instructions for facilitating each age group are further discussed in Deliverable 2. The activities were chosen to help with self-esteem, to promote empathy, and to create an open, trusting environment.

5.2 Testing the Deliverables

After making drafts of the guidebooks, we tested one of the activities from the group counseling guide to see how it would be received by the children and caretakers. The feedback we received from the caretakers was very positive. The caretaker who works with the girls explained that she had tried to do artistic activities with the girls, but did not know how to connect it to psychology and therapy. She was excited to learn more about how these concepts are connected. All of the caretakers agreed that using activities to facilitate conversation with the children was the best way to have meaningful conversations. The caretakers believe that when kids are sitting and talking, such as in classrooms, they tend to be restless and do not concentrate. However, in the game room or outside, they have a longer attention span. The caretakers also stressed that they wanted the activities to encourage the children to do better in school instead of distracting from their studies. They were very enthusiastic about having new materials to use with the kids because they felt that their current activities are becoming habitual and the children are no longer learning and growing from them.

The activity we chose to test was Positive Postings (Appendix C), for which we broke up 16 children aged 10-12 into two groups. Each group was accompanied by an older child to help with the activity. Samir, a 15 year old whom we have interacted with during most visits, helped in the room where Molly and Elizabeth were conducting the activity. Moustapha, a thirteen-year-old, helped in the room with Daniella and Calvin. There was a caretaker in the room with Molly and Elizabeth to observe. Aziz and Anas Eddik, our on-site director, worked in each room to help translate the instructions for the activity.

The children received a blank outline of a person. They were asked to color the person to look like themselves. Next, each of the children were presented with a stack of sticky-notes and asked to write three positive qualities about themselves. They were instructed to put the sticky-notes on their papers. The children were then asked to write sticky-notes about positive qualities other children in the group have and put them on their papers. Molly designed an example to help better explain the activity, which can be seen in Figure 3. Our group learned to write simple

phrases in Moroccan Arabic like "he is kind" and "he is smart" in order to better facilitate the activity. All excess materials were donated to the foundation.

The children had a lot of fun with the coloring portion of the activity. Some expressed pride in making their picture look exactly like them. One child pointed to a dot on his face in the picture and then to a freckle on his face to show that he was drawing his favorite attribute. Another child pointed out that his picture had many similarities with himself, such as hair color, eye color, and clothes. Some of the children chose to draw the ideal versions of themselves. One child working drew himself as a "handsome vampire Batman." Others drew themselves with different colored hair or their favorite clothes. Examples of the children's work can be seen in Figure 3 below. A collection of photographs from the day can be found in Appendix B. The children worked well together; they were helping one another when they were not sure how to draw something and sharing the markers when another child needed a certain color.

Figure 5. Testing the activity

When we began talking about writing positive attributes, the children got very excited. Some thought very carefully about the qualities they chose while others rushed to put as many qualities as they could onto their pictures. Some children wrote qualities they already possessed such as "I am intelligent", while others wrote qualities they hope to one day possess, such as "I am an engineer". The older children in the group were extremely helpful in assisting the other children to spell words they could not spell. Our group learned to write some Arabic phrases and the children smiled when we placed a post-it on their paper.

We did not have any previous interactions with the caretaker that observed the activity. When performing the activity, the caretaker seemed very passive and bored when the children colored their pictures. However, when the children began writing down positive qualities about

themselves, the caretaker became much more involved. She began helping the children write words they did not know how to spell, and writing her own notes that she kindly placed on each of the children's pictures.

The purpose of the activity was to improve self-esteem by giving the children a physical representation of positive qualities that they possess. In this aspect, the activity was successful. The children were beaming at the end of the activity. Unexpectedly, the coloring portion also helped to contribute to the activities success. When designing the activity, the purpose of the picture was to be a vessel for the positive attributes. However, the children took great pride in their pictures. It was obvious that they had a positive sense of accomplishment from designing their pictures. The sticky notes helped the children to realize the purpose of their drawing and they loved having the opportunity to vocalize their positive attributes. The children seemed reluctant to give us their pictures after the activity and when we explained they could keep them they were very excited.

5.3 Best Use of Deliverables

Our recommendation is to have each caretaker read the educational guide as a resource to recognize signs of a child struggling with the emotional implications of abandonment and living in an institutionalized setting. The guide will also help the caretakers recognize issues and show them how they can help. The group counseling book should be used by the caretakers as a resource to aid in furthering conversations. The activities should be used during a group counseling session that ideally would take place weekly at the same place and time. These weekly meetings would help to set a framework for conversations about feelings towards abandonment and living in the foundation.

A blank outline of a person, seen in Figure 3, was printed out for each child, and markers and sticky notes were purchased in order to conduct the activity.

There were two groups of eight children aged 10-12. Each group was accompanied by an older child to help with the activity. Samir, a 15 year old whom we have interacted with during most visits, helped in the room where Molly and Elizabeth were conducting the activity. Moustapha, a thirteen-year-old, helped in the room with Daniella and Calvin. There was a caretaker in the room with Molly and Elizabeth to observe. The on-site director, Anas Eddik, as well as Hajar Jafferji, a WPI student on a Fulbright scholarship to Morocco, also accompanied us to perform the activity. Aziz and Anas worked in each room to help translate the instructions for the activity.

The children received a blank outline of a person. They were asked to color the person to look like themselves. Next, each of the children were presented with a stack of sticky-notes and asked to write three positive qualities about themselves. They were instructed to put the sticky-notes on their papers. The children were then asked to write sticky-notes about positive qualities other

children in the group have and put them on their papers. Molly designed an example to help better explain the activity, this can be seen in Figure 3. Our group learned to write simple phrases in Moroccan Arabic like "he is kind" and "he is smart" in order to better facilitate the activity. All excess materials were donated to the foundation.

6 Recommendations and Conclusion

The psychological implications of abandonment are a serious concern to orphanages attempting to provide proper child care. The caretakers at the Zniber Foundation want more effective tools to address the emotional issues displayed by the children. Our project satisfied this need by providing both educational content to develop caretakers' awareness of these issues, and activity-based counseling strategies to promote discussion between caretakers and children.

While the provided deliverables address the concerns that were identified to us, there still exists a number of potential improvements that still may be made. We strongly recommend that the foundation hires a resident psychologist to work with the children individually. Having someone who is professionally trained in psychology and in working with children would be greatly beneficial to the process of coping with their emotional problems.

Another recommendation is the implementation of a system that teaches basic life skills for life after the children leave the foundation. After speaking with one of the men who grew up in the foundation, we learned that he could not cook for himself despite graduating from university and beginning a job at the foundation. There is currently no program in place that demonstrates skills such as cooking, cleaning, and doing laundry. This system would allow the children to feel comfortable doing these tasks and potentially be more comfortable with the idea of leaving the foundation.

The last recommendation for the foundation is the creation of a curriculum for tutors in order to give the extra studies more structure. The caretakers stressed that the children have trouble with self-motivation when it comes to academics. They also noted that the time spent in the classroom is habitual and the children are not necessarily learning new things. By providing the tutors with new tools for running the classroom, such as academic websites, new handouts, and new activities, the children will be provided with new and challenging opportunities to learn. If the children in the classroom are stimulated, they will be more motivated to learn, which would make the tutoring sessions more effective.

This project sets up groundwork for future implementations that other facilities will benefit from, including schools, homes, other institutions for abandoned children, and locations that are easily accessible to the general public, such as libraries or doctors' offices. These guides will provide parents and guardians with the ability to educate themselves about emotional problems that their children may face after adoption. Although the adults who will use these guides have not necessarily adopted children, the included materials and activities can be adapted and utilized to be helpful to all children. With the implementation of the recommendations mentioned above, any child struggling with emotional issues will benefit from these resources.

As engineering students, our project has been beneficial to our studies, regardless of its subject matter going outside our expertise. Methods such as using an open mind and avoiding

preconceived notions or assumptions were utilized in our project and can be implemented in future work in our specific fields. Our full reflection can be read in Appendix A.

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Appendix

Appendix A: Educational Guide

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EDUCATIONAL GUIDE

A collection of information to educate caretakers on emotional problems abandoned children may face, as well as information on how to partake in meaningful conversations.

Molly Rockwood

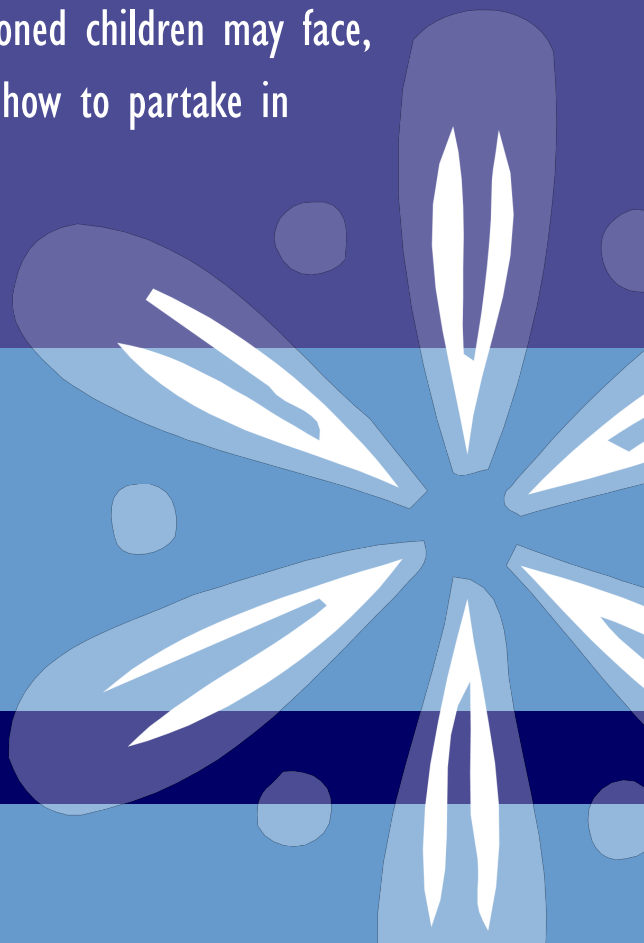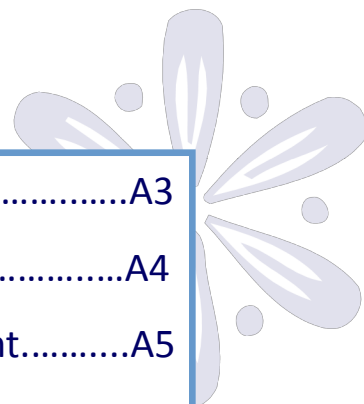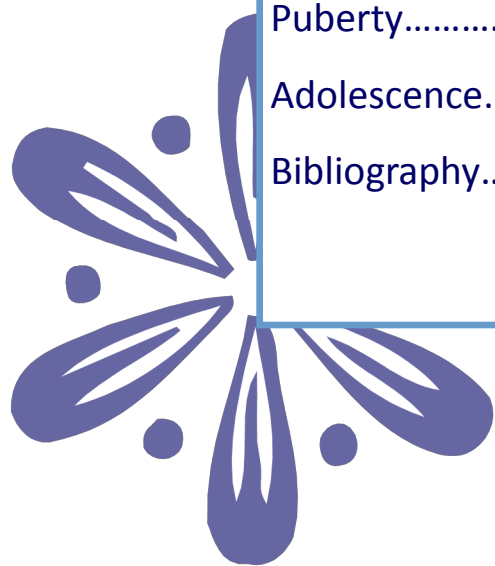Calvin Figuereo-Supraner

Daniella Morico

Elizabeth Thompson

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INTRODUCTION

This book is designed to be an educational tool for the caretakers at the Rita Zniber Foundation. It contains information on common problems that develop in children as a result of abandonment. By educating the caretakers about these problems, they will be better equipped to assist the children in talking about and coping with their issues. This book also contains information about various issues that different age groups face. It is important to realize that though these children are struggling with problems stemming from abandonment, they still deal with the emotional changes that every child experiences when growing up. By learning about common problems all kids experience and putting it in an abandoned child's perspective, the caretakers will have a more well-rounded understanding of the issues their children are struggling with.

It is important to note that this book is not a diagnostic tool and should only be used as educational material. If a caretaker notices behaviors or symptoms that cause concern, they should contact a healthcare professional for his or her opinion.

PROBLEMS THAT ABANDONED CHILDREN FACE
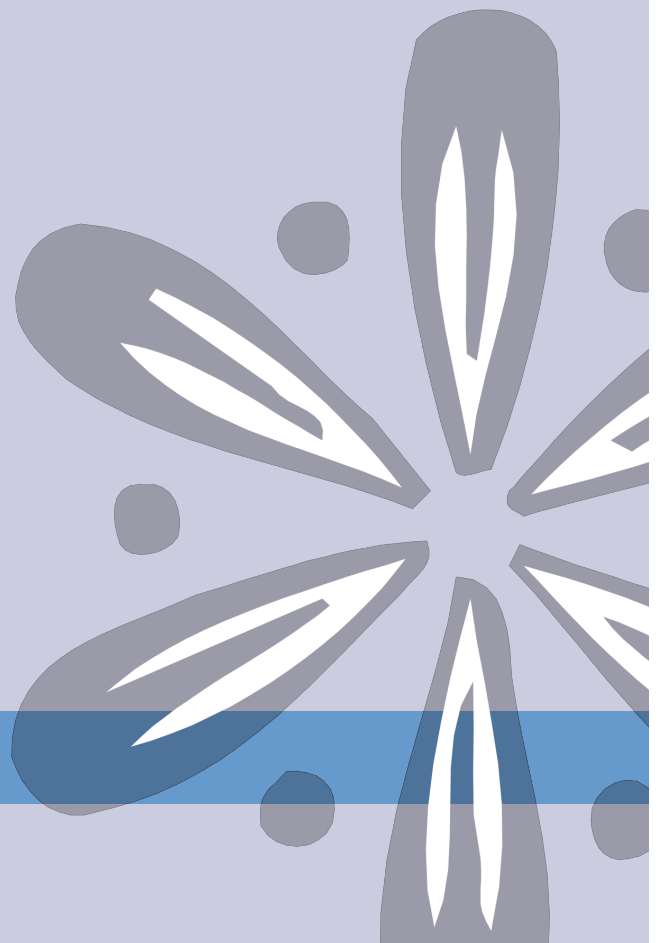
ANSWERING QUESTIONS ABOUT ABANDONMENT

General

There is no cure for abandonment, but there are strategies to help cope with the many symptoms. Because abandonment is a type of loss, there is a mourning process that may accompany it, which is regular and to be expected (Trozzi, 13).

How to Help

If a child feels rejected by his or her parents, a caretaker should recognize and comment on the child's own unique qualities, allow the child to talk about his or her feelings, and let the child know that these feelings are normal. Alternatively, if a child idealizes his or her parents in their absence, it helps to let the child talk about his or her memories, and to ask open-ended questions to aid in the child's remembrance of past events (Wolf, "Child Abandonment - How to Help a Child Cope"). Grieving children should be given honest explanations so that they do not create ones that are false. These explanations need to be discussed in a manner that is appropriate for the age of the child so that he or she does not have to create a truth that is more understandable (Trozzi,14).

Most importantly, children need to feel like they are being cared for. Building routines helps in this regard, because consistency creates a sense of security. Caretakers should allow each child to grieve in his or her own way, because everyone expresses emotions differently. They should also let the child ask the same question as many times as necessary and give consistent answers each time (Supporting Grief in Children).

ANTISOCIAL PERSONALITY DISORDER (APD)

What is it?

Antisocial personality disorder (APD) is a chronic mental condition where a person thinks about, perceives, and relates to others in a dysfunctional and destructive way. Many times, people with this disorder do not care about what is right or wrong and do not take into consideration the rights, wishes, and feelings of others ("Antisocial personality disorder").

Signs and Symptoms

A child with APD might:

- Be indifferent to right and wrong
- Lie often
- Act egocentric
- Express hostility, impulsiveness, or violence
- Lack empathy or remorse
- Build poor or abusive relationships
- Have irresponsible work behavior

("Antisocial personality disorder").

ANTISOCIAL PERSONALITY DISORDER (APD)

How to Help

Cognitive behavior therapy (CBT) and psychotherapy are often used for long-term treatment of APD. A diagnosis is not usually given until a person is 18; however, the symptoms can be diagnosed as a conduct disorder and the child can receive therapy at a much younger age. One effective treatment for APD is granting increased privileges as the child's behavior improves. In a disciplined environment, it is less likely that he or she will be able to pick on other children, or make destructive decisions (SAMHSA, 2009).

The caretaker should put emphasis on establishing a positive relationship with the child, since he or she has likely had few healthy relationships beforehand. The child should be provided with the chance to make positive, caring relationships with as many people as possible, and be recognized for doing so. If negative behavior continues, the caretaker should record violations and allow the children to experience consequences of their behavior (SAMHSA, 2009).

REACTIVE ATTACHMENT DISORDER (RAD)

What is it?

Reactive attachment disorder (RAD) is a psychiatric illness characterized by the formation of unhealthy emotional attachments to others. Children tend to develop RAD when they experience severe problems in early settings (hospitals, orphanages), where their basic emotional needs are not met. ("Reactive Attachment Disorder").

Signs and Symptoms

A child with RAD might:

- Have severe colic and/or feeding problems
- Show detached and unresponsive behavior
- Difficulty in being comforted
- Express defiant behavior
- Be hesitant to interact socially
- Be inappropriate familiar with strangers

("Reactive Attachment Disorder").

REACTIVE ATTACHMENT DISORDER (RAD)

How to Help

There is no set treatment plan for a child that has developed RAD. If a child is exhibiting signs of RAD, he or she should be taken to a professional psychologist for a complete psychological evaluation. The psychologist can work with the child to develop a treatment plan tailored specifically to that child's needs ("Reactive Attachment Disorder").

If a child is diagnosed with RAD, the relationship between the child and his or her primary caretaker is essential for a healthy recovery. Establishing a healthy relationship between the child and their primary caregiver shows the child how to form healthy relationships with other people ("Reactive Attachment Disorder"). Forming consistent boundaries with the child teaches what is acceptable and unacceptable behavior. It also teaches the child what level of affection to expect from a relationship, so he or she will not act out to receive more attention.

It is also important to approach negative behavior calmly. Though it may be frustrating to work with a child who exhibits repeated negative and unwanted behavior, having a caretaker who reacts calmly shows the child that these feelings can be managed. Additionally, the child will become more motivated to improve his or her behavior. Helping to make the child feel loved and wanted will allow them to understand how people form healthy bonds (Kemp, G).

LOW SELF-ESTEEM

What Is It?

Self-esteem is a person's opinion of his or her worth. Even though everyone struggles with confidence at times, people with low self-esteem are often overly critical of themselves. This constant negativity is usually harmful to their quality of life ("Self esteem").

Signs and Symptoms

A child with low self-esteem might:

- Avoid unfamiliar situations
- Feel unloved, or unwanted
- Blame others for shortcomings
- Act emotionally indifferent
- Become easily frustrated
- Minimize his or her achievements
- Be easily influenced

("Self-esteem: How to Help Children & Teens Develop a Positive Self-image").

LOW SELF-ESTEEM

How to Help

A child's self-image is affected by the words and actions of themselves and others. For children with low self-esteem, effective treatment is based on encouraging positive relations and self-sufficiency. There are a number of practices that can help children develop additional confidence.

One way to encourage self-esteem is by giving praise. It is important to let children know when they are doing something well, since they will remember positive statements and mentally replay them later. Being descriptive with praise is also useful; recognizing situations where children excel and giving specific, detailed complements will boost self-image. Harsh or vague criticism, in contrast, can hurt the healthy development of self-image. Caretakers should be specific when giving criticism, and emphasize that the child is not completely to blame, but rather that he or she should consider different behavior to be more respectful. ("Self-esteem: How to Help Children & Teens Develop a Positive Self-image").

Another way to strengthen self-esteem is by teaching children to positively motivate themselves. When children make decisions, they consider their current feelings to best determine how to behave. Encouraging children to remind themselves that they can be successful, or that they can overcome mistakes, will help to develop self-esteem. Children should know their expectations will not always be achieved, but should be assured of their self-worth regardless. (Mruk, 2006).

DEPRESSION

What is it?

Depression is defined as "a serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way" (Depression Definition). It is most commonly caused by one or a combination of genetic, biological, environmental, and psychological factors (Depression).

Signs and Symptoms

A child with depression might:

- Act moody or be constantly negative
- Have increased or decreased appetite
- Lose interest, motivation, and energy
- Feel guilty about their actions
- Express less emotion when socializing
- Feel misunderstood
- Be easily irritable
- Have outbursts of anger

(Cole P.M., Luby J., & Sullivan M.W., 2008).

DEPRESSION

How to Help

Depression is considered highly treatable by doctors and psychiatrists. One common method of treatment is prescribing antidepressants to correct imbalances in the brain. Several other types of treatment, including cognitive behavioral therapy (CBT), help to address the behavioral patterns and negative thinking that accompany depression (Stanford University of Medicine). Depression is more difficult to notice in younger people: because children go through many changes growing up, it is hard to determine which feelings are normal and which are not. If a child exhibits signs of depression, it is advised to contact a professional psychologist for a full psychiatric evaluation. It is important for struggling children to understand that depression is a medical condition and seeking help when needed is crucial.

As a caretaker, there are many ways to support those with depression. Methods as simple as talking to children or asking them how their day was will help them feel like their problems are validated. Offering small comforts is a great way to support a child struggling with depression. Many children and teenagers with depression will ignore outside help, but they need to know that the caretaker will always be there as a support system. It is essential that children with depression do not isolate themselves, since they commonly do so to avoid bothering others with their problems. Creating activities that promote a sense of accomplishment is an effective way to help those with depression. Relapses are common in people with depression, so they should be closely monitored ("How to Help Someone Who's Depressed").

DEVELOPMENTAL ISSUES
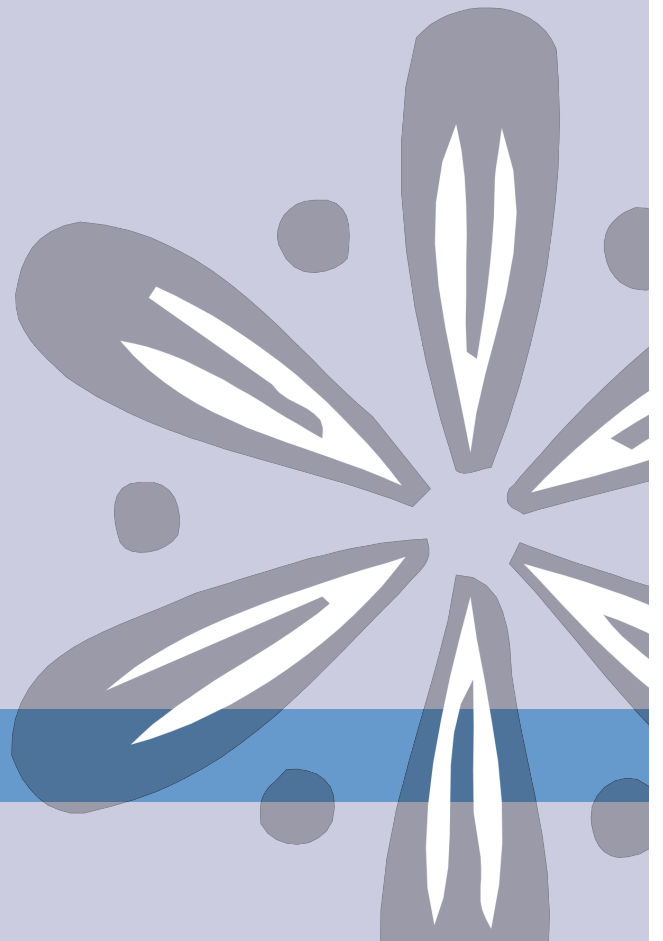
PRETEEN

General

      The preteen years are when someone is no longer a child, but not yet a teenager. Many preteens experience stress from many different aspects of their life, including their school and guardians. There is a lot of pressure for children to do well in school, participate in activities and sports, and be involved in their community. Some children also feel that they are unable to connect with their guardians because there is not mutual understanding about their everyday struggles ("Tips & Advice for Talking With Preteens").

How to Help

      It can be helpful to initiate good conversations to get a sense of how the child is doing in school and in life in general. Some children will ask questions, and some will wait until a conversation has already been started. Listening is crucial to make sure the child feels comfortable in the conversation. An open environment is important so that children know that they can ask anything: honest answers will strengthen the child's ability to trust. Preteens should be encouraged to communicate with those around them. Spending time with children, and engaging in activities like board games or listening to music, helps build connections with them ("Tips & Advice for Talking With Preteens").

PUBERTY

General

       Puberty is the time when a child's body begins to turn into the body of an adult. There are physical and emotional changes that come with puberty. Some physical changes include body growth, new hair growth, oily hair and skin, and changes with reproductive organs. Emotional changes include moodiness and a desire for independence.

       For girls, puberty usually takes place from ages 8-14. Puberty generally starts with the widening of hips and thighs, developing breasts, and growing body hair, ending with menstruating ("Talking to a girl about puberty"). For boys, puberty usually takes place from ages 9-14. Puberty generally starts with the body growing bigger, changes in voice, and new hair growth (Dowshen). It is important that children are educated about what is happening with their body so they can mentally prepare themselves for these changes.

PUBERTY

How to Help

Teens and preteens will try to challenge authority. At this age children are inclined to argue. It is important to know what topics are worth spending time discussing. Preteens and teens will try new things in order to form their identity. Encouraging them to explore new activities and interests as well as allowing them to make decisions can help them develop into well-adjusted adults.

Puberty can be a stressful time in which girls spend worrying about whether they going through puberty too quickly or too slowly. It is important to remind girls that everyone's body changes at its own rate. If puberty has started before the age of 8 or after the age of 14, it is a good idea to talk with a pediatrician. Puberty can often bring about more thoughts on body image ("Talking to a girl about puberty"). Boys often share similar concerns to girls with worrying about whether or not they are developing at the correct pace (Dowshen). Some tips to remember when talking to a teenager about puberty are:

- Do not criticize his or her body shape
- Advise him or her that personal value is unrelated to physical appearance
- Listen to his or her concerns and worries

ADOLESCENCE

General

      The adolescent years come after a child has completed or has nearly completed puberty. Adolescence is easier to handle than puberty, for both teenagers and guardians. Most teenagers in this age group successfully navigate this developmental change. They have more self-confidence and can resist peer pressure better than younger teenagers. They try to make more close friends and join group-based activities. Teenagers want more control over different aspects of their lives and get excited and overwhelmed by the many future possibilities.

      Adolescent girls are usually fully developed and many of them are unhappy with the way they look and are dissatisfied with their weight. Adolescent boys have a little more physical growth to complete, including gaining height and muscle ("Parents & Teachers: Teen Growth & Development").

How to Help

      It is normal for teenagers to want more privacy and more time away from their guardians. It will help to not take this personally and to let them have their time alone. The rules given to adolescents should be based on the child's maturity level instead of their age. Teenagers respond negatively to a controlling attitude and may become more rebellious. When the rules are given, discuss the consequences that will take place if they are broken. It is important to follow through with the consequences if the teenager misbehaves. All teenagers eventually will make mistakes and face ramifications for them, but they should be given another chance to succeed. Finally, teenagers should feel comfortable talking to their guardian, and should know that they will not be punished for being honest ("Parents & Teachers: Teen Growth & Development").

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Appendix B: Group Counseling Guide

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GROUP COUNSELING GUIDE

Designed for the caretakers of the Rita Zniber Foundation to address emotional needs in abandoned children

Molly Rockwood
Calvin Figuereo-Supraner
Daniella Morico
Elizabeth Thompson

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INTRODUCTION

ABOUT THE BOOK

This book contains a collection of therapeutic activities adapted to the needs of the caretakers of the Rita Zniber Foundation to help facilitate group counseling sessions.

The goal of these activities is to facilitate healthy conversations that address common emotional problems stemming from abandonment between the caretakers and the children.

These activities are in no way a substitute for professional psychological help. If the caretakers suspect that a child has a serious mental problem, we encourage them to seek the help of a professional.

PLAY THERAPY

"Play is the highest development in childhood, for it alone is the free expression of what is in the child's soul...children's play is not mere sport. It is full of meaning and import" (Landreth, 2002).

In the early 1900s, therapists realized that the counseling techniques used with adults were not beneficial to children. Many children are unable and uninterested in exploring their feelings verbally as adults do. Because of this, play therapy was created as a therapeutic technique to address children's problems. Play therapy is built based on the communicative and learning processes of children. It helps children to learn about themselves and their relationships with others (Landreth, 2002).

GROUP COUNSELING

"*Hearing from other people about how you come across can be very powerful. You get a wider range of perspectives on your situation, and that can help you deal with your problems better.*" - Ben Johnson   (Orenstein, 2014).

Although talking about personal problems in front of other people can be a daunting task, group counseling sessions can be incredibly rewarding. A group of people processing similar experiences can make for a strong support system. It is also often helpful to hear how others have responded in comparable situations when deciding on appropriate responses. Talking in a group can also lessen feelings of isolation and allow an opportunity to converse. Lastly, hearing the problems of others can help keep one's outlook in check (Johnson).

FACILITATING MEANINGFUL CONVERSATION
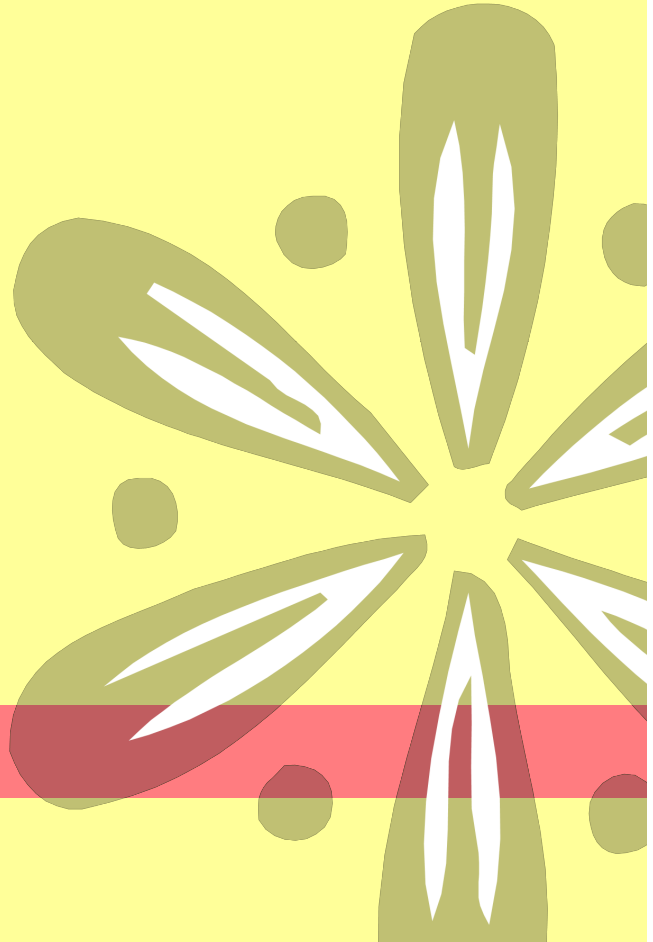
ROLE OF THE FACILITATOR

A facilitator's role is to help guide healthy group conversations. You can do this by helping to create a safe, inclusive environment in which the children feel comfortable talking. It is important to keep the communication positive so that you can be sure the conversation is constructive and helpful to everyone involved. You should also keep in mind that it may be difficult for people to share their thoughts, feelings, and experiences. Be sure to encourage all children in the group to participate (Prendville,P).

Talking about issues as a group can help people come to healthy solutions. It is important to have a plan of what you, as the facilitator, would like the outcome of the conversation to be. This way you will know how to steer the conversation back towards the goals if the participants become distracted. You can come up with a plan for the conversation by accomplishing the following:

1. Examining the Issues: Know what problem you are trying to address. Tell the group about it and make sure they are looking to address the same problem.

2. Acknowledging Opinions and Feelings: It is important to acknowledge when someone has an emotional stake in an issue. By addressing these emotional needs you can better keep the conversation from escalating.

3. Decide How to Move Forward: Once everyone has the chance to voice their opinion on the problem, they can begin to voice their opinions on what they think the solution is (Prendville,P).

It is recommended that you read the educational guide before attempting to complete these activities. This book will familiarize you with the common problems that various age groups and abandoned children face. With this knowledge you can better understand the children's point of views, which will help lead to a better conversation (Prendville,P).

CREATING A SAFE SPACE

It is very important to create a safe and trusting environment during counseling sessions. Designing a space where a child feels safe will help them to open up and feel more comfortable talking about his or her problems. There are many ways to accomplish this and it is important to note that every child will be different. Some are comforted by touch while others require more space to feel comfortable. The following are tips to create a safe space in a group counseling environment (A. McCauley)

1. Consistency

Create a set schedule for when the group counseling sessions will occur. Pick a day of the week and time that the group will meet and maintain it. Make sure the children do not miss a meeting. This will help the children feel mentally and emotionally prepared. When they have the opportunity to prepare themselves they will feel more comfortable talking because they will not be surprised and they will know what the expectations are (A. McCauley).

2. Confidentiality

Make it clear to the children that what is said in the group counseling session should stay in the group. Conversations should not be discussed with the other children. Be honest about what information will stay between you and the group and what information will be shared with other caretakers. It is important that once these boundaries are established, they are respected (A. McCauley).

3. Trust

Trust needs to be built in the group. It does not happen immediately, and children will take different amounts of time to establish a sense of trust. Begin the counseling group by talking about less personal subjects, then build your way up to the more intense conversations (A. McCauley).

HOW TO FACILITATE GROUP COUNSELING

A group counseling section should be divided up into three segments: activity, conversation, and conclusion. Each segment has a specific purpose. The activity segment is used to introduce the topic of discussion for the day. Activities are a fun way to introduce the topic and prepare the children for discussion. The conversation segment should be more direct. In this segment you can ask open-ended questions about the topic of discussion and find out the children's thoughts and feelings. The conclusion segment is a time devoted to highlighting the main points of discussion. This time should also be used to end the counseling session on a positive note (A. McCauley).

Different age groups should spend different amounts of time in each segment. Each age group has specific needs based on their attention spans and their capacity to discuss and understand complex emotions. The following is a suggestion for how much time should be spent for each segment with each age group (A. McCauley):

Ages 2-6: Very Structured

      30 minutes: Activity

Ages 6-10: Mildly Structured

      30 minutes: Activity

      10 minutes: Conclusion

Ages 10-13: Mildly Unstructured

      15 minutes: Activity

      20 minutes: Talking

      10 minutes: Conclusion

Ages 13-18: Unstructured

      15 minutes: Activate
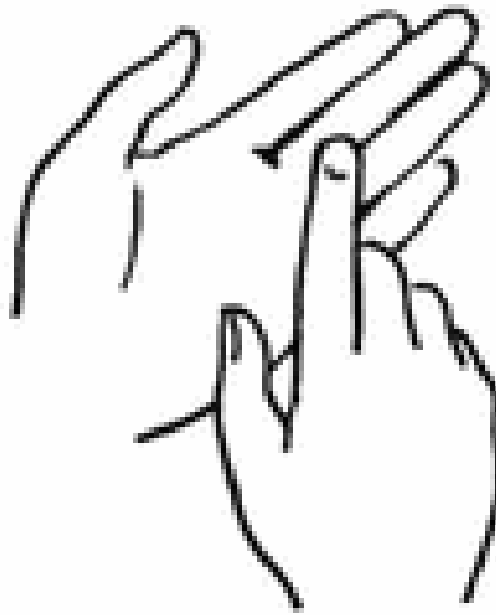
      30 minutes: Talking

      15 minutes: Conclusion

As the children get older, they do not need as much structure for the group counseling session. The older children are able to talk about their problems, and can have more complex discussions that may require freer conversation (A. McCauley).

ACTIVITIES AND ICEBREAKERS

MY HANDS CAN SAY...

Goals

To encourage children to express how they are feeling using their hands and words

Age

2-5

Directions

Talk to the child about times when he or she has felt hot, cold, angry, scared or happy. Ask the child to show with hands hello, come here, go away, I'm hot, scared, stop, angry, cold, goodbye, etc. Encourage the child to describe movements for each emotion: "I wave my hand to say goodbye", "I wrap my arms around me when I'm cold"

Why it works

This activity teaches children to discuss negative emotions like anger and fear. Eventually, it may become easier for kids to resolve conflicts and guide their behaviors in appropriate ways.

(Adapted from My Hands Can Say...)

CLAP A NAME
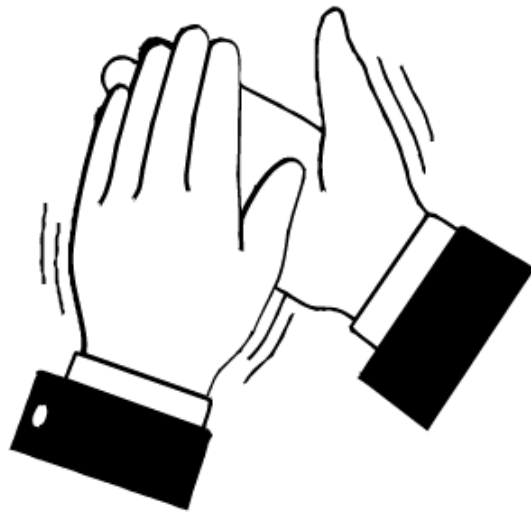
Goals

To help children feel special

To help children learn the names of their friends

To develop basic speaking skills by learning syllables

Age

2-4

Directions

Explain that a syllable is a small speech sound and that words are made up of syllables. Then, show how to clap for each syllable in their name as their name is read aloud.
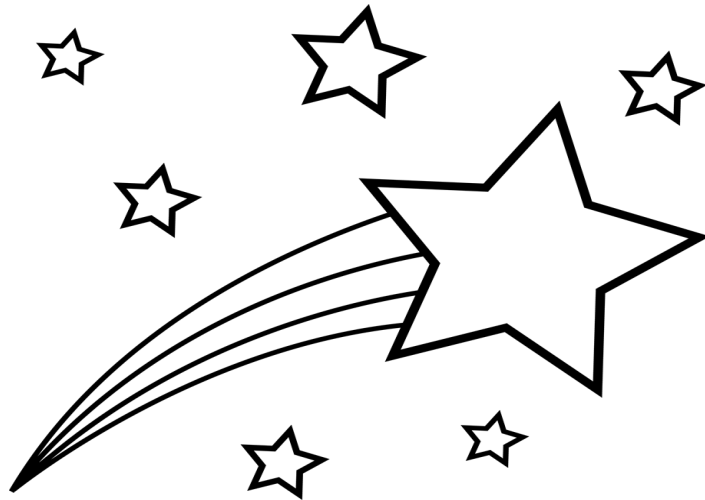
Why it works

This activity helps teach how syllables work, which is an important skill in phonological awareness.

Tips

Sing a song with the child's name and clap the syllables

(Adapted from Clap a name)

STAR OF THE DAY

Goals

To help build confidence
To allows kids to express their feelings

Age

5-6

Materials

Marker
Paper (in the shape of stars)
Bag/basket

Directions

Write children's names on stars. Have all the children sit on the floor. Shake the bag and pull out a star. Then, read the name and have the child stand up. Introduce the child and compliment him or her. Ask the other children to share something nice about him or her.

Why it works

Young children feel great pride in even the smallest accomplishments.
It is important for all adults in a child's life to foster these feelings of pride and self-confidence.

(Adapted from Star of the Day)

I CAN HELP

Goals

To help children recognize emotions

Age

5-6

Materials

Markers
Paper

Directions

Draw a happy face on the paper. Ask the child what it represents. Then, ask him or her to list things that make him or her happy. Ask the child what he or she can do to feel happy. Draw an unhappy face and repeat the process. Ask child what he can do if he sees a friend who is unhappy. Draw an angry face and repeat the process again.

Why it works

This helps children talk about recognizing emotions and how to change their feelings towards them.

(Adapted from I Can Help)

PASS THE HAT
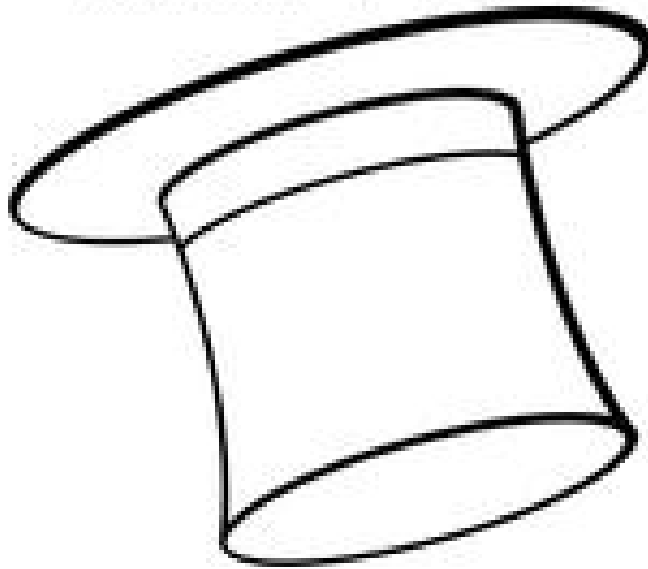
Goals

To help children learn to recognize and express emotions.

Age

3-5

Materials

Pictures depicting different emotions
Hat/Basket/Envelope

Directions

Have the kids sit down in a circle. Place all of the pictures in a hat. Pass the hat and play music. Stop the music after 15-20 seconds. The child who is holding the hat picks a picture out. Ask the child to identify the emotion and to express how he or she looks when he or she feels that way. Then, have the child describe a time when he or she felt that way. Continue passing hat until all the children have had a chance to play.

Why it works

This activity provides children with the chance to practice different feelings in a safe environment.

(Adapted from Pass the Hat)

|						
AGGRESSIVE	AGONIZED	ANXIOUS	APOLOGETIC	ARROGANT	BASHFUL	BLISSFUL
BORED	CAUTIOUS	COLD	CONCENTRATING	CONFIDENT	CURIOUS	DEMURE
DETERMINED	DISAPPOINTED	DISAPPROVING	DISBELIEVING	DISGUSTED	DISTASTEFUL	EAVESDROPPING
ECSTATIC	ENRAGED	ENVIOUS	EXASPERATED	EXHAUSTED	FRIGHTENED	FRUSTRATED
GRIEVING	GUILTY	HAPPY	HORRIFIED	HOT	HUNGOVER	HURT
HYSTERICAL	IDIOTIC	INDIFFERENT	INNOCENT	INTERESTED	JEALOUS	LOADED
LONELY	LOVESTRUCK	MEDITATIVE	MISCHIEVOUS	MISERABLE	NEGATIVE	OBSTINATE
OPTIMISTIC	PAINED	PARANOID	PERPLEXED	PRUDISH	PUZZLED	REGRETFUL
RELIEVED	SAD	SATISFIED	SHEEPISH	SHOCKED	SMUG	SURLY
SURPRISED	SUSPICIOUS	SYMPATHETIC	THOUGHTFUL	TURNED-ON	UNDECIDED	WITHDRAWN
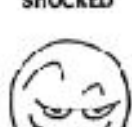
(Pass the Hat)B17

TELEPHONE
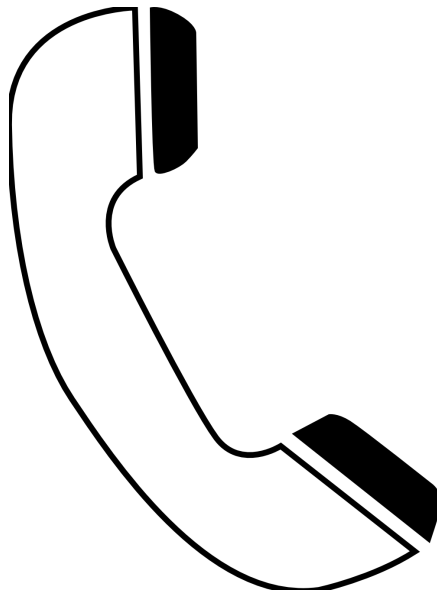
Goals

To help children understand the importance of communication.

Age

4-6

Directions

Sit the children in a line or in a circle. Think of any sentence like, "Cookies are sweeter than biscuits" or "I have never seen a green giraffe". Whisper the sentence into the ear of the first child. That child whispers what he or she heard into the ear of the second child and so on until all the children have gone. The sentence cannot be repeated. The last child says the sentence aloud to compare it to the original sentence. Afterwards, you can talk about the importance of clearly communicating your feelings and needs.

Why it works

This game helps children understand the importance of listening well and communicating clearly.

(Adapted from The Telephone Game)

SHOW ME WHEN...

Goals

To develop vocabulary for talking about emotions
To develop self-awareness

Age

3-6

Directions

Say an emotion aloud. Allow all the kids to try and express the emotion silently using only hand gestures and facial expressions. Talk about what makes someone feel this emotion. Ask them what they would do when they feel this emotion. Then, ask what do they do when they see someone else with this emotion. Repeat with more emotions.

Why it works

This activity gets kids talking about emotions while they learn ways to recognize them and express themselves.

(Adapted from Bryson, T)

THE LISTENING GAME

Goals

To practice good listening skills

Age

3-5

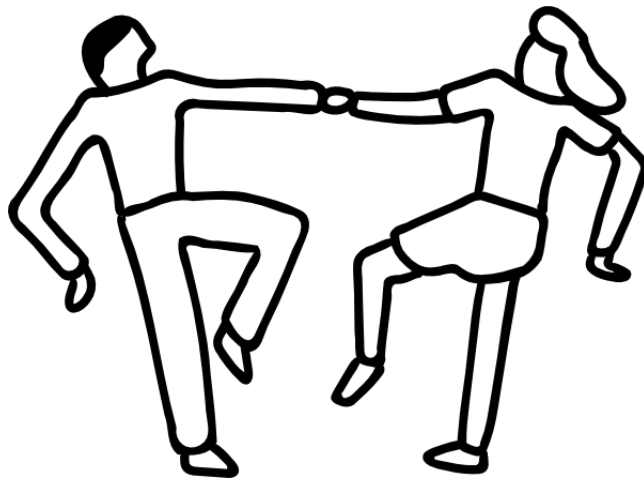## Materials

Various objects

Directions

Have the kids sit down on the floor. Find several items (a comb, a glass, a spoon, etc.) and show them to the children. Have the children close their eyes and listen while you pick up one of the items and make a sound with it (running you finger along the comb, tapping the glass, hitting the spoon against the floor). Put the item down and have the child open their eyes and guess which item made the sound.

Why it works

The children must listen carefully to determine which item made the sound.

(Adapted from Overland, H)

MY FRIEND IN THE MIDDLE

Goals

To raise self-esteem
To teach children to follow directions

Age

4-6

Materials

Tambourine/maraca (optional)

Directions

Sit the children in a circle and choose one child to be in the middle. Encourage the child to dance out the moves as you sing using their name. For example, "Susan's in the middle! Susan's in the middle! Dance Susan, dance! Get up, down, turn around!" Allow the child to choose a friend to be in the circle. Repeat until all children have been in the middle.

Why it works

This game helps teach children to listen and follow directions, as well as teach them to share being the center of attention and involve themselves with other children.

(Adapted from Edwards, T.)

B21

MANAGING EMOTIONS

Goals

To help children manage emotions they do not understand how to control yet.

Age

6-10

Materials

Paper

Paint

Writing utensils

Directions

Provide each child with a piece of paper. Have them paint their hands and place them in the center of the paper. After the children wash their hands, brain storm techniques they use to help them calm down when they are upset about something. Choose the best five from your list with the help of the children. Assign each technique to a finger. Explain to the children that when they feel like they are too upset to control their feelings, they can count their fingers and use the techniques they learned about to help calm down.

Why it works

It is personalized to the child's needs and preferences.
By brainstorming techniques and letting the children decide what works best for them, the techniques are more effective.

Tips

There is an example poster you can show the children to help facilitate the activity.

5 Steps to Managing Big Emotions

3.
Use my words to say how I feel and what I wish would happen.

2.
Take 3 deep breaths or count slowly to 10.

4.
Ask for help to solve the problem.

1.
Remind myself that it is never okay to hurt others.

5.
Take time to calm down.

(5 Steps to Managing Big Emotions)

COWS, DUCKS, CHICKENS

Goals

To find commonalities between other children in the group

To establish trust in the group

Age

6-10

Materials

Slips of Paper with "Cow, Duck, and Chicken" written on them

Directions

Give each child a slip with an animal's name on it. Instruct them to keep their animals a secret. Have children get into groups of their animals without using words. They can use sounds, hand gestures, or movement to explain what animal they are.
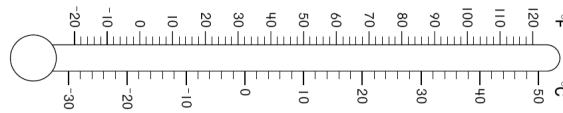
Why it works

It helps children feel safe knowing they have things in common with others in the group.

(Adapted from Cows, Ducks, and Chickens)

COW	COW
COW	COW
COW	CHICKEN
CHICKEN	CHICKEN
CHICKEN	CHICKEN
DUCK	DUCK
DUCK	DUCK
DUCK	DUCK

EMOTIONAL THERMOMETER

Goals

To know how a child is feeling
To know when a child needs to talk

Age

6-10, 10-13

Materials

Emotional Thermometer Poster
Clothespins with the childrens' names

Directions

Set up the thermometer somewhere that is easily accessible by your group of children (i.e. the bedroom) and out of sight from other children for privacy. Explain to the children that they should put the clothespin on the color that corresponds to their feelings. They can use this to tell you how they are feeling. Encourage them to use it whether they are having a good or a bad day. If you notice a child has used his or her thermometer, be sure to follow up with them and talk about what made them feel a certain way.

Why it works

Talking with children about negative emotions will help them work through their problems while talking about their good emotions will provide positive reinforcement.
It opens discussion about their problems.
It creates a physical representation of a non-physical feeling, this helps the child realize what it making them feel a certain way.
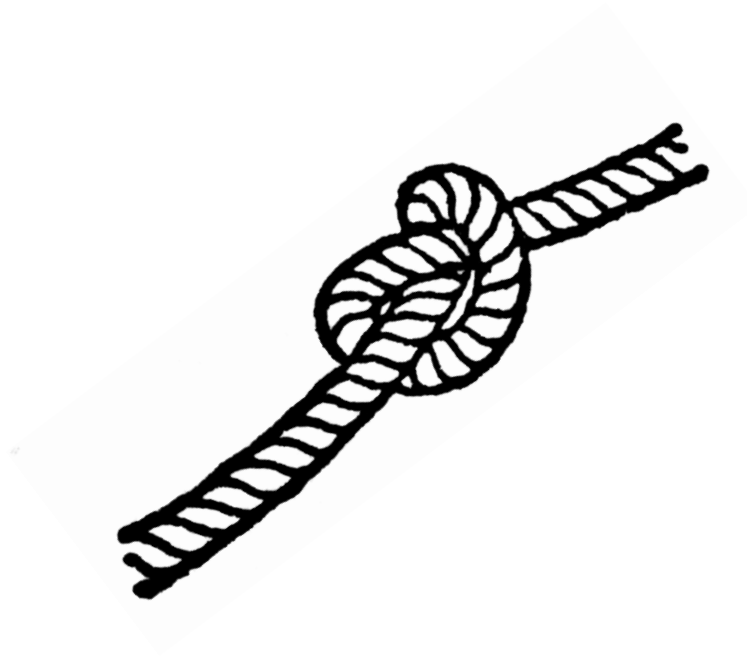
Tips

Let the kids decorate their own clothespins.

I need to talk _____

Angry _____

Upset _____

Sad _____

Anxious _____

Content _____

Silly _____

Happy _____

(Adapted from Emotion Thermometer)

HUMAN KNOT

.Goals

To help children communicate better with the children in their group

Age

6-10,10-13,13-18

Directions

Have the children stand in a circle. Instruct the children to hold hands with anyone in the circle except the person standing directly next to them. Explain that they must untangle themselves without letting go of each other's arms.

Why it works

Children must communicate using only their words to solve the problem (getting untangled), which is a great icebreaker for opening up communication to talk about more sensitive problems.
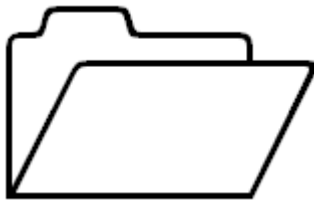It also allows children to step up and be the leader, which can help them feel important within the group.

Tips

Let the children solve their problem without interruption, keep a healthy distance (about ten feet) to let them work together.

(Adapted from Neill, J.)

FEEL GOOD FOLDER

Goals

To help create a positive self-esteem by expressing positive qualities

To help the child realize that there are people who love and care about them

Age

6-10, 10-13, 13-18

Materials

Folder

Paper

Writing utensils

Craft supplies

Directions

Have each of the children write a letter to themselves or make a list of positive qualities they possess. This will help create a positive self-image. They can look at this paper when they feel down about themselves. Next, have each of the children in your group draw a picture, write a letter, or make a list of positive qualities about each other. The child can look at this when they feel their peers do not like or care about them. Repeat this step yourself. Give it to the child to look at when they feel caretakers or other adults do not care about them. Tell them to keep these papers in their folder and to add other things that make them happy (this can be a picture of their favorite animal, a place they would like to travel, quotes, anything!).
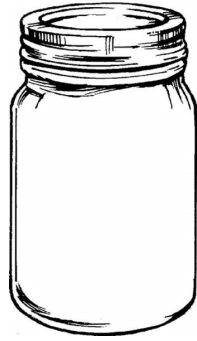
Why it works

It helps children to focus on their strengths and create a positive self image

Tips

Have a day where your group of kids goes to the art room to decorate their folders.

(Adapted from Lowstein, L.)

WORRY JAR

Goals

To help children acknowledge their problems

Age

6-10, 10-13

Materials

Jar (a box, bucket, or any other container will work)
Slips of paper
Writing utensils

Directions

Have children write down their worries or problems on a piece of paper. Explain to the children that containing their negative feelings does not help solve problems. Tell them that their worry is a symbol for the way they feel. By putting that worry in a jar, they are helping to move past it. Ask if anyone would like to talk about their worry before putting it in the jar.

Why it works

It helps the child to come to terms with their problem by acknowledging it.
It opens discussion about their problems.
It creates a physical representation of a non-physical feeling, which helps the child realize what is making them feel a certain way.
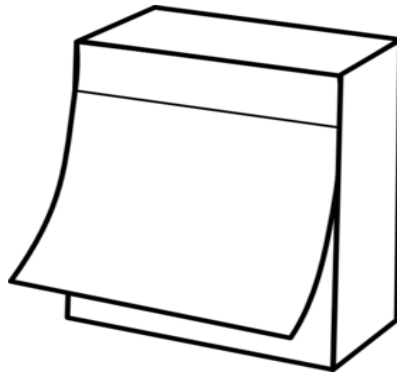
Tips

Have children to work together to design their groups worry jar.
The children can also write about things that make them sad, angry, or any other negative emotions they need to discuss.

(Adapted from Hall, T.M.)

POSITIVE POSTINGS

Goals

To help create a positive self-esteem by expressing positive qualities

To promote positive interactions with peers and caretakers

Ages

10-13

Materials

Construction paper

Markers or crayons

Sticky notes

Directions

Have everyone draw a picture of themselves. Give each child a sticky note and ask them to write three positive qualities about themselves on the note. Have the children put those notes on their paper bodies. Then, give the child a sticky note that you have written for them. Invite the other children to repeat this process with each other.
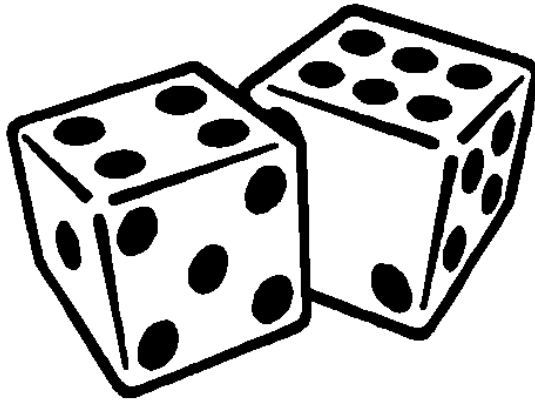
Why it works

It helps children to focus on their strengths and create a positive self-image

Tips

Have the children hang this somewhere they see it every day (like above their beds).

Continuously update their papers by adding sticky notes when you see a child so something nice or accomplish something important.

(Adapted from Lowstein, L.)

B31

THE DICE GAME

Goals

To have children openly talk about their thoughts and feelings.

To have children become comfortable talking about their feelings in a group setting.

Age

10-13

Materials

Dice

Tokens

Prizes (Candy bars, small toys, extra T.V. or computer privileges, etc.)

Question Cards

Directions

Have each of the children roll a die. If they roll an even number, they pick a card and answer the question. If they roll an odd number, they receive a token. The tokens can be exchanged at the end of the game for prizes.

Why it works

Children are more engaged in conversation when a game is involved.

Prizes are positive reinforcements.

(Adapted from Lowstein, L(n.d.))

What makes you happy?	What is important?
What is a good friend?	What is your favorite book?
What is love to you?	What is peer pressure? Have you experienced it?
What do you want to be when you grow up?	What is trust? Who do you trust?
What are you most proud of?	What is your favorite part about school?
What is your favorite quality about yourself?	If you could have a superpower what would it be?
How to you handle stress?	If you had one million dollars, what would you spend it on?
If a genie gave you three wishes, what would you wish for?	If you could travel anywhere where would you go?

FEAR IN A HAT
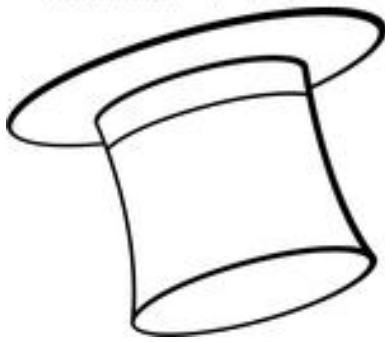
.Goals

To help children empathize with the problems other children in the group face

To create a trusting environment

Age

10-13, 13-18

Materials

Pieces of paper

Writing utensils

Hat (Can use plastic bag, bucket, etc.)

Directions

Have children write down their biggest fear on a piece of paper. Collect the folded papers and put them in a hat. Mix the papers in the hat so nobody knows which paper belongs to which child. Have the children sit in the circle and pick a piece of paper out one at a time. Have the child read the fear to the group and then explain how they think the child with this fear might feel. Pass the hat until the papers run out.

Why it works

It helps children to understand the feelings of others in the group, which can help with open conversations about feelings.

Tips

Keep the comments positive; if a child mocks someone's fear, redirect that child back to the purpose of the conversation. Make sure only the paper holder is discussing how the child feels.

Put your own fear in the hat and participate with the children.

Instead of asking children what their biggest fear is, ask them what their biggest fear about group counseling is (have them complete the sentence "The worst thing to happen to me in this group is…."), wishes they have, worries, or favorite moments.

(Adapted from Fear in a Hat)

TALKING BALL
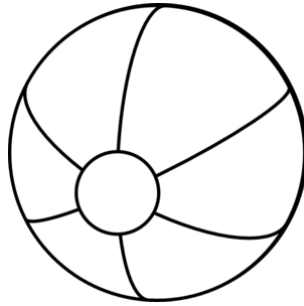
Goals

To create an open, trusting environment

Age

13-18

Materials

Beach ball

Sharpie marker

Directions

Write open ended questions on the beach ball. Have the children sit in a circle and begin tossing the beach ball. When a child catches the ball, they must answer the question their right thumb is on.

Why it works

Children are more engaged in talking when a game is involved.

This activity helps kids get comfortable with talking in a group environment by asking casual questions.

Tips

Tailor the questions to what you think would be helpful to the children. Avoid using "why" questions because these tend to make people feel as though their answer will be judged. Examples are:

What is your favorite joke?

What would you be famous for?

What is something you can't live without?

What do you want to be when you grow up?

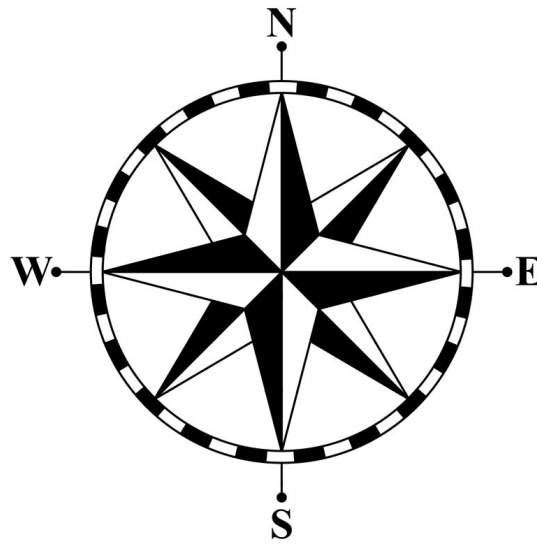What is something you are afraid of?

What is you happiest memory?

Do you have any secret talents?

IF you were on a deserted island, what would you bring?

What is your favorite book?

(Adapted from Beach Ball Question & Answer)

COMPASS POINTS

.Goals

To help children understand other points of view in the group

Age

13-18

Materials

Compass handout

Question sheet handout

Writing utensils

Directions

Have each child choose which direction on the compass best describes them. Have them break into groups based on which direction they chose. Then, have each direction group fill out the question sheet. After about ten minutes, group everyone together again to discuss the answers to their question sheets.

Why it works

It helps children to understand the feelings of others in the group which can help with better open conversations about feelings.

Tips

Keep comments positive and make sure nobody in the group says that one direction is better than another.

(Adapted from North, South, East, and West: Compass Points)

North

Acting – "Let's do it;"
Likes to act, try things,
plunge in.

East

Speculating – likes to look
at the big picture and the
possibilities before acting.

West

Paying attention to detail
—likes to know the who,
what, when, where and why
before acting.

South

Caring – likes to know
that everyone's feelings
have been taken into
consideration and that their
voices have been heard
before acting.

(North, South, East, and West: Compass Points)

1. What are the strengths of your style? (4 adjectives)

2. What are the limitations of your style? (4 adjectives)

3. What style do you find most difficult to work with and why?

4. What do people from the other "directions" or styles need to know about you so you can work together effectively?

5. What do you value about the other three styles?

CONVERSATION

TALKING

The conversation section is arguably the most important segment you will facilitate. This is the segment where the children will work through their feelings and emotions through group discussion. As the facilitator, you should help the children make connections with each others opinions, keep the conversation positive and constructive, and keep the children on topic with discussion. You should encourage the children to support and empathize with each other.
The best way to have a productive and meaningful talking segment is to ask open ended questions about the topic you want to discuss. Here is a list of questions to help you better facilitate conversation in junction with activities (A. McCauley).

What do you think the purpose of this activity was?

How did you feel when we did_____ in the activity?

How do you think others in the group felt?

When do you feel this way outside of these group sessions?

How can we recreate these positive feelings outside of the group sessions?

It is also important to let the conversation be guided by the children. Addressing certain feelings may bring up other situations or feelings that they feel they need to address. Here is a list of questions to help you better facilitate more spontaneous conversations (A. McCauley).

How did it feel when _____ happened?

Do you think their was a better wat you could have reacted to that situation?

What can I do to help? What can we as a group do to help?

How will acting a certain way help you achieve your goals?

Who are you? What defines who you are?

Keep in mind that these questions are only suggestions. You do not need to ask these in every session as they will not always need to be discussed. Tailor your questions to the context of the conversation topic and the group dynamic (A. McCauley).

CONCLUSION
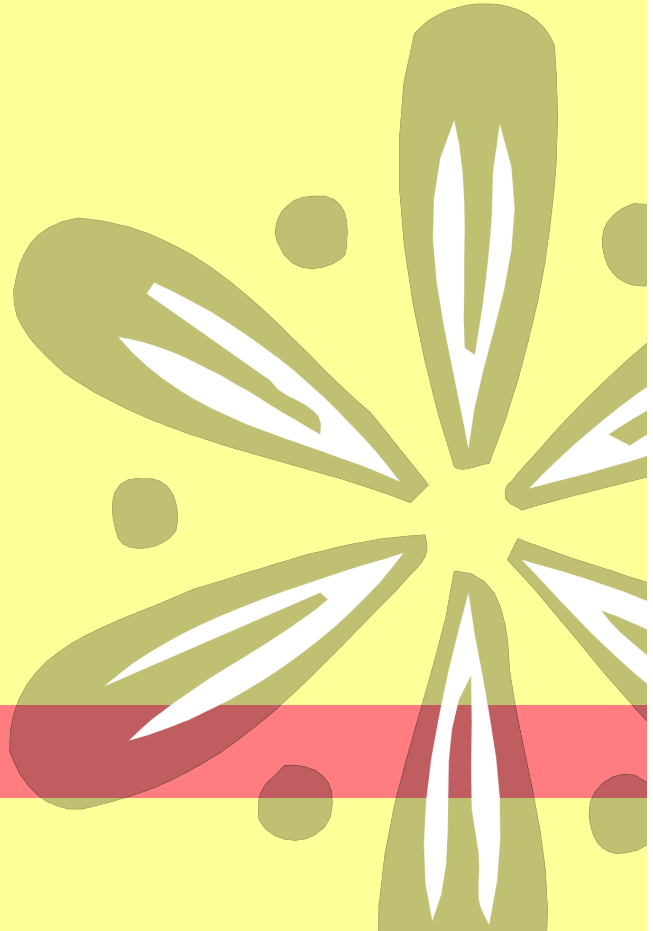
CONCLUSION

The conclusion section should be used to highlight the main points you want the children to take away from the counseling session. The facilitator should bring up important points that were made as well as the way the children felt when these points were brought up. This time should be used to resolve any issues that may have come up during the talking portion in order to end the counseling session on a positive note. It is important that you ask the children what they think the important points are and what they learned from the counseling session (A. McCauley).

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Appendix C: Additional Resources for Caretakers

A Parent's Guide to Response-to-Intervention (RTI)
http://ldaamerica.org/wp-content/uploads/2013/11/a-parents-guide-to-RTI_NCLD-2006.pdf

NCLB and IDEA: What Parents of Students with Disabilities Need to Know and Do
http://ldaamerica.org/wp-content/uploads/2013/11/nclb-idea-guidelines-for-parents_USOSE-Aug-2006.pdf

Life Success for Children with Learning Disabilities: A Parent's Guide
http://frostig.org/

Identifying & Implementing Educational Practices Supported By Rigorous Evidence: A User Friendly Guide
http://www2.ed.gov/rschstat/research/pubs/rigorousevid/index.html

Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying.html

Teaching Our Youngest: A Guide for Preschool Teachers and Child Care and Family Providers
http://www2.ed.gov/teachers/how/early/teachingouryoungest/page.html#title

Tools for Student Success
http://www2.ed.gov/parents/academic/help/tools-for-success/index.html

Charting the Course: Supporting the Career Development of Youth with Disabilities
http://ldaamerica.org/wp-content/uploads/2013/10/career-devel-youth-disabilities-2010.pdf

Appendix D: Project Reflection

As engineering students, participating in a project that dealt with mental health and emotional disorders in children was largely outside our area of expertise. However, skills that were used in this project will help with future work in our specific fields. Upon arriving at the foundation, we had knowledge about abandoned children and the foundation from the preliminary research we conducted. It was important that we did not begin work with preconceived notions about the children's behavior and emotional health, and how the foundation was run. Instead, we maintained an open mind throughout our observations while using the background information as a tool to help develop our deliverables. Similarly, it was important that our deliverables were based off what we observed instead of just what we had researched beforehand, so that the caretakers could fully benefit from their content.

Avoiding preconceived notions and assumptions is also important when considering engineering projects. Having a complete situational awareness before beginning a project or task is crucial to ensure that what is being done is both effective and appropriate for the topic. Because the outcomes of the tasks completed are often long-lasting or permanent with an element of human interaction, engineers should be morally and ethically obligated to spend a large amount of time considering the contextual implications of the work they complete. No work or assignment can be completed successfully without consideration to the cultural and social context in which said work is being done.

Appendix E: Photographs from Test Run