

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.

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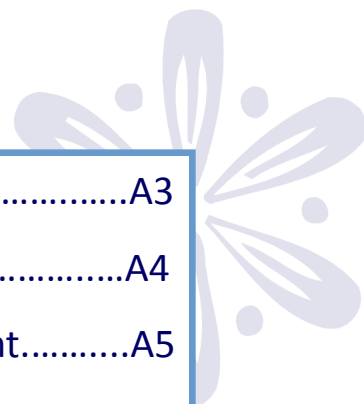
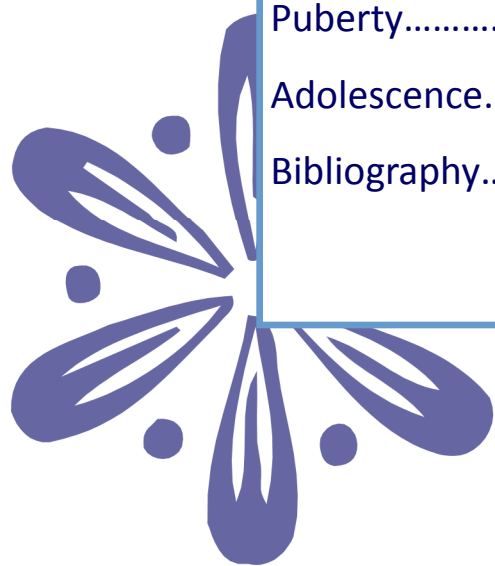
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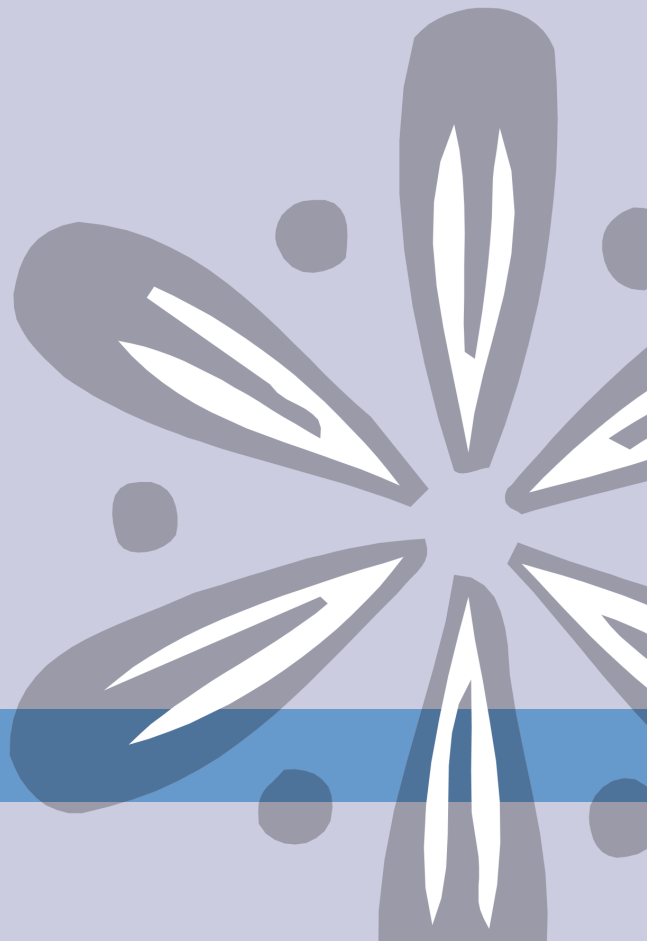


INTRODUCTION

This book is designed to be an educational tool for the caretakers at the Rita Zniher 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).

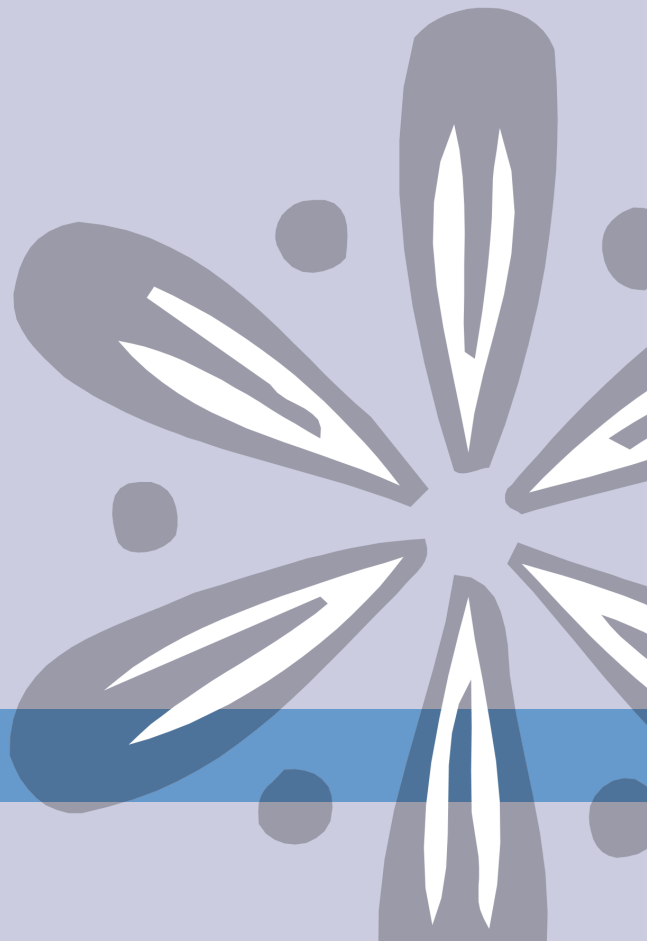
DEPRESSION

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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