

Teacher's Guide/Exploring Childhood

# Under Stress

Family and Society



**Teacher's Guide/Exploring Childhood**

# **Under Stress**

**Family and Society**

Copyright ©1974  
Education Development Center, Inc.  
All rights reserved.  
EDC School and Society Programs  
55 Chapel Street  
Newton, Massachusetts 02160

We Are a Family	Rachel at Home	Oscar at Home	Michelle at Home	Seiko at Home		Around the Way with Kareema	Rachel at School	Seiko at School	
The Inquirer	Childhood Memories	Howie at Home	Commentaries on Family and Society Films	Craig at Home	Jeffrey at Home	Beyond the Front Door	At the Doctor's	Howie at School	Oscar at School
Teacher's Guide					Teacher's Guide				
Explaining what is transmitted in care-giving interactions.					Exploring how experiences outside the family affect a child's development.				

**Family and Society Module** *Considering the effects of family and society on the growth of a child.*

Gabriel Is Two Days Old	Bill and Suzi: New Parents					Clay Play	Racing Cars		
Looking At Development	Directions in Development	Making Connections	All in the Game	Child's Play	Half a Year Apart	Children's Art	Drawing Sort	Painting Time	Fear, Anger, Dependence
Teacher's Guide				Teacher's Guide		Teacher's Guide			
Learning about children's development and how to support it.				Examining the meaning of play for children.		Learning about children's development from their art experiences.			

**Seeing Development Module** *Determining children's needs and abilities at each age, what children need to grow, and*

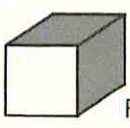
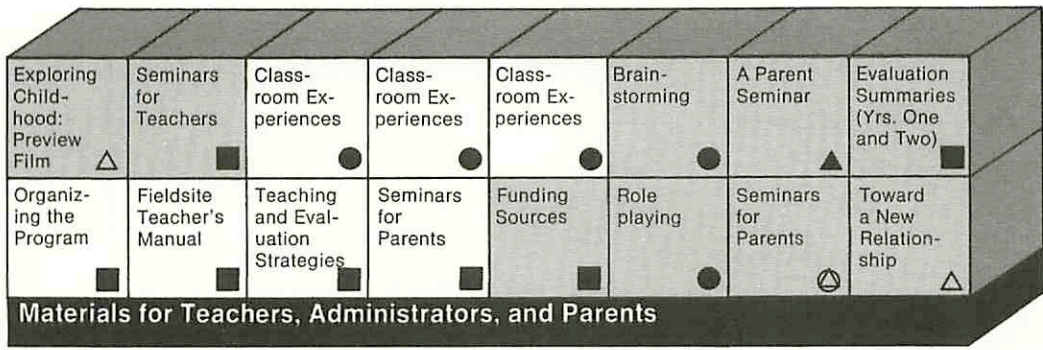
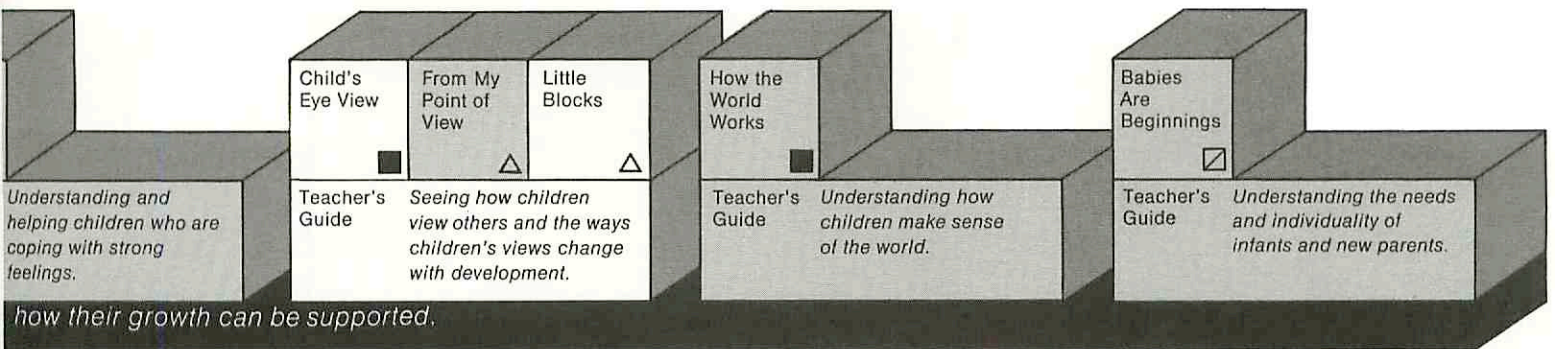
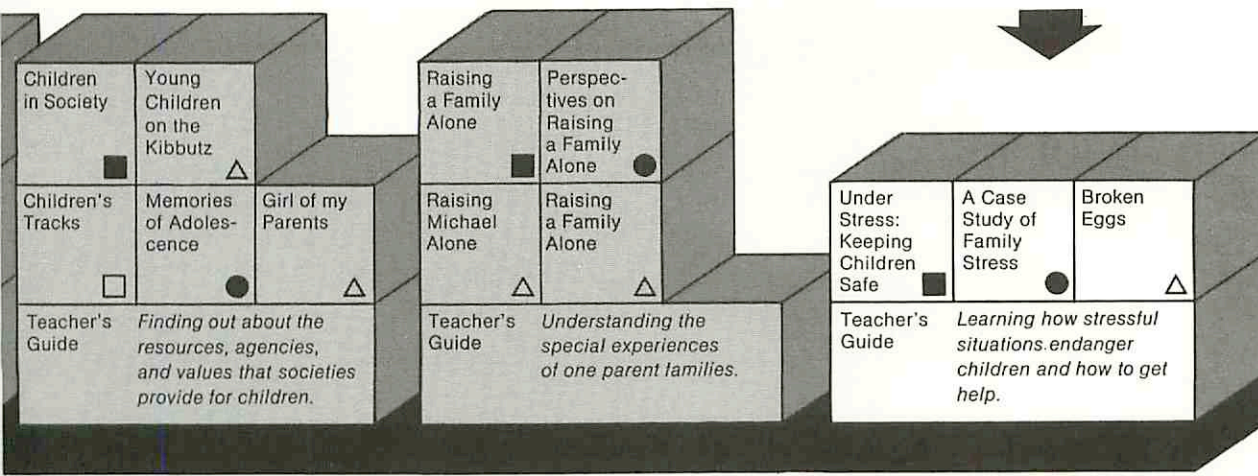
Helping Skills	Helping Is ...	Michael's First Day	Teacher, Lester Bit Me!	Water Tricks					
Getting Involved	What Is a Preschool Like?	Storytime	Being There	Doing Things	What About Discipline?	What Is a Child?	No Two Alike	Children with Special Needs Go to School	Sara Has Down's Syndrome
Teacher's Guide						Teacher's Guide			
Preparing for work with children and learning ways to discuss field work.						Examining feelings and developing skills for working with special needs children.			

**Working with Children Module** *Preparing for work in fieldsites, and discussion of that work.*

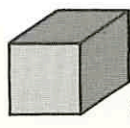
## Exploring Childhood

### Key

- Booklet
- Poster
- ☑ Cards
- △ Film
- Record
- ▲ Cassette
- ⊗ Filmstrip and Record



Full Year Course Selection



Supplementary Materials

# Contents

OVERVIEW . . . . .	1
A CASE OF FAMILY STRESS . . . . .	4
Record: A Case of Family Stress . . . . .	6
Stress and Support . . . . .	24
Discussion with the Doctor . . . . .	28
NEEDING HELP . . . . .	31
Dealing with Stress at the Fieldsite . . . . .	34
Film Viewing: Broken Eggs . . . . .	35
ACCIDENTS AND CHILDREN'S SAFETY . . . . .	40
Charts on Accident Causes and Prevention . . . . .	43
Safety Projects . . . . .	45
A SOCIETY'S RESPONSIBILITY TO HELP . . . . .	47
APPENDIX: A Conversation with Cal . . . . .	51
EVALUATION APPROACHES . . . . .	54

# Overview

What do families and adults need in order to meet the needs of children? What conditions produce stress for caregivers? How does stress affect the ability to care for children? How can stressful situations be handled?

## Goals

To address these questions, *Under Stress: Keeping Children Safe* was developed with the following goals for students.

1. To understand that when the needs of families are not being met and caregivers are under stress, children in their care may be endangered.
2. To develop a realistic sense of what is meant by "child abuse" and "neglect." To consider that:
  - all caregivers experience stress that can affect their caregiving ability;
  - only rarely do many negative conditions come together to cause an adult to seriously harm or neglect a child;
  - all of us have strengths that are a foundation for good caregiving.
3. To recognize the existence of stress in students' own lives and its effect on their caregiving abilities.
4. To begin developing ways of dealing with feelings of anger or frustration and with stressful situations, when involved in work with children.
5. To build a foundation for considering ways to establish future conditions that prevent harm to children.

## Materials

The student materials are divided into four sections. The first, "A Case of Family Stress," involves listening to a recorded interview between a doctor and a mother who is seeking help in dealing with stress and caring for her children. As they listen, students are asked to consider both what has *produced stress* in this mother's life and what *resources* she has for dealing with stress.

The second section, "What Is Stress?," asks students to consider causes of stress and sources of support in a range of incidents from their own and other people's experiences. In this section, the film "Broken Eggs" presents an example of how one student dealt with a stressful situation at her fieldsite.

The third section, "Accidents and Children's Safety," helps students to recognize when accidents are more likely to happen to children and presents suggestions and activities for helping caregivers prevent accidents. The final section, "A Society's Responsibility to Help," asks students to look for resources in their communities which offer help to parents and caregivers under stress.

## Relation to Other Materials

As part of "Children in Society," *Under Stress: Keeping Children Safe* helps students consider both what influences in society can produce stress in the life of a caregiver as well as what resources society provides to help a caregiver.

While the booklet is appropriately used in the Family and Society module, it is also

a helpful resource to turn to throughout the year as students experience stress themselves in caring for children or see other caregivers under stress.

*Under Stress* might be considered an extension of work with "Helping Skills" in the booklet *Getting Involved* (from the Working with Children module), especially the section, "Preventing Difficulties" (p. 54).

When considering that the safety of an environment is relative to a child's temperament, experience, and stage of development as well as to changing family conditions (see "It Depends on the Child," p. 15), students can consider what they have learned about a child's developing interests, needs, and abilities in the Seeing Development module.

Students doing "Safety Projects" (p. 20) or compiling lists of community resources for caregivers under stress will find *The Inquirer* helpful for planning and organizing information and presenting results.

# Introduction

The student booklet presents a list of introductory questions which help students consider what produces stress. To think about the first two questions, students might write short journal entries beginning with such phrases as:

I feel pressure when...  
I feel worried when...  
I feel frustrated when...  
I get mad when...

or:

When I feel pressured, I...  
When I am worried, I...  
etc.

Some answers might then be compiled on the board to show a range of situations producing stress and people's reactions to such situations. Students should think about whether they feel helpless in such situations or what ways they have for dealing with these feelings.

In answering the third question, "What has led to feelings of stress within your family?" students might think about how they would react in the adult's or sibling's place. Remind them, however, that they have a chance to consider the situation without having to act. Encourage students to consider what strains parents or siblings might have been under. To understand their family members' feelings, students might role play a situation taking the part of someone in their family other than themselves.

The fourth question, concerning the influence of past experiences on present stress, might lead students to consider how past failures, criticism or loneliness can lead to feelings of low self-esteem, helplessness, guilt, anger or bitterness. Students might also realize that people who have frequently seen others react violently in situations of stress or who have been victims of violent reactions themselves are more apt to react violently when they themselves are under stress.

## Introduction

When people are under stress, unhappy, pressured, with needs that are not being met, their ability to protect and rear their children is affected. Families and others who care for children usually have various kinds of support which enable them to cope with stress. But sometimes a child's mental or physical health can be in danger.

This booklet looks at some effects of stress in the lives of people who care for children. And it considers the kinds of support they might need. It presents true cases of people who have found themselves in situations where strains (such as fatigue, anger, or low self-esteem, to name only a few) led or might have led, a caregiver to neglect or harm a child.

## What Is Stress?

- What makes you feel pressured, worried, frustrated, angry?
- How do these feelings affect how you act?
- What has led to feelings of stress within your family?
- How might past experiences contribute to a person's feeling of stress?
- How might the larger society contribute to a person's feeling of stress?

Imagine a young mother who is raising three children, the oldest of whom is five. What kinds of emotional, physical, or social stress might she feel?

For anyone, stress can pile up to a crisis point — one too many of the everyday worries and pressures, or perhaps a specific event or loss can become too much. The purpose of these materials is to help you answer a question that is important to all caregivers: *Do I understand how to help myself and when I need to go to others for help?*

What should be stressed to students, however, is that past experience does not need to determine one's actions and that one can learn new ways for dealing with stress.

In considering how the larger society might contribute to a person's feeling of stress, students might list on the board all of the things in society which could lead to frustration, anger, fatigue, worry, depression, violence, etc. Their list might reflect some of these conditions:

- mobility and urbanization and the consequent loss of a close supportive community
- nuclear families, as opposed to extended families which can provide many adults to share caregiving (and other responsibilities)
- competitiveness resulting in pressure on adults to succeed and on parents to have successful children

- lack of access to jobs
- a fast pace of life with accompanying emphasis on time pressures and haste
- violence on television, in movies, and in the press

In addition to considering that some conditions are more conducive to stress than others, students also need to consider that individuals will react to every situation according to their own style, temperament, and experience. Students need to be warned about stereotyping (for example, assuming that poverty promotes stress and affluence relieves it) and cautioned against drawing hasty conclusions or making predictions based on observations of someone's situation.

Child abuse is usually the result of a number of stressful conditions but the existence of those conditions will not necessarily lead to abuse. We cannot, therefore, predict who will be a child abuser.



# A Case of Family Stress

**Purpose:** To consider the causes of stress and the sources of existing and possible support in an actual case of child abuse resulting from stress in the life of a caregiver.

**Time:** 3-5 classes.

**Materials:** *Under Stress: Keeping Children Safe*, pp. 3-5; the record of an interview between a doctor and a mother; a subsequent interview between the doctor and the writers of *Under Stress: Keeping Children Safe*, pp. 28-30, this guide.

Following this first listening, invite students to share their reactions to the material--the mother's family experience, present situation, attitudes toward her children, relationship to her doctor and case worker, the doctor's interaction with her.

Three note-taking charts are suggested as tools for focusing students' thinking on factors that contributed to the mother's situation and ways that she can cope with it. Although some students may respond negatively to this mother, they may also begin to sympathize with her when she says things like, "All I ever heard from my mother was that I was no good," or "She forgot to let me know she appreciated it."

Material from later discussions which we had with the doctor is reproduced in this guide (pp. 28-30). You might wish to scan this material, so that you can read sections of it to your students as questions arise. If students are interested, you can give them this section for supplementary reading. It includes comments on the background of the specific case, the ways in which this and other cases come to the agencies which can give help, information on federal and state laws, and comments on the outlook for this mother and other families with similar problems.

## PREPARING TO LISTEN

Before playing the recording, ask the students to read the introduction on pages 2 and 3 of the booklet.

We recommend that you play the record through once without stopping, so that students can gain a more complete initial sense of the mother and her life situation. (The names used in the recording have been removed or changed to protect the anonymity of the subjects.)

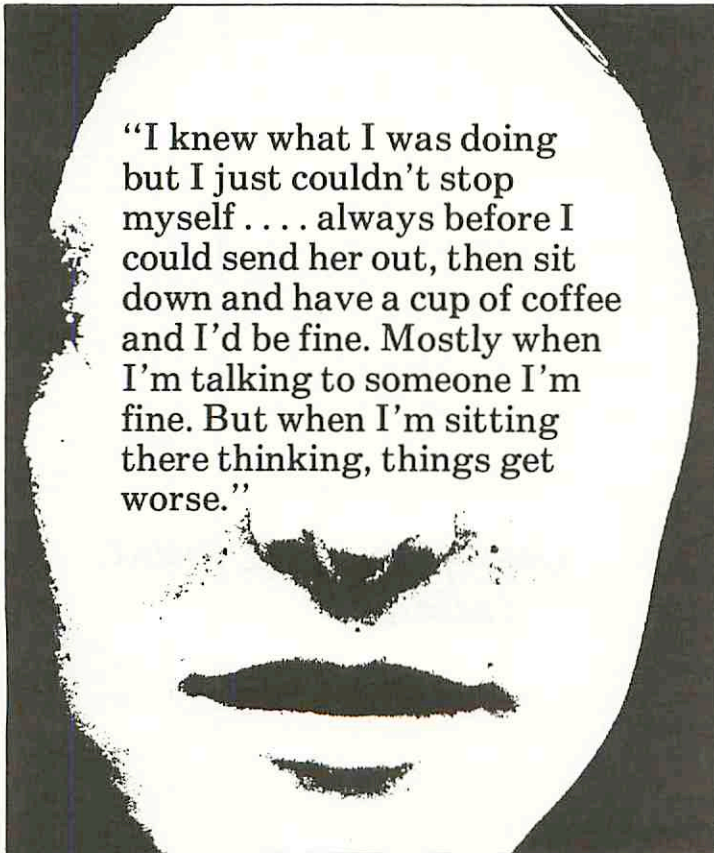
One of the doctor's important points is that, even though the specifics of this case may seem unusual to some of the students--the sons' hemophilia, the mother's background and marriage history--the general kinds of stress to which she has been subjected are shared by many people.

Child abuse may be a far more common occurrence than most Americans realize. In 1965, a survey\* was made on the subject of child abuse, to determine how widespread the phenomenon was, and what people's attitudes were on the subject. Those interviewed were asked whether they knew any families who abused a child, whether they felt that almost anyone,

themselves included, could injure a child in their care (six out of ten said yes), and whether or not they would intervene. (Most would intervene, but would do it by reporting the case rather than going to the family involved themselves.) Based on this study, the researchers believe that between two-and-a-half and four million children are abused in the United States.

---

\*For further information about this study see David G. Gil's book, *Violence Against Children*. © 1970 and 1973 by the President and Fellows of Harvard University. Published by Harvard University Press in cooperation with the Commonwealth Fund.



"I knew what I was doing but I just couldn't stop myself . . . always before I could send her out, then sit down and have a cup of coffee and I'd be fine. Mostly when I'm talking to someone I'm fine. But when I'm sitting there thinking, things get worse."

## A Case of Family Stress

These are the words of a young mother who is participating in a program which helps families whose children may be endangered by abuse or neglect. In the recorded conversation which you will hear, the mother is talking with her doctor and case worker. She talks about incidents and feelings in her life, and about how she can help herself and her children.

### Case Background

This mother's situation came to the attention of a doctor at a city hospital through an unusual situation. Her two young sons are hemophiliacs (an inherited condition in which the blood does not clot properly, causing prolonged bleeding from any wound). When she first brought her older son to the hospital for treatment and diagnosis, hospital authorities thought that child abuse might be involved. Talks between the mother and the hospital staff revealed that her feelings of being unable to deal with the stress in her life were being taken out most on her daughter, the oldest child.

This parent has found some sources of help and is beginning to find ways of coping with herself and her family. At the time that this conversation was recorded, her daughter is five-and-a-half and her older son is four-and-a-half. She has remarried, and she and her second husband have a one-and-a-half-year-old baby son. Many things affect her sense of self-worth and her ability to raise her children. Some of them are the way she was raised, her feelings about her own parents, occurrences surrounding her daughter's birth, the break-up of her first marriage, fears for her children's health, concern over how others judge her and her daughter, and tensions in her present marriage. She is under a great deal of stress, some of which has built up from past experiences, some of which is the result of present pressures in her life.

## Record: A Case of Family Stress

In the following transcript, one teacher's notes appear in the righthand margin. These may be useful to you in organizing students' analyses of the mother's remarks. You may also use this space to make your own notes about stress or sources of support in this young mother's life.

Double lines indicate where the recording might be stopped during a second hearing to facilitate discussion. At each break, give students a chance to make notes and to clarify the facts they have learned.

### TRANSCRIPT

Narrator: This mother is participating in a program which helps families whose children may be endangered by abuse or neglect. In this conversation with her doctor and her case worker, Jill, she reexamines incidents and feelings in her life and thinks about how she can help herself.

Doctor: Well, the sort of things that I would like to talk about today have to do with your feelings about Renée at times that things really get bad with her. The reason is really to try to find out what your feelings are, how Renée responds, what happens when she gets on your husband's nerves, and then also to get some impression of how we help you, if we help you around particular things. Now, I remember, because Jill mentioned it to me, that a couple of weeks ago there really was a serious problem. Maybe you could tell us about that.

Mother: I don't really know how it started.

Doctor: Uh-huh. What were they doing?

Mother: Well, they really weren't doing anything. I think really it was me. They were out on the back porch and Renée started to cry. And I hate it when I'm upset and she starts. I took her in, sent her to her room and she cried twice as much. So I hit her. And I hit her. And I hit her. And I started screaming at her, yelling at her from the top of my lungs. And I picked her up, threw her on the top bunk bed and then hit her in the leg three times. And I knew what I was doing at the time I was doing it. But I couldn't stop myself.

Doctor: You couldn't, because you were just so angry.

*Purpose of the interview*

*Description of the recent incident*

Mother: So that's when I slammed the bedroom door and that's when I tried to call Jill and I couldn't get Jill and I couldn't get you. My girlfriend wasn't home. So the next best person was my mother. And I stayed on the phone with my mother until I calmed down.

Doctor: Wow.

Mother: It's been quite a few times that's happened.

Doctor: Really.

Mother: Nothing that's ever been like it was then. Because before I could turn around and just send them out and sit down and have a cup of coffee and I'd be fine. Mostly when I'm talking to somebody I'm fine. But when I'm sitting there thinking, things get worse.

*Need for someone to talk to*

---

Doctor: Let's go back to when you were pregnant. She was your first baby. And what was it like in your life then?

*Background*

Mother: The first four months--well the first three months--were hectic, trying to tell my mother I was pregnant and I couldn't. So I dreamed up this story.

*... unwanted pregnancy*

Doctor: How come? Because you were embarrassed about it?

Mother: No, I was afraid how she was going to react. So I made up this story that I wasn't feeling good.

Doctor: How old were you?

Mother: Nineteen. Eighteen. Eighteen. And then I went to the doctor. And I was trying to get the doctor to say I was pregnant. He examined me and everything but wouldn't say I was pregnant. So I told him I had pains right here, and that's when he asked me if I had relations, and I said yeah. And he wanted me to take a urine specimen and bring it to the--it was a laboratory. So I told my mother he was checking my urine specimen for all different things. I figured my mother knows, she's gonna kill me.

Doctor: What were you afraid she was going to do?

Mother: I was afraid she was going to beat me again. And my mother kept saying, "Sit down and

*... fear of parents*

have your supper." And that's when I said I wasn't hungry. "Sit down and have your supper!" And then she said she called the doctor and he couldn't tell her anything. So I called him back and I knew that he was saying, "You are probably pregnant." And he kept saying, "Do you want me to tell your mother and father?" I'm saying no. So I sat down. Hung up, sat down. Kept watching TV. My father didn't ask me nothing. And I knew he was waiting for me to tell him. I wouldn't say a word. So, finally he popped the question. And I said, "Oh, he said I'm probably pregnant." Like it was nothing! And I kept on watching the TV. And I could feel my insides saying, "Oh, Jesus!" So he said, "Well, you can't cry over spilt milk." Then my mother started in.

Doctor: What did she do?

Mother: All she kept telling me is that I embarrassed her and my sisters. And she wasn't, because I was pregnant, she wasn't going to let it affect her. She was still going to hold her head up proud, and I was the one that was the low one. And so I thought to myself, "Well, that's not too bad. She said her piece, she isn't going to say anything else to me." And the next day she still wasn't talking to me. You know, I had shamed her and everything else. But then the next day it all changed. She was showing me her stretch marks. What it was like when she was pregnant with my sister. She told me don't get nervous but she wanted me to get married within a month and out of the house.

*... her mother's shame*

Doctor: And out of the house.

Mother: So that my daughter would have a name. Well, my baby at the time would have a name. And then it came time to being married--I wanted to marry bad at the time--but the day it came to get married, I didn't want to get married.

*... unwanted marriage*

Doctor: And so you changed your mind and decided not to.

Mother: I couldn't tell my father, and I couldn't tell my mother. I got in the church, all the way as far as the church, and I thought to myself, "I can't." And there wasn't that many people in the church. So I thought I could run down the aisle and run out of the church. But I figured no, my father is going to stop me. So then I figured I'd go up over the aisle and run up the side door. But I figured, you know,

by the time everybody got through chasing me, they would have caught me anyways. And then where could I go if I did get away?

---

---

Doctor: And then what was it like when it came time for Renée to be born?

*Birth of baby*

Mother: Oh, the end was beautiful. I didn't have any pain.

Doctor: You felt good.

Mother: I was tickled pink. I felt life. I used to get in bed and I used to lie on my stomach, then turn over quick, put my hand on my stomach and just feel the kicks. And I used to get my husband to feel the kicks. He hated it, but I used to make him do it anyways. And then I couldn't wait for the day I started labor. And at the end of the pregnancy, I'm thinking to myself, I got the crib, I got everything all set up, I got no baby. Then I started to get depressed. And then I was in labor and didn't even know it. And then once I did get into the hospital, I couldn't wait to have the baby. The pains were like hell. But I still couldn't wait to have that baby. And then I woke up and put my hands on my stomach and I found I already had my baby. Nobody would tell me what I had.

*... pleasure at birth*

Doctor: What was it like when you first saw her?

Mother: Oh, I don't know. I was all excited, and I thought to myself that there was no baby more beautiful than the baby that I had. And then we had a fight because I wouldn't let her go. Because they let me hold her. But then they wanted to take her right back. So we fought in the hallway for a while.

Doctor: Had you wanted a girl?

Mother: Oh, I wanted a girl in the worst way.

*... wanted girl*

Doctor: You did? How come?

Mother: I don't really know.

Doctor: Tell me what it was like when you first got home with her.

Mother: Everything everybody said to me I cried. Anytime anybody wanted to hold Renée I cried.

*... post partum depression*

Doctor: How come?

Mother: I felt Renee was mine, nobody else's.

*... possessive about baby*

Case Worker: Was somebody helping you take care of her, or....

Mother: Everybody always came over to help. And then Dr. Moran made it the plan so that I wouldn't have Renée for a while. And I was supposed to go see a psychiatrist for after women have babies they get depressed. And I wouldn't go to see the psychiatrist. And for the main reason because they took Renée away.

Doctor: Because you were afraid that they might take Renée?

Mother: They did. They made plans that my sister-in-law had her one week, my mother had her the next, my sister had her the next and then she went back to my sister-in-law.

*... her family took over care of baby*

Doctor: Who made the plans?

Mother: My sister-in-law and Dr. Moran.

Doctor: Without consulting you?

Mother: Yes.

Doctor: Oh, wow.

Mother: So, I lived on the third floor, my sister-in-law lived on the first. I didn't feed her, I didn't change her. I didn't give her a bath--nothing.

Doctor: How come? Because you were so depressed that they felt that you just couldn't take care of her?

Mother: Well, I think mostly it was my sister-in-law. You know, she felt as though I shouldn't. And at the time I figure I can't be mean to anybody. So I didn't say anything for the longest time. Then when she went out to my mother's I didn't see her for the whole week. And I figured that did it. She fed her, she changed her, she bathed her.

*... deprived of mothering role*

Doctor: No kidding. So like for the first month of Renée's life, how many days did you take care of her?

Mother: I had the first week.

Doctor: The first week and that was it! Up until how....

Mother: Three months.

Doctor: Up until she was three months of age.  
And then what happened?

Mother: And then I was downstairs in my sister-in-law's house and I KEPT saying to myself, "This is mine, she's nobody else's." So I picked the baby up and I walked out.

---

---

Narrator: The mother continued talking about her first marriage, which had lasted two years, during which time she had a second child, a boy. She said her troubles with the children began after her marriage broke up. She first came to the hospital when she found that her son had swollen lumps on his head. She suspected he might have hemophilia.

*When troubles with the  
Children began*

Mother: He had fallen three times. And that's when I figured I got to bring him in because it looked big. It looked weird--to me it looked like he had a football in his head, coming out. And it was at nighttime and that's the first day I met Mrs. Bradshaw.

Doctor: That was the time.

Mother: I was introduced that she was the social worker and she was just there to talk to me. And I thought to myself, "I'm going to have trouble with her." But I remember this hospital here aggravating the hell out of me. 'Cause I had come up, turned around and told them about the lumps. And I knew what they were getting around to. This was at the time I started talking with Mrs. Bradshaw. That's when everything started. Because I didn't feel that Mrs. Bradshaw was being honest, which I still don't think she was being honest. And I felt like she was trying to pull the wool right over my eyes. And I'd go in and I tried to talk to her. I signed the papers for the investigation and then after I signed I says, "I signed the papers for the investigation, now I want you people to check and see if he is a bleeder." And she turned around, after I signed the papers and everything and she says, "We're not interested in that. We're interested in what you were doing to him."

---

---

*Troubles with the  
hospital*

Doctor: But it was before the problem came up that you began to feel angry toward Renée.

Mother: Yeah.



Doctor: You and your husband had split up at that time. You were all alone at that time?

Mother: I was alone with my two children and I had for the whole summer Ethel's two girls.

Doctor: As well. So you had a whole lot of children that you had to take care of all at once. How old was she at that time?

Mother: She wasn't even two. She was about a year-and-a-half.

Doctor: But was she starting to behave like a two-year-old? Is that what it was that got to you? What were some of the things that she was doing that made you angry?

Mother: She just got into twice as much. But yet things that she would get into were normal, but it aggravated me.

Case Worker: Did you know then that it was normal, or is it looking back at it that makes you realize that it was normal?

Mother: No, it's looking back at it. At the time, it seemed like she was doing everything wrong. Like she was doing stuff to spite me.

Doctor: You really felt that.

Mother: Because when I said no, she understood. And she would go right back to it. And it was just like--the look on her face as if to say, "I don't care what you say, I'm going back after it anyway."

Doctor: Did you have anybody that you could talk to?

Mother: I didn't have anybody then.

Doctor: So that there was nobody that you could call to give you any help with that. Was your mother any help at all?

Mother: We weren't even talking.

Doctor: How come? Had she rejected you?

Mother: I was getting a divorce.

Doctor: And she didn't like that either?

Mother: No.

*Alone,  
overburdened with care  
of young children*

*Two-year-old's behavior*

*Not knowing what was  
normal at developmental  
stage*

*No one to help her  
understand the children*

*Mother's rejection*

*Getting divorced*

Doctor: She thought you were shaming the family again?

Mother: Yeah. Because I had two kids this time. If I had had one kid and didn't get pregnant and gotten a divorce, that would have been one thing because it was a mistake what I was doing. Then my father found out that he wasn't coming home nights. And that's when my father tried telling me that you can produce kids without being a man or a woman. When you're a man you take care of your responsibilities, you go to work, and you're able to sit down like two human beings and talk to each other without screaming and yelling. We didn't know how to talk to each other. I didn't care what he thought and he didn't care what I thought.

*Lack of communication with husband*

---

---

Doctor: But, like, when Renée really got on your nerves, then you really just had no choice but to hit her. That is the only way you knew how to handle it?

*Trying to handle Renée*

Mother: Well, first, I started out screaming. That's all I would do to her is yell at her. But still nobody else could do anything to her. And then it turned out that's when the hitting business started. And I'd get her on the rear end and throw her in the crib. She'd get right back out of the crib, I'd hit her in the rear end, put her back in the crib. Then it turned out to be bigger things. Uh, getting underneath the stuff in the sink. So then I decided I had to do something with that. So I took everything out from underneath the sink and put everything up in the cabinet. And then it was, you know, everything she did she took her brother with her.

*Considered Renée to be leading brother into mischief*

Doctor: So that got you even more mad.

Mother: The only thing that it really was, that I see now, is that they were brother and sister and that they were close. They weren't really doing anything wrong. But at the time to me, it was, like she was doing it in spite.

And another problem I had was listening to other people saying Renée was spoiled rotten and that I had done it to her.

*Renée criticized*

Doctor: Who said that?

Mother: Oh, my mother and father told me that constantly. Everybody thought she was beautiful

as a baby. The way everybody used to buy Renée things. Then her brother came along and everybody brought him stuff. And when they came to the house, it even got as bad as they walked straight into the bedroom. So what I had to do was lock the bedroom door. And as people come in the house I made them say hi to Renée first. Then they could go see the baby. Because Renée used to go into a corner.

Doctor: Because she wanted some attention too?

Mother: Yeah, well, I knew she wanted attention bad because people that were coming to the house came to see her before and all of a sudden there is this baby in the house. And it was just like she was neglected. But then the first time she heard him cry, because she had knocked him over, she bent down and she started to cry and tried to pick him up. That's when I slapped her in the rear end twice and then I picked the baby up and then I let her hug the baby and kiss the baby. And I tried to explain to her that he is only a baby. Everything he was was good, Renée was bad. And I even got to think that he was good, and Renée was bad.

Doctor: Did you feel that slapping her made her behavior change for the better? I mean, or was it....

Mother: No. I found afterwards it didn't. It made things worse.

Doctor: It made things worse?

Mother: Yeah.

Doctor: How do you mean?

Mother: It seemed then that she did even more. And she did it--um--like she'd run away when she saw me coming. Where before, she just stood there. Then I got mad because she ran away. So I had to get her for running away--running into the other room. It was a must. I had to get her because she ran into the other room. She knew what she was doing wrong.

And then the next I knew it got easier and easier to hit her. The first time I ever hit her I cried.

It was just like swearing. You say it the first time it's hard and then the more you swear, the

*Sibling relationships*

*Understands daughter's need*

*Slapping made Renée's behavior worse*

*Feeling she has to win the struggle*

*Got easier to increase physical punishment*

easier it comes out. And that's the same thing with hitting. You hit her once it hurts. You hit her a second time it hurts a little bit but not as much as the first. And then all of a sudden it doesn't hurt until afterwards. Your hand may hurt. Or you may feel mad at yourself at the time afterwards that you hit her, but for the time that you're hitting her, you think you're doing right.

*Feels bad afterwards but it seems right at the time*

Doctor: Did you only hit her on her bottom?

Mother: No, I got her on the face too.

Doctor: A lot?

Mother: No. I got her twice on the face, the rest on the rear end and three times on the leg.

*Retelling recent event*

Doctor: This last time.

Mother: Yeah. Oh, before that I never hit her in the face unless I went to hit them and they turned around and there was the face. But then I always apologized to her. But at that time there I knew I was hitting her in the face and I still did it. And I still knew what I was doing when I put her up on the bed screaming and yelling at her. I had to go back and hit her three times on the leg. To me at the time it was a must.

Doctor: Because you were just so mad?

Mother: I was more than mad. I wasn't mad at her either. I was mad because she was crying. No. She didn't cry at first at all. Not until I threw her up on the bed and hit her on the leg three times, then she cried. And I told her, "Lay down and go to sleep." And she just turned around and says, "Okay mommy." She would not cry. And that burnt me up twice as much.

*Angry when child cries and when she doesn't cry*

Doctor: You thought she was trying to spite you again.

Mother: No, I couldn't figure out--I still don't know why she didn't cry.

---

Doctor: Let's go back before she was born to your own childhood, when you were growing up. Did your mother beat you up a lot?

*Her own upbringing ... violence*

Mother: Yeah.

Doctor: A lot?

Mother: Not at first. At first, I was afraid of her and I was afraid of my father.

... feelings about her parents

Doctor: How come?

Mother: She was big. And then my father, I didn't understand him at all. He to me was mean. Because he was never home and when he was home all he did was eat supper and went back to bed and out to work.

Doctor: But like you were told for a long time that you weren't much good yourself.

Mother: Yeah. I was no good. And I was a tramp as I got older. As a matter of fact, I used to be sitting out front with kids, my grandmother used to foul up the TV and then come in and have me fix it every five minutes. The last time I was talking to my boyfriend. So I sent my girlfriend in to fix the TV. My grandmother was yelling out the window what a big tramp I was. I was in the car doing all sorts of things when I had been sitting on the wall with my sister.

... low self-esteem

So it turned out my grandmother and I had a big fight. She hit me and in anger I hit her back. Then all I heard from my mother--the neighbors even told my mother what happened--and all I ever heard from my mother was I was no good. Every time I did something wrong, I got hit. The kids did something wrong, I got hit because I was the oldest.

... fights and abuse in her family

Doctor: You got hit? Hard?

Mother: She used to catch me by my hair as I ran by and then she'd end up whacking me. She even got me on the floor a couple times. And it was always the head being slammed against the wall.

Doctor: She slammed your head against the wall?

Mother: Yeah. And I used to get real angry and I got her on the ground one time. I didn't get her on the ground on purpose. It just so happened when I hit her, she turned around and went on the ground. I saw her on the ground and I kicked her. I just took my foot up, and I kicked her. And I smiled. I remember smiling, walking upstairs, got my coat and walked out with no shoes on. Then I had to come back into

the house before my father came home to get my shoes so I could run away. By the time I got in the house I heard her talking to him on the phone. And I figured I'm really going to get it now--he really--you know--he's going to find out I got her on the ground. I wasn't in the house talking to my mother not even a half hour trying to apologize to her when my father walked in.

He hit me with a belt across the legs and I went upstairs. He talked to my mother and my sister to find out what happened. And that's when he come upstairs and apologized. And from then on him and I were close.

---

---

Doctor: Do you ever worry yourself now that Renée is going to grow up to be bad?

Mother: No, I don't think she's going to grow up to be bad but I got a feeling she's going to grow up under the same conditions I did. Because I used to say I'm never going to treat my kids like my mother treated me. And it's exactly what I'm doing now.

Doctor: But don't you find talking to Jill [the case worker] and talking to me, and a few other people that you've been able to get some help from about managing the problems. Does that make a difference?

Mother: Oh, yeah, it makes a big difference. If Jill was anything like Mrs. Bradshaw, I would not talk to her.

Doctor: What is it about her that makes it possible for you to talk to her?

Mother: Jill? She's honest. When she thinks I'm wrong, she says so. And she doesn't turn around and say like I'm the most stupidest thing on the earth. She praises me and at the same time she lets me know what I did wrong.

Doctor: Do you think there is anything that Jill could have done or I could have done to prevent what happened with Renée a couple weeks ago?

Mother: No.

Doctor: In other words, had you...?

Mother: I know what the problem is.

Doctor: What was it?

*Connections between herself and Renée*

*Value of having Jill to talk to*

*Why Jill is helpful, raises mother's self-esteem but also honestly points out errors*

Narrator: The mother says that the problem is relations between her and her husband.

Mother: It is twice as bad now as it was before. But he seems to think that things are much better than what they were. From my point of view they're bad and in his point of view they are better.

*Problems with present husband*

Doctor: Okay, so in other words there was a conflict between yourself and....

Mother: Oh, I know it was between him and I and I took it out on her. But it wasn't just him and I at that day. We had had an argument that morning. When I was talking to my girlfriend on the phone we had had an argument too.

*Argument with girl-friend*

Case Worker: Do you think you feel beforehand sometimes though that you are going to be that angry, angry enough to hit one of the other children?

Mother: I know I am.

Case Worker: And what if you called either myself or Dr. Newberg or somebody at that point, would that have helped?

Mother: Nope.

Case Worker: You don't think so.

Mother: If I had somebody in the house to talk to, I would have been fine. But to talk on the telephone you are still going to scream at the kids. You could pick that telephone up, walk around with it and hit the kid anyways, tell him to get in the bedroom. Who's going to be there to see it?

*Needs someone in the house*

Doctor: No, but I'm saying like over the course of the last couple years the fact that we have been able to develop a relationship here. Without that it would have been worse, you think.

Mother: Yeah. I would have hit her more. At home you get to talk to people, neighbors and stuff. But they got the same problems you have. Some have more, some have less. You talk about the same problems all the time, it doesn't really help. You listen to their problems, they listen to yours. It helps to talk it over. And then you have, "Well we'll go do this with our kids, we'll take them down the park." You take them down the park, that's fine.

*Talking with neighbors not always helpful*

But there's nothing stopping the kids from at the park doing things wrong. There's nothing

stopping me from turning around and getting mad at my kids anyways. Because I have reached to the point where I don't care what the neighbors say anymore.

It bothers me when they turn around and talk about my kids. Some tell me how good I brought up my kids, others tell me how bad they are. And it's usually Renée. I hear....

Doctor: Telling you how bad she is?

Mother: Yeah.

---

---

Doctor: Do you think that she's different from other kids her age?

Mother: No, slower in some sense.

Doctor: But mainly that she's going through the same sorts of growth that other kids her age are. What about her....

Mother: I hear how dumb she is though.

Doctor: Pardon?

Mother: I hear how dumb she is.

Doctor: How do you mean--from the school?

Mother: From the school and from my neighbor Mrs. Casey and from my present husband.

Doctor: And they tell you that she's dumb?

Mother: She is dumb.

Doctor: And how does that make you feel?

Mother: It doesn't make me feel too good.

Doctor: I would imagine not.

Mother: That's when I start feeling really sorry for her. Then I try to do twice as much with her, but then I have the problems with my son. So I try to make it up to the two of them, take them somewhere. And I get aggravated because I end up with all three kids [Renée, older son, and baby].

Doctor: Well, you know, I think that there is certainly a lot that we can do for Renée, which we're going to do. We're going to have an evaluation of her, we're going to work with her school.

*Being judged by others*

*View of Renée's ability*

*Renée called dumb*

*Hospital plans to help Renée's intellectual development*



Mother: Most of her problem is the household anyways.

Doctor: And the fact that you and your husband when you fight....

Mother: Well, they hear just about everything we say. Because he doesn't bother going into the other room.

Doctor: No kidding.

Mother: He stays right there and says what he wants to. School papers of the older boy he saves, school papers of Renée, he throws away right in front of her, until she says, "That's mine."

Mother: And then he'll say, "Oh, I'm sorry." Then he'll take it out of the bucket and give it back to her.

Doctor: Does he hit Renée a lot?

Mother: Oh yeah. He hits Renée twice as much as her brother and Renée gets hit for things that her brother doesn't get hit for.

*Husband abusing Renée*

Doctor: Like for what sort of things?

Mother: A swear. And she doesn't say half the swears that he does.

Doctor: Does he hit her really hard?

Mother: Enough for the hand-marks on there.

Doctor: Enough that....

Mother: The hand-marks are on there. She had them on her bottom, she had them on her arms and she had them on her face.

Doctor: Does that make her cry?

Mother: Yeah. She cries right before he even gets her pants down because she knows what she's in for. He grabbed the older boy by his throat the other night. He just took his hand and put it around his neck and carried him into the bedroom.

Doctor: So he really gets pretty--he can't control his temper too much then, sometimes?

Mother: No. We both have tempers. But his

temper seems to be a lot worse than mine. And we don't agree upon bringing up kids. He has one way of bringing them up. I have another way of bringing them up.

*Differs with husband about how to bring up kids*

Doctor: What's the difference?

Mother: He believes in disciplining the kids, hitting them. I believe in talking to them first. Then if they don't do what they're told, put them to bed. After a while they don't mind being in bed. Then you turn around and give it to them in the rear end. But I found out that if you talk to them and you explain to them what they're doing wrong and that they get you angry, I do get a lot more response from the kids.

Doctor: Gee, I think you're absolutely right.

Mother: And Renée cried the other night. She couldn't find the bottom of her pajamas. So I said, "Go on in the parlor, watch TV. When I'm through with my coffee I'll go get them." Well, she still went in the parlor and she cried. My husband went in and he told her that she was a baby, only babies cry. And that she wasn't a big girl or nothing. And she kept on crying. He kept nagging, "Are you a baby? Is that why you cry, are you a baby?" So I took her in the bedroom, I says, "Mommy cries, daddy cries, not only babies cry. Big people cry and it's--don't be ashamed of crying." And I tried to explain to her older people cry also. And that she wasn't doing anything wrong. But the next time that she wanted her bottom of her pajamas I told her that if I can I'll get up and get them right then and there. And if I can't just go in the parlor and sit down and that she won't get yelled at for not having the bottom of her pajamas on. And then my husband walked in the room and she turned around very sarcastically and she says, "I'm not a baby." And he got mad, he says, "Yeah, that's right. Turn against me!"

*crying is okay*

---

Case Worker: You can talk about the problems a lot more easily than your husband can, it seems.

Mother: It used to be--I used to tell people my problems anyways, even as a kid. Not my mother and my father mostly, but I used to go to friends. And mostly because they had the same problems I did. And I used to even make little plans on how to please my mother. And the plans--sometimes they worked and most of the times they end up into a flop.

*Remembers failure to please her own mother*

Doctor: What sort of plans?

Mother: I'd make supper that night. She'd be out, you know doing stuff, and I figured I'd have the potatoes all peeled, you know and I'd peel the carrots and stuff and have the meat in the pan with salt and pepper on it so that when she came home all we had to do was turn them on.

Well, it usually turned out I put too much salt or pepper on the meat or I didn't cut enough potatoes or I cut too many potatoes, or she didn't want carrots, she wanted something else.

Doctor: So she really wouldn't appreciate it, even the fact that you tried to please her.

Mother: I think she appreciated it, but she forgot to let me know she appreciated it. Instead she's like my husband, she lets me know what she didn't want. My husband tells me about the household. I used to stay home and clean the house all the time, but he still found like things on top of the refrigerator. He let me know that he found something on the top of the refrigerator that didn't belong there. But he still doesn't let me know how good the house looks. If somebody is coming, he expects me to stay in all day long and have that house absolutely spotless, so that when the people walk in, you know, they'll think what a good house it is. The kids can't move, you know, bring toys into the parlor. They can't do any kind of that stuff. If they do, they get yelled at. And then if they don't move fast enough, they get hit.

Doctor: I'm very glad to hear that he's going to let you take a job. That's terrific.

Mother: Yeah. I was surprised. I fought all day with him. He doesn't want me to get a job because he's afraid what my family will say and what the neighbors will say.

Mother: I want the job because I feel as though if I get a job I have a different interest. Then maybe him and I will have something to talk about. But he doesn't. Supper time, you sit down and you have supper. Then he usually always has a cup of coffee afterwards. He guzzles the cup of coffee down real fast now and goes downstairs to visit his cousin. He stayed up all night one night, just within a week, stayed up till 3:30 the other night and then last night he stayed up till 2:00. My husband and I don't

*Similarity to present relationships to her husband -- tries to please and she can't*

*Planning to get a job*

*Why is husband against it?*

*Hopes it will improve relations with her husband*

spend any time together. He spends all his time with the guys downstairs and like they have a ball. When you figure there's beer down there, now there's four guys.

*Feels neglected by husband*

Doctor: Do you see any connection there between your anger....

Mother: I asked him about that.

Doctor: What I was interested to get at was whether or not there might be any connection between the fact that you and your husband aren't getting along and your feelings about Renée and maybe that could be one of the things that triggers it.

Mother: Oh, yeah. I do know that some of my problems with Renée are because of my husband and I. And a lot of our problems with Renée is my husband thinks I favor Renée more than him. And more than the other two, he feels. Like he says when Renée is sick, I'm on the phone calling you. If I feel as though Renée doesn't feel good and she doesn't want supper, I don't make her eat it. But he's made the children eat plenty of foods either they didn't feel good or they just didn't want it or weren't hungry. And they would get sick afterwards and he couldn't understand why. So I don't force them to eat. And he gets mad because of that.

*Husband feels jealous toward Renée...*

When Renée is sick, as he puts it, you're my crutch.

*toward Jill, toward doctor*

Doctor: I am.

Mother: You and Jill are my crutch, but mostly you.

Doctor: And he resents that? Well, I don't know, what does he expect a doctor or nurse to do?

Mother: Well, he says I should listen to him. That if you keep giving the children aspirins and medicine the cold will take care of itself and you wouldn't even have to know that they had a cold.

Doctor: Yes, but he knows that I want to know and Jill wants to know that....

Mother: He doesn't feel as though it's any of your business, unless something is really wrong.

Doctor: Unless it's really serious.

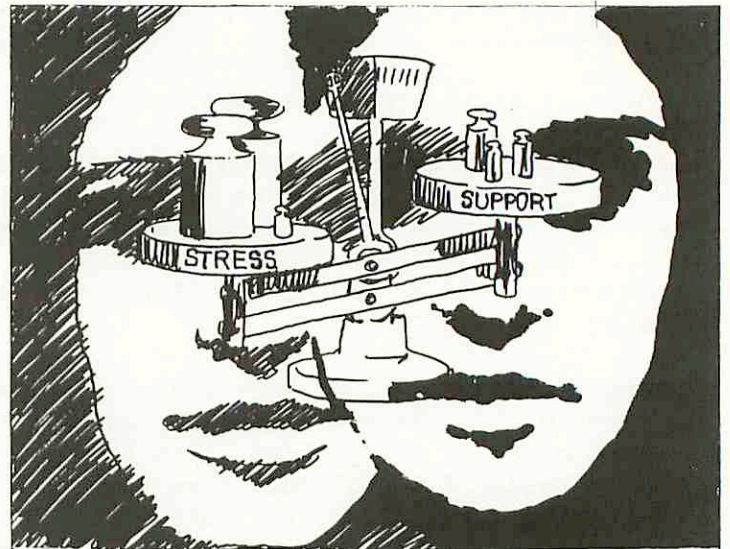
Mother: Yeah, unless it's really serious.

# Stress and Support

For the second playing of the recording, it might help to divide the class into thirds, and using the "Stress and Support" form illustrated on page 4 of the student booklet, ask each group to listen for items to note under one of the three categories. The subdivisions ("actions" and "expectations") are included on the form simply to help students identify sources of stress and support. What happened ("actions") that might contribute to stress or suggest sources of support? What attitudes or expectations of others might have contributed toward stress in the young mother's life or suggest a source of support for her?

On the next page is a sample of possible student responses to the recording.

When students have had sufficient time to fill in their portion of the form and have compiled their notes in groups, each group could report its conclusions to the class. Students could make a master chart on the chalkboard which would combine the thinking of all three groups. On this chart, underline the stresses that many people (not just this one young mother) may feel from time to time.



	Family		Community		Society	
	ACTIONS	EXPECTATIONS	ACTIONS	EXPECTATIONS	ACTIONS	EXPECTATIONS
Personal Concerns or Stress						
Personal Support						

4

## Stress and Support

As you listen to the recording "A Case of Family Stress," listen for what specific things may be sources of stress in this mother's life. Look also for what seem to be sources of support which she can draw upon, both within herself and from others. You might use a form like this for jotting notes as you listen.

**Questions for Discussion:**  
Working in small groups, compare your notes as you consider these questions

	Family	Community	Society
Contributed to stress:	failure to please her own mother	her doctor arranging for others to care for her baby	importance of child being "normal," intelligent
	her mother's shame and disapproval over her pregnancy and later her divorce	Mrs. Bradshaw's attitude toward her when she first came to the hospital	sense of being judged as a parent because her child is "dumb" or "spoiled"
	her mother and sister-in-law considering her unfit to care for baby	neighbors say child is dumb and spoiled	
	beatings in her own upbringing	husband's friends downstairs draw him away	
	troubles and divorce in her first marriage		
	sons' hemophilia		
	second husband: disagreements over child-rearing; his abusiveness and temper with the children and criticism of her and of Renée		
Potential for support:	her mother (talked on phone and calmed her down)	getting a job (outside interests and colleagues)	hospital, research, etc. (to provide care for sons and to train doctors and staff)
	husband (she hasn't given up hope of building a happier marriage)	social worker doctor	schools which prepare social workers, teachers and the like to help her and her children
	real concern for her children's well-being and happiness	friends day care and school for children	evaluation of Renée's needs



## SENSE OF SELF

### Causes of Stress

### Inner Sources of Strength

---

accepts husband's criticisms

has not been part of a happy marriage

messages from mother and husband about being a bad housekeeper, unable to please them

messages that she was an inadequate mother from the beginning

guilt at unwanted pregnancy

mother's displeasure even when she went out of her way to be helpful

inability to please husbands

grandmother's messages about her being bad

---

being able to ask for help and learning when to ask for help

trusting Jill and the doctor

having confidence that she can handle a job

learning from past experience about childrearing and child development

willing to criticize and examine self

trusting her own judgment about child-rearing in face of criticism

sympathizing with child's feelings

## THE ROLE OF VALUES

### Values Which Make Her Care-taking Difficult for Her:

### Values She Can Build On:

---

idea that physical punishment can improve bad behavior

idea that child is judged as not as "good" or "smart" as other children

idea that children should not be spoiled, should not have special attention

idea that asking for help is a sign of weakness and that it should be "really serious" before a doctor or other should be consulted

---

idea that others can be trusted

belief that asking for help is a strong and necessary thing to do

feeling that grownups and children have the right to cry

idea that problems should be discussed and worked through, that couples should be honest with each other

idea that couples should share interests and time together

---



# Discussion with the Doctor

The development staff met with this physician on several occasions during the production of the student material. Excerpts from those discussions are reprinted here to help in guiding student discussions. You may wish to have individual students read this material, and share excerpts which they find useful with their classmates.

## How do you define child abuse?

I group child abuse and neglect together and define them as family crises where children's physical or emotional survival are in jeopardy. This seems to me to focus interest on the causes of the problem rather than on its symptoms. The definition should not label parents as "bad parents," nor should it conjure up a great deal of fear in the people who are talking about the problem and contemplating their own lives as parents.

Also, and I guess this is very important, the definition shouldn't moralize about corporal punishment, because whether or not we as individuals like it, I think it is part of our culture in America. It is an accepted form of socialization of children.

## What is the legal definition?

It varies from state to state. In the new Massachusetts law, it is defined in terms of specific physical symptoms associated with family crisis. The law identifies, as the thrust of public policy, the strengthening family life. I think this view of child abuse and neglect might also be promoted in a teaching context, the better to foster a compassionate understanding of the problems. Many other states have posed a narrow definition, which aims at having professional people identify children whose injuries have been *intentionally* brought about. That kind of law leads parents to try to avoid the stigma of that label, and so they may avoid getting the kind of help they need.

## How much additional detail about this family's problems do you think students need to know in order to discuss the taped case?

It is enough to know that the children do have medical problems, and these are stressful things for the mother to have to deal with. Giving too much detail might make it possible to identify these people, and we do want to preserve their anonymity. As to how much one wants to bring out the details of the children's disorders, my feeling is that one wants to minimize the information which would make this family out to be an exceptional family because it would be so easy for people to say, "Well, this could never happen to me, because what's the likelihood of my having a child with that kind of disorder?"

And my concern is to present the problem as a representation of the kinds of things that happen in everyone's life-- everyone gets angry at their kids, lots of people have other kinds of worries, stresses, and strains, including children's illnesses.

This mother has to worry a lot about whether her kids are going to hurt themselves or be hurt because of their hemophilia, so that's another pressure. Another parent might worry because of having to live in a home in poor repair or because a marriage partner is growing away from him or her.

What is at issue is that parents need to protect and care for their children, and their ability to do so can be affected by a variety of environmental and psychological circumstances. I think that one could also use this case as a springboard for people to talk about their own feelings about protecting children.

## Would you comment about the movie, "Broken Eggs"?

I think the issue raised here is one of strength and self-control. The student does have enough strength and self-control to share her feelings with the class. Of course, it's important that

there is someone else there at the field-site to take over when things get to be too much for her.

Does the student also have some other feelings to deal with, like the pressures on her to perform well in the classroom?

She has probably gone through a whole system of schooling that has taught her that you are always being judged by what you do and when the eggs are broken, she's being judged as being incompetent with the kids.

What about this question of judging and the expectation of being judged in our society?

I think that's important in the interview with the mother, too. She worries about her daughter's behavior, vis-à-vis other kids' behavior. I hope it came across in the context of that interview that *we were not being judgmental* but were trying to be helpful in terms of helping her sort things out in her own mind. One of the things she said was very keen, when she made a comment to the effect that Jill, unlike another professional person with whom she had contact at the hospital, dealt with her straight as a person, and didn't make her feel stupid and bad.

In a highly competitive society, do parents feel stress if they get the idea that somehow their child is not going to have everything he or she needs to succeed?

Absolutely. In fact, David Gil, who is a professor of social policy at Brandeis, wrote in his book *Violence Against Children* several conclusions which derived from his large nationwide study of child abuse reports. One very important point was that American society is competitive, and therefore people aggressively socialize their children to prepare them to compete. I think parents do worry about their kids being able to make it because of some defects which they might have. Very often counseling is directed toward developing a better understanding of a child's individual physical and psychological realities.

To get back to "Broken Eggs," the student left the room because she felt that it was an impossible situation, and she was so angry about the breaking of those eggs that she didn't know what she would do. Could you comment about the stress she had to deal with?

One wants to emphasize not only stress, but also strength, and I say that for a couple of reasons. First, because I think it's important especially for adolescents not to feel overwhelmed, especially by the possibility that they might hurt a child--and one of the things to remember is that child abuse can happen to virtually anyone, if under sufficient amount of stress. There are several studies of child abuse which seem to demonstrate that abusing parents are normal people, who because of the pressures of their lives (the stressful circumstances of their own upbringing and present circumstances, the demands of their own children) find themselves in such a situation that their children become the unwitting targets for their anguish.

There is a tendency on the part of professional people, and with lay people as well, to label these parents as "bad parents." It is one of the problems of the current classification of such family problems that it is implicitly judgmental.

Such terms or diagnoses as child abuse and neglect don't tell us about real people struggling to cope with the stresses of being parents. Ultimately one wants to develop an understanding of the problem of child abuse and to foster attitudes on the part of parents and professional people (including architects of social policy and legal policy) that will build on family strength.

There may be teenagers in the class who have been physically punished in their lives, which will raise the question, "Have I been so abused that I am bound to abuse my own children?" There will be teenagers viewing anger right now worrying if that is abuse, worrying about things in their homes. How can they deal with fears of child abuse being inevitable?

The main concern that I have about that interview with the mother was the fearful sense of inevitability that she expressed. After listening to that interview, I would hope class discussion would deal more with her feelings of hopelessness, a lack of personal efficacy, of having trouble being able to change or control her destiny. I would not want students to interpret those feelings by saying that child abuse is an inevitable consequence of her own suffering as a child and her fears of what her mother might do when she learned she was pregnant, or other recollections of her childhood.

One of the things this mother did have to work on was her feeling of inevitability. She has two boys with a disease that really is inevitable and genetically programmed. By helping her recognize her feelings and come to understand them, we are trying to help her cope with them in the present rather than expect old patterns to be fatalistically repeated.

Is the mother making progress now?

Yes. When I first picked up the case the family was in terrible crisis. The mother was much less organized and self-aware and able to deal with the responsibility of her life as a parent, as a spouse, as a young person with a child with a severe medical illness which required care. The mother and I are frequently in telephone contact. Also the nurse who was present in that interview talks with the mother at least a couple of times a week. We'd see one of the children about twice a month in the clinic.

In addition, I think that one can measure the progress both in terms of what one senses, and of course in terms of how she now handles conflicts with her husband. In terms of her own sense of where she's going and why, we begin to get a feeling of her being increasingly in control, and certainly her children's accidents have decreased in frequency.

# Needing Help

**Purpose:** To consider a range of situations in which children were in danger, and to analyze the causes of stress and sources of support present in such experiences.

**Time:** 3-4 classes

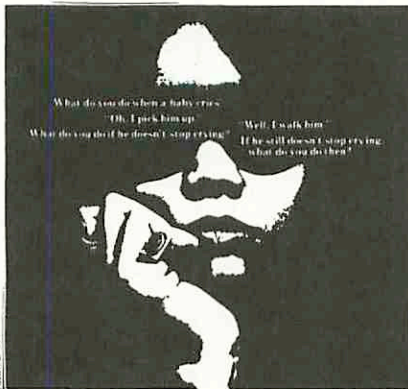
**Materials:** *Under Stress: Keeping Children Safe*, pp. 6-13; film, "Broken Eggs" (time: 10 minutes); interview with Cal, pp. 51-53 of this guide.

## Considering A Range of Situations

This section presents eight case studies of teenagers and adults in stressful situations which cause a variety of problems for children in their care.

You might choose one case study, divide the class into groups of three or four students, and have each group discuss

## Needing Help



Most parents and other caregivers of children get to know how to cope with problems of raising small children. They know their own strengths and weaknesses, and when they need to get a babysitter, call a friend or change their schedules. But some do not, and when they become overwhelmed, and find themselves in situations they cannot handle, they sometimes strike out at their children or ignore their needs, in some cases causing serious injuries.

Parents who abuse their children are seldom seriously mentally disturbed. Most of them strike out at their children when they themselves are distraught. Often, but not always, the incident is caused by something the child does: a crying baby who cannot be consoled, a two-year-old who is "into everything", a child who has just mastered the word

"NO", or a four-year-old who insists on having his or her way. A parent may turn on a child for any number of reasons, such as physical fatigue, depression because someone the parent loved is gone, economic difficulties or family problems, or anger over something else. Stresses like these may also lead a caregiver to neglect a child, causing serious physical or psychological damage.

Hitting a child, for instance, does not necessarily mean that the child is being abused. Similarly, a parent whose child has suffered a serious accident was not necessarily neglectful. But accidents do occur at times of stress. Finding ways to relieve conditions of stress is important for everyone who accepts a responsibility to care for children.

## Considering A Range of Situations

The following accounts show a range of situations that placed families under stress and their young children in danger. As you think about each case, look for:

- some of the stresses that affected these caregivers
- some support that was received

### Christmas Rush

Christmas is supposed to be a time of pleasure. For me, I guess it's more the culmination of weeks of too much to do, too many good intentions, too many responsibilities and too many people counting on me. Still, I was responsible for what happened the year Ginny was almost a year old.

In a rush of final preparations for Gran and Grandad's arrival, I'd just returned from the supermarket, sorted out the groceries I'd stocked up on for the holidays, then looked hastily through the mail noticing some Christmas cards from people I'd forgotten. There was even one from Mrs. Spencer, an elderly widow who lived alone in one of the boarding houses on our street. I decided I could just run upstairs and wrap a small gift for her and take it across the road to brighten her Christmas.

I carried Ginny up the long flight of wooden stairs that led to our bedroom; high ceilings in our old house make that climb extra long. Hurledly, I set Ginny on the rug and rummaged for Christmas wrappings. I just wasn't thinking that at almost one year old Ginny was getting into really active crawling. Then I heard that terrible heart-stopping bump bump bump as she tumbled down that whole flight of stairs. I tumbled downstairs desperately, and covered her wailing little body with my own, trying to hold her but afraid to move her. Miraculously, she was unharmed. It's still hard to tell anyone about it, seven years later.

### Babysitting

I hardly ever babysit for small babies. I'm not real interested in them I guess — or maybe I'm scared of them. Anyway, I'm really scared now. I babysit for this couple who had a real young baby. Mostly it was supposed to be sleeping but it cried a whole lot, even when I gave her a bottle. So then I tried putting on clean diapers. The baby wiggled I guess and rolled off the changing table! I was petrified. What if I'd let that baby really get hurt? Then I did something worse, I think — I never told the parents about what happened.



that case. Each group could make up three lists:

- the stresses they thought were present in the situation,
- the support that existed or was given,
- other support which they think should have been present.

To consider other sources of support, students might choose one of the sources of stress which they listed and brainstorm a list of ways to ease that stress. Each group should then share ideas with the class and compare stresses and sources of support which they have noted. They might also compare their lists of sources of support with the chart "Forms of Support" (p. 10, student booklet) to gain further ideas.

The class might then divide into groups again and use the same format to discuss another case study. After three or four cases have been discussed in this manner,

you might ask students to write notes at home on the remaining cases, using a format similar to the one below.

When all of the cases have been discussed in class or written about at home, students might draw ideas from their own lists of suggested sources of support and add them to the chart, "Forms of Support."

While some of these situations represent the result of a momentary crisis or temporary strain, others are the results of long-term, serious stress in the life of a caregiver. The class might compare the eight cases, looking for similarities and differences in sources of stress, results of stress, and sources of support in stressful situations. Such a discussion may help students to realize:

- that a situation which produces stress for one person may not be stressful for another,
- that stress produces a broad range of reactions and effects, depending on the individual.

Stresses	Supports	My suggestions for further support

# Considering Incidents In Your Own Experience

These exercises should help students to recognize again that stress can and does happen to most people at some time. Thinking about what happened in actual situations, and what else might have happened, can help students realize that they have decision-making power in stressful situations, and can give them a chance to practice for future times when they encounter stress.

The discussion questions about stressful situations with a child or with a friend or family member (p. 11, student booklet) offer opportunities for two small group discussions. In each case, students can take turns in groups of four describing an incident involving themselves--what may have caused stress in the incident, and what they did. All group members can then participate in making suggestions about what might have helped the situation. If class time is limited, the first set of questions could be answered as a journal-writing assignment, and the second set of questions discussed in small groups.

## Forms of Support

Help for families and other caregivers under stress can take many forms:

### Forms of Action

- getting medical help
- finding a job
- joining a recreational activity
- getting psychiatric counselling
- reorganizing daily schedules to provide time for rest
- enrolling children in a child care program
- having someone else in the house
- making the child's environment safe in a way appropriate to the child's age

### Forms of Education

- learning more about normal patterns of child development
- learning more about feelings shared by other caregivers
- learning more about needs of children and how others have coped with them
- learning what services are available if needed

### Forms of Helpers

- an understanding person to listen and encourage
- someone ready to be reached by phone at any hour if a crisis is at hand
- a family member or friend available to help with child care responsibilities
- a babysitter

### Forms of Awareness

- gaining understanding of one's own strengths and needs
- recognizing that everyone needs help and support
- being willing to accept one's limitations and seek support

Can you think of others?

### Reaching Out

Judy was seen by a public health nurse following the birth of her second child. Very soon a struggle developed over how the baby's bottles should be sterilized. Judy was using an unsterile technique. The nurse kept trying to explain and demonstrate the sterile methods. She was utterly frustrated by Judy's almost complete disregard of her instructions. As her doctor, I heard the story from both sides. Judy was determined that no one would tell her how to care for her child. She felt that would be saying that she wasn't a capable mother. The nurse was bound by agency policy, which was to "teach sterile technique." Fortunately, the nurse was really eager to help. When she understood what was happening, she immediately dropped her "instructor role" and began to pay real attention to Judy. Out of this change in her way of relating to Judy and her baby grew a very warm and close relationship in which Judy could ask, when she wanted, about child care.

Judy is beginning to understand how her own feelings of being uncared for criticized, or deserted affect how she responds to her baby. Now when she calls her caseworker, she says things like, "I was pretty upset today. I was even yelling at Ann (the seven-month-old baby). She is so crabby and I have to hold her constantly. I have things to do and I cannot fuss with her all day. I guess it is not that though. Jack stayed home today and all he did was sleep, again. I'm so angry with him and then

when Ann fusses, I feel myself getting so upset with her until I am angry if she bothers me at all."

Another time she said, "Wherever I go everyone notices Ann first, they start playing with her or talking to her. It reminds me of when I was a child when everyone noticed my mother and I felt no one noticed me or cared about me. I get some of that same feeling sometimes with Ann. I get angry with her and feel she is taking everyone away from me."

## Considering Incidents In Your Own Experience

1) Think of a time when an accident occurred or when you reacted to a child in a way you were sorry about later. Describe what happened in your journal. Then on your own or with a partner or small group reexamine the incident looking for:

- What may have contributed stress to the situation?
- How might the stress have been lessened or the situation helped before the incident occurred?
- What support (from within yourself or from others) helped you during and after the incident?

2) Can you recall an instance of a friend or family member about whom you were concerned because that person was under a great deal of stress?

- What did you do?
- What do you wish you had done? or that others had done?

# Dealing with Stress at the Fieldsite

## Students Under Stress

The student material considers situations at fieldsites in which students themselves experience stress in working with children. This stress may be caused by difficulties in their own lives--nervousness or insecurity about working with children, a bad morning at home or at school, poor planning of an activity, not feeling well. It may also be caused by incidents among the children which a student finds difficult to deal with, as in the cases of children who won't stop fighting or the children who break Cal's eggs in "Broken Eggs." Stress can be felt because of a

combination of the children's activity and the student's inability to respond appropriately because of stresses he or she is feeling.

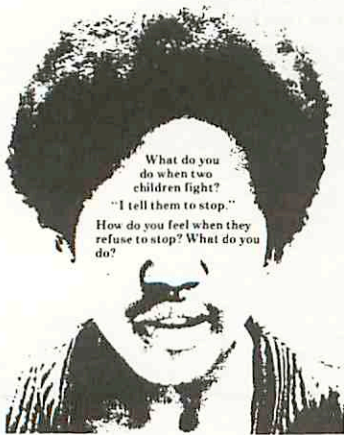
You might begin this section by showing the film, "Teacher, Lester Bit Me" (from Working with Children). The humorous perspective made possible through animation provides an unthreatening context for discussing times at the fieldsite when children's behavior led to feelings of stress.

When students discuss incidents they were involved in at their fieldsites, they should be reminded that they are considering stresses which anyone (including teachers) can experience and that there is a difference between short-term stressful situations and a long-range inability to deal with upsetting situations with children. The incidents they recall may be similar to incidents they related when discussing the booklet *What about Discipline?*, but the emphasis now is on how they felt, how they responded in the situation, and what help they received, as well as on understanding the child's needs.

## Children Under Stress

Students working at fieldsites may encounter a child whom they feel may have been abused or neglected. In such situations they should share their perceptions of the child with their fieldsite teachers to get some perspective on the problems, discuss what the child's needs are, and consider what they and the school can do to meet these needs. Students should also be careful to give children the help they need without blaming or making assumptions about the child's parents. The student may not understand the parents' difficulties and may undermine the child's desire to love his or her parents and be loved by them.

## Dealing with Stress at the Fieldsite



What do you do when two children fight?  
"I tell them to stop."  
How do you feel when they refuse to stop? What do you do?

Have you ever had a really bad day or experience at your fieldsite?

In small groups share your experience with others.

- What happened?
- What were the ingredients that added up to make things go wrong?
- How did you feel?
- What help did you receive?

### Film Viewing: Broken Eggs

It is spring. Cal, the student, wants to teach the children in the nursery school about birds. For her project, she borrows some special eggs from her science teacher; the yoke and white have been carefully removed, leaving the fragile shell. The children gather around Cal as she brings out the eggs; for a short while they play carelessly with them, ignoring Cal's attempts to control the situation. They crush one. She asks them to stop. They continue to break more eggs. They don't pay any attention to what she says. Cal is so upset she gets up and runs out of the room. Later she returns and finishes the activity. That afternoon in class, she talks about the experience.

### Questions for Discussion

- What were the factors that led up to this situation?
- Did Cal need help?
- Do you think she did the right thing?
- What supports did Cal have, both during and after the incident?

# Film Viewing: Broken Eggs

## Background Information

The filmed material in "Broken Eggs" was part of several hours of film originally made to illustrate planning, carrying out, and evaluating an activity with children. It turned out to be a stressful situation for Cal. The filming was done both in a high school class, and at a fieldsite where many of the students regularly worked.

Although Cal did her project at that fieldsite, it was not the one to which she was usually assigned. The children here are used to a less structured set-up than are the children at her usual site.

Cal also felt that the cameras were a distracting influence on the children. Although the actual egg-breaking incident happened off camera--at that time the cameras were being reloaded--we learn what happened through Cal's and her classmates' descriptions as they discussed the situation in class that afternoon.

## Viewing the Film

As students watch the movie, they might look for:

- How Cal shows what she may be feeling (lip-biting, picking up each tiny fragment of egg, etc.).

How does she appear when she tries to read a story to the children? when the teacher intervenes?

How does she appear when discussing the incident with her classmates?

- Cal's understanding of her actions and what created stress for her. (See also the interview a year later, on pages 51-53.)
- Supports provided to Cal.
- Times when Cal's actions and words remind students of their own.

## TRANSCRIPT

From the follow-up class discussion:

Teacher: All right, the next project was Cal's. Cal, what did you do and how did it go?

Cal: I did things on birds and it didn't go very well.

Another Student: What were you going to do with them? What were your plans?

Cal: I was going to show them the eggs. Some of the eggs were blue and some of them were just regular. I was going to put them in the nest and show them. The kids cracked them all over the place.

At the preschool:

Cal: Okay, can you sit back now? Please. Sit back. Back in the circle. You can do all you want when we're done, okay?

Child: A bird nest! Just like mine.

Cal: See the bird nest?

Child: Can we put an egg in it?

Cal: Yup. Can everybody see the nest over here?

Children:

I want to see the egg in it.

Me, too.

Me, too.

And I do too.

Do they break?

Cal: Yeah, they're fragile.

Child: Can we break them?

Cal: No, don't break them.

Child: Why?

Cal: 'Cause why would you want to break an egg?

Children:

I want to feel them.

I want to feel them.



Child: I'll be very careful with them.

Cal: Don't break them now.

Child: Why?

Cal: 'Cause we don't crack birds' eggs, do we?

Narrator: *Seconds after, while the camera was being reloaded, the children did break the eggs. Cal was so upset that she left the room. We resumed filming when two of Cal's classmates had stepped in to help.*

Child: Where's the chicken in it?

Student: All right. We are going to have two circles today, so we're doing something different. So we need to pick these up.

Child: And they still break then.

Student: They break easy, see. You have to be really careful with them. Okay, why don't we come over here in circle, all right. Pick up the big pieces. All right, thank you, Rhett.

Matt: I know who broke the egg.

Cal: So do I.

Matt: Here's some more. Stay in here.

Cal: Thank you, Matt.

Cal's voice: I just came back and I just --and Matthew started picking up shells and I said, "Thank you, Matt," and I started helping him pick them up and Rhett came over and he said he was sorry and I said it was okay and he walked into the other room, came back and sat down and that was it.

Cal: Okay, that's enough, Matt. Don't matter now, come on. Okay, it doesn't matter.

Teacher: Ding, dong. Would you like to tell them about how a nest is made?

Teacher: If the bird didn't, if he didn't live in a cage--if the bird didn't live in a cage...

Rhett: Sorry.

Cal: It's okay.

Teacher: ...where would he live?

Child: In the bird nest.

Cal: Do you know how a bird makes a nest? Who knows how a bird makes a nest?

Children: Trees and sticks.

Cal: And what else?

Cal: What's also in here? And dirt, too, and grass.

Children:

Leaves.

Can I see the dirt?

Cal: Do you know how they make that hole in there? They squiggle their little bums and they go like this in there and they make a hole in there and that makes it round in there.

Child: Then they try to put some eggs.

Cal: Yeah, they put eggs in there. That's how they keep the eggs nice and warm, you know.

Here's a nest book, "East, West, home is best. Sometimes home is a nest."

Teacher: You know what? Hey, hey, hey. Andy, Andrew, you know I think it's been a long circle. So maybe, if you want to listen to the story you go over by Cal. If you're ready to hear something from Jane about the five senses, come on over here. You don't have to sit here. But if you do sit and listen to Cal, you have to be quiet. Otherwise, come over with Jane.

Cal: See this nest right here, look. "East, West, home is best. Sometimes home is a nest. A cave is home to a bear; a den is fox's lair; a goldfish lives in a bowl; a mousy lives in a hole."

*Fade out*

Narrator: Later that afternoon, the students discussed how things went.

Teacher: And then what happened?

Cal: It was all right when we sat down, and then Jimmy kept getting up and sitting down, getting up and screaming and making noise, and I asked please to be quiet, and then Andrew and Rhett, Andrew started throwing the eggs and breaking them. I asked him please not to, but he broke it anyway and his brother, Rhett, grabbed another egg and he broke it, and I said "Please don't break these, I need these to explain to you children how birds have eggs and things, about putting them in the nest." He says, "No, you're not gonna!" and he just took them and he just kept breaking them. I grabbed them away from him and he grabbed it back out of my hand and he broke it again.

Student: And they stepped on them.

Teacher: Why do you suppose it happened?

Cal: Because Andrew goes, "I'm taking, I'm taking this show over." He knew everything that was going on. I says, "Hey, you'd better behave yourself, you know. Try to behave yourself, if you can. And he goes, "I don't wanna."

Student: He was really wound up. Down here at the end of the day and they were really getting tired and really aggravated--Jimmy was really wound up. He wouldn't come in.

Another Student: Maybe they did it out of curiosity. They wanted to see what happens when you break an egg. Maybe they'd never broken an egg before.

Student: Oh, they have.

Cal: They already broke one before they broke all the others.

Student: Maybe that's why--like this morning....

Cal: He wants to be destructive. And he always is anyway.

Student: When they all broke the eggs for the cookies, and stuff--you know, that could lead to something later on, like maybe they wanted to break them again because they hadn't had a chance this morning, and when Drew broke something like that, I think it gave the other ones more of a chance to say, well, if he can do it, I can too, and just led them on. Like, when anybody says "yuk" it just follows through the line. And as soon as somebody broke, they said, okay, well, if he did it I'm going to do it, too. And Rhett's that way with Andrew a lot. I think it related back to the snack this morning, I really do.

Teacher: Cal, why did you leave?

Cal: What do you mean?

Teacher: You left when they were, after they broke the eggs.

Cal: Well, no one was filming then anyway. It didn't matter. I just wanted to get out and get my steam away from it. I didn't think they should see that.

Student: I'm not being derogatory, but the only thing that did bother me was that you got up and walked away. After you saw them break them, maybe you should have stayed and had them clean up because we had to follow through--it would have been part, you know, really a part of it.

Cal: Everybody says you should do this, you should do that. What you do then it's just what you do. You can't change it. So I'm not going to change myself because someone else is different. I just do what I want to do.

Student: Yeah, but you have to follow up on things that they do.

Student: Yeah, but also she was upset.

Cal: I didn't think the children should see me that upset. It's not fair. They'll get upset if they see me.

Student: No, you shouldn't have her in here crying or anything.

Student: I was there anyway. Cal just got up and left and I helped pick them up.

Cal: I think it was best to leave than to stay there and start yelling, really. 'Cause I was really blowing my mind. I was going to--either hit him or leave. So I thought it best to leave, really. 'Cause he was really bratty, you know. I'm not used to that.

Teacher: And Cal isn't in the nursery, here as much as she is off campus. She is not used--now that she's been off campus--if you come in here every day it's one thing, but if you see another set of rules off campus and working in another system, you follow the system, right?

Cal: I had 21 children there and there's only 12 here, and it's quite a difference and they all--you say do this and they just do it and that's it. Here, there's nothing structured, nothing's nothing. And we had structure today--it wasn't good good because they are so free. Being structured it's just not right for them because they're so used to being free.

It should have been a regular classroom. It could have had one or two activities and that would have been fine, and made a nice thing out of it, like a big thing, and a nice thing out of it. I think that would have been much more enjoyable, and I don't think kids would have been so intense if we had it like that.

Teacher: Did you feel better about completing it?

Cal: Yeah, I felt better coming back, but I also felt much better when somebody said, "I'm sorry."

---

---

#### QUESTIONS' FOR DISCUSSION

After seeing the film, you might suggest that the students think in terms of the questions for discussion on page 12 of the student booklet:

- What were the factors that led up to this situation?

Ask students to look for the things Cal mentions as well as other things that they observe or students in Cal's class mention. Do they think the activity was appropriate for the size of the group, the age of the children, the children's interests, the extraordinary circumstances of the day?

- Did Cal need help?

Students should first identify as clearly as they can what was troubling Cal: she felt inadequate to handle these children; their behavior made her feel hurt and angry. Be sure that students see Cal's feelings as legitimate. They should understand that such feelings should not be denied or buried; because when you can accept your feelings, you can understand and deal with them in more positive ways.

Who came to help? What did they do? What else might they have done? Were they effective in handling the children? How did they make Cal feel? (Look at Cal's facial expressions for clues.)

- Do you think she did the right thing?

The steps in solving problems of stress are first to identify what the problem is, and then to ask, "How else can I act when I feel this way?" As a teacher, you can help students practice this process. Having identified Cal's problems in this incident, they can brainstorm advice.

What else might she have done? What would you have done in her circumstances? Do you agree with Cal that it would have been wrong for the children to see her when she was very upset? Why or why not?

- What supports did Cal have, both during and after the incident?

How was it helpful to have her high school class help in the planning and the analysis of the day's activity? The follow-up class session could be role played with one student playing Cal, feeling and responding to alter-

natives offered by classmates. What did Cal know about herself that made it possible for her to decide that the right thing was to leave the room? What more could the teacher have done for Cal--at the preschool, in class, outside of class? Was it helpful for the teacher to reassemble the group of children and help Cal to finish her bird activity? What difference did the children's apology make? Was it supportive of Cal that Matt (a child who had not broken the eggs) helped her pick up the broken shells?

**STUDENTS' OWN FEELINGS**

To think about their own fear of losing control, students might also consider what might have happened if Cal had not left the room. Cal was afraid that she would hit the children, or show them a side of herself (anger, aggression) that she didn't think should be shown. Students might notice that she didn't do any of the things she was afraid of.

- When would students have reacted in the same way?
- When were Cal's decisions different from decisions students might have made?

Ask students to relate experiences of their own in which they have been very much angered, moved, annoyed, or excited--so much so that they may have considered acting rashly or saying a very heated thing. Ask students to think of what it was in each situation that (a) made them so upset, and (b) restrained them.


Cal talked about some of these issues in an interview a year later. (See appendix.)

Some of your students may come from families suffering from the effects of stress. When viewing and discussing this film or listening to the "Case of Family Stress" recording, you may notice signs in a student's behavior that suggest this possibility--a student may become unusually quiet, withdrawn, or distracted, for example. It is important that you acknowledge the need for people to get help for themselves and their families when problems arise. At

appropriate times during study of these materials, express the simple invitation, "If any of you ever feel you have real stress at home, talk with Mr. or Mrs. \_\_\_\_\_ [a guidance counselor] about it." Or indicate your own willingness to talk with students individually if that is an appropriate first step. In any case, the important message to students should be that they can and should get help if they need it.

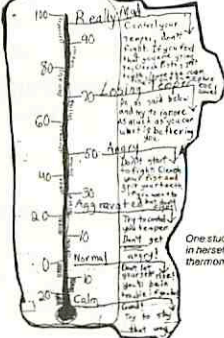
**ADVISING YOUNG CAREGIVERS**

In this exercise students are, in effect, stepping back from immediate involvement in a fieldsite or babysitting situation and making plans for their own future actions. In considering stress which might occur at their fieldsites and thinking about how they would advise someone else about where to go for help, students will be drawing conclusions from their own experiences, and considering options for future situations. Students can focus both on potentials for stress in situations with which they are familiar and sources of support existing in those situations.



**Advising Young Caregivers**  
In small groups think about advising other students about working with young children.

- What kinds of stress do you think a student working at your fieldsite might experience?
- What help could they draw upon?
- What kinds of stress might someone experience when babysitting?
- What kinds of support would you suggest to babysitters?



One student's way of handling stress in herself was to make this "anger thermometer."

# Accidents and Children's Safety

**Purposes:** To consider the connection between stress in the lives of caregivers and accidents to children.

To consider ways to prevent children's accidents.

**Time:** 3-5 classes.

**Materials:** *Under Stress: Keeping Children Safe*, pp. 14-20; first aid books collected and brought to class.

**Suggested speakers:** A nurse, scout leader, or other community person to teach about first aid.

Sometimes it is very hard to know how best to keep a child safe. Throughout this section, students will consider how accidents can result from the interplay of stress in caregivers, hazards in the environment, and needs created by a child's stage of development, as well as how to prevent such accidents.

Without assigning blame, students should think about the hazards in both Meredith's actions and the environment in which Roger was placed, as well as the reasons behind the actions of each.

- How safe was Roger's environment?
- How would you react if you were placed in Meredith's position?
- What needs might each have been responding to?

## PICTURE ACTIVITY

After thinking about Meredith and Roger's situation, students can divide into groups, each group focusing on one of the pictures. Each group should then record its ideas about the risks and gains of the environment for the children depicted in the picture.

As students think of making an environment safe for a child, they should consider the child's stage of development, that is, both the needs of the child (creativity, trying new skills, developing initiative, being autonomous, satisfying curiosity) and the threats to the child's safety that arise at this stage. For example, students might consider that children need a certain amount of unrestricted activity beginning when they are learning to crawl, stand, climb, and walk; but since the child at this time is unable to judge what is safe and unsafe, there also have to be some precautions.

## Some Hard Facts

After reading about causes of accidents, students do activities focusing on environmental factors that may prove to be dangerous to a child and on how a child's stage of development, personal experience, and individual temperament affect his or her safety.

### How Safe Is an Environment?

Students might divide into four groups, each group brainstorming a list of hazards in one of the four categories of environ-

mental dangers cited on page 15. Groups can exchange lists and add new ideas. Or the class might brainstorm each list together. To think of hazards, students can return to the lists they made in the picture activity and also recall experiences they had with the fieldsite teacher in making the environment safe.

Some specific "unusual or disturbing conditions" (the fourth category) might include going away on vacation, moving, visiting strangers, holiday times, family illness, or seasonal changes.

## It Depends on the Child

After students have brainstormed the lists of potential dangers, they might think of particular incidents and individual children, considering the differences individual experience and temperament make in how dangerous a situation is to a child.

Students should try to think of two children with different temperaments and

examine how similar or different the care would be for each of these children. If students are familiar with difficult experiences that these two children had to face, they should note the experiences and document how they affected the children.

Aspects of individual differences students can discuss in assessing a child's safety might be:

- A child's age--physical, emotional, social, and intellectual needs and abilities of a child at any particular stage.

Students could consider the developmental stages that were given on the poster, "Directions in Development," or turn to the chart entitled "A Timely Table of Accident Prevention" (p. 18 in *Under Stress* student booklet).

- A child's temperament--specific individual needs of a child resulting from his or her own temperament and experience. For example, crossing a busy

# Accidents and Children's Safety

Meredith, a student, was supervising nap time. Before lying down, Roger, a bouncy four-year-old, asked to go to the bathroom. When he didn't come out after a long period of time, Meredith went to see what he was up to. She found him standing on the toilet seat stretching to reach the detergent and cleaners.

"Roger," she shouted, "get down!"

Startled, Roger turned and slipped. Luckily, Meredith grabbed him as he fell.

"You dummy," he said, when he was safely in her arms, "you almost made me hurt myself."

"What do you mean, Roger? I was trying to keep you from getting hurt."

"Maybe," he said thoughtfully, "but I didn't almost fall until you came in."

As Meredith discovered, it is not always easy to keep a child safe in his or her environment. What makes it particularly difficult is that what an adult may see as a danger situation, a child might see as a chance to play, discover, or explore.

### Activity:

How does an older person provide for children's safety without putting unnecessary limits on their behavior?

- Would you let these children continue in these activities?
- What are the risks? What are the gains?



14

## Some Hard Facts\*

More children die from accidents than from all of the next five most frequent causes of children's deaths put together (cancer, congenital malformations, pneumonia, gastritis, and meningitis). A study conducted by the Children's Hospital Medical Center in Boston, Massachusetts, found that accidents are most often caused by a collection of factors, rarely by a single cause. When several sources of stress come together, the chance of a child having a serious accident greatly increases.

Earlier sections of this booklet have dealt with recognizing factors in the caregiver's life which can cause stress as well as with finding support to relieve some of this stress. This section directs your attention as a caregiver to the interaction of children with their environment.

### How Safe is an Environment?

For each of the following categories, brainstorm a list of examples.

- dangerous places
- hazardous materials
- problematic weather conditions
- unusual or disturbing conditions

\*Information excerpted from *Accident Handbook: a new approach to family safety prepared and distributed by the Boston Children's Hospital Medical Center.*

### It Depends on the Child

The safety of a child within an environment is related to the child's temperament, experience, and stage of development. Things like electric outlets that are safe for a four-month-old might be dangers to the sixteen-month-old who can crawl. From the safety of a playpen a sewing box with pins and buttons may look "good enough to eat" to a seven-month-old. But keeping a two-year-old confined to a playpen would be harmful to his or her development. With development, a child's physical, emotional, social, and intellectual abilities and needs change.

While it is important to keep children safe, it is equally important to allow children to explore their world. All children need activity and space to explore their world and stretch their abilities completely and enjoyably, but also safely. Therefore, in small groups, look again at the list of potential dangers you brainstormed. How would you handle each of them for a six- to eight-year-old?

15

street may be hazardous for a child who is frequently impetuous or timid, but safe for a child who is careful and self-confident.

- The child's immediate mood.
- The child's recent experiences.
- The child's training and expectations of the society--for example, in some cultures a six-year-old is entrusted with the care of an infant and becomes an experienced caregiver, whereas in other cultures it would be unsafe for an infant to be cared for by a six-year-old.

Can students think of times when a situation became safer or less safe because of any of these factors?

In considering the list on page 16 of situations in which accidents commonly occur, students could describe (in journals or in small groups) incidents involving themselves which fit the categories, telling what caused the accidents and what happened.

## Three Sets of Factors

The diagram which appears on page 16 of the student booklet illustrates how accidents result from the interaction of a variety of factors.

To do so, students might reread the incident described in "Christmas Rush" and consider how factors in the environment, the child's life and the caretaker's life all contributed to the accident.

Students (and the teacher) might then describe other accidents they know about, aloud or in journals. In small groups, students might analyze several of these accidents, looking for factors in the environment and the lives of the child and caregiver which led to the accident. Each group might then choose one of the accidents they discussed and report back to the class on how the factors they analyzed came together to cause accidents.

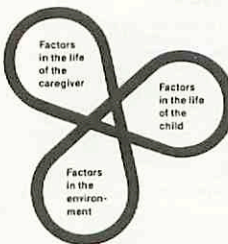
To consider factors in the life of the caregiver, students can draw on all of the work they have done earlier in the unit on sources of stress and support. They can

At home, ordinary events and troubles in family life set the stage for most children's accidents. Prolonged or unusual stress increases the likelihood of an accident occurring.

Accidents occur:





- when a child is hungry or tired
- when a hazard (for instance a sharp knife, a bottle of pills, or a busy street) is too accessible or too attractive to resist ("candy aspirin," attractive poisons)
- when the child is considered to be a more than normally active child
- when there is no safe place to play
- when the parents lack understanding of what to expect at particular stages of child development
- when a mother is ill, pregnant, or not feeling well
- when the child is in the care of someone unfamiliar with him or her or with his or her routine
- when the relationship between parents is tense
- when other family members are ill or for other reasons are the center of the mother's attention
- when a child's surroundings change (often at moving or vacation time)
- when the family is rushed

In short, accidents are usually the result of



By increasing your awareness of factors which may be operating in each of these three areas — you will be better able to keep children safe from harm.

### Accidents to Children\*

Age	Accidents That Cause Death		Non-Fatal Accidents
	Major Cause of Death	Most Frequent Other Causes of Death	
0-1 	Suffocation and Choking	Motor vehicles, fires and falls	Cuts
1-4 	Motor vehicles	Fire, Drowning, Poisoning	Cuts
5-9 	Motor vehicles	Drownings, Fire and Explosions	Fractures and Sprains
9-14 	Motor vehicles	Drownings, Firearms	Fractures and Sprains

- Most motor vehicle deaths occur when young children are pedestrians run over or struck in streets and drive-ways
- Fire claims children's lives when they are trapped in homes or other buildings often where they have been left unattended
- Drownings generally do not occur at beaches and pools so much as close to home — in ponds, wells, streams, reservoirs, wading pools, cisterns
- Poisoning claims about 300 children between the ages of 1 and 2 per year

One way of both avoiding stress and protecting children is to make the environment used by children safe in ways that are appropriate to their age. The Office of Child Development of the United States Department of Health,

Education, and Welfare developed the following chart of potential hazards and suggested preventive measures for each stage of children's development.

also think about the requirements for a caregiver tending the child in various settings. Some important considerations might be:







- Knowledge of physical and nutritional needs of infants and children.
- Understanding of the normal range of needs and abilities of children at different stages of development.
- Knowledge of symptoms and treatment of illness in children.
- Adequate financial resources to provide basic child care.
- Adequate emotional support to provide for dependency needs of children.
- Knowing the child's past emotional experience.
- Caregiving styles with which the child is familiar.
- Family traditions and expectations.

To consider factors in the environment and factors in the life of the child, students can refer to work in the previous sections, "How Safe Is an Environment?" and "It Depends on the Child," as well as work in the Seeing Development module.

## Charts on Accident Causes and Prevention

The student materials on pages 17 to 19 give information on accidents that cause death and some tips on preventing accidents. You might supplement this information with materials like a Red Cross first aid manual or pamphlets issued by the police department, hospitals, or insurance companies.

In looking at the chart on causes of death, students might consider anything in the statistics that surprises them (e.g., that children are killed more often as pedestrians than as passengers). They might want to talk about accidents they know about. They might consider why

Age	Characteristics	Accident Hazards	Measures for Prevention
<b>A Timely Table on Accident Prevention</b> 0-4 mos.	 Falls, choking, car seats, hot surfaces, Aspirin	Burn scalding Falls Toys Sharp objects Smothering	Check bath water with elbow. Keep one hand on baby. Never turn face or body when on table or bed. Select toys that are too large to swallow, too tough to break, with no sharp points or edges. Keep pens and other sharp objects out of baby's reach. Empty glasses, hard shoes, popper tags, and pins are fun sometimes, but dangerous. If form letters and loose covering (or balloons) are safe.
4-12 mos.	 Crawls and crawls more. Exploratory with mouth.	Play areas Bath Toys, Small objects Falls Burns Electrical shock	Keep baby in a safe place (not a stroller). The floor, full of clutter, and walls are unsafe without supervision. Check temperature of bath water with elbow. Keep baby out of reach of faucet. Don't leave her alone in bath for any reason. Keep buttons, beads, and other small objects from baby's reach. Don't turn your back on her when he is on an elevated surface. Plug gaps around registers and floor furnaces. Keep hot objects, hot fluids, and electric cords or wires, cables and other parts out of baby's reach. Be watchful of cord around electrical cords and outlets (use outlet covers for empty sockets). Be on the lookout for damaged cords. They should be repaired.
1-2 yrs.	 Investigates, climbs, opens doors and drawers, takes things apart, tries to eat.	Gates, windows, doors Play areas Water Poisons Burns Electrical shock	Keep doors leading to stairways, driveways and storage areas securely fastened. Plug gaps on stairways and porches. Keep screens closed on sliding fence on play yard. Provide sturdy toys with no small removable parts or of undesirable material. Never leave child alone in tub, wading pool, or around open or frozen water. Store all medicines and poisons in locked cabinet. Store chemicals and household products (especially caustics) out of reach of child. Provide guard for wall heaters, registers and floor furnaces. Never leave this open alone in the house. Close supervision is needed to protect child from accidents. Be watchful of cord around electrical cords and outlets.
2-3 yrs.	 Fascinated by fire. Moves about constantly. Tries to do things alone. Imitates. Runs and is lightning fast. Imitates when playing.	Traffic Water Toys Burns Dangerous objects Playmates Electrical shock	Keep child away from street and driveway with strong fence and 1/2 mile zone. Even shallow wading pools are unsafe unless carefully supervised. Large, heavy toys with sharp edges or small removable parts are unsafe. Keep matches and cigarette lighters out of reach of children. Teach children the danger of open flames. Never leave child alone in the house. Safety knots are available for burner controls on stove. Be sure pot handles are out of child's reach. Lock up medicine and household and garden poisons. Store dangerous tools, firearms and garden equipment in a safe place out of reach of children. Accidents are more frequent when playmates are present. In the 2 year old may be taken, hurt by bats, hard balls, bicycles and rough play. Be watchful of cord around electrical cords and outlets. Caution children about playing near power lines, about what to do and what not to do about fire.
3-6 yrs.	 Explores the neighborhood, climbs, runs to friends, likes and plays rough games, frequently out of sight of adults.	Tools and equipment Poisons and burns Falls and injuries Drowning Traffic Electrical shock	Store in safe place, out of reach and locked. Keep medicines and household products and matches locked up. Safety knots are available for burner controls on stove. Be sure pot handles are out of child's reach. Check and plug area for attractive hazards such as old refrigerators, deep holes, trash heaps, construction and rocky landings. Teach the danger of water and start swimming instruction. Teach rules and dangers of traffic, motor vehicles, in traffic. Be watchful of cord around electrical cords and outlets.
6-12 yrs.	 Away from home many hours a week. Plays games in active sports, a part of a group and will try anything once. In traffic on foot and bicycle. Teaching should gradually replace supervision.	Traffic Firearms Sports Drowning	Drive safely as an example. Use safety belts. Teach pedestrian and bicycle safety rules. Don't allow play in the streets or alleys. Store safely, handle carefully, teach proper use. Provide instruction, safe space and equipment, supervision of any competition. Teach swimming and boating safety.

- Questions for Discussion**
- What ideas from your brainstorming and small group examination activity might you add to their list?
  - What has been done at your field site to make the environment safe for children?
  - What rules and safety instructions are taught there? How?
- Temperament:**
- Think of two very different children of the same age whom you know. How would their differences in temperament affect your way of keeping them safe while encouraging their development?
- Experience:**
- Some children are taught to swim before they are two years old. How might this experience affect the danger of their drowning?
  - Can you think of other kinds of experience which might make certain situations more safe or more dangerous for a particular child?



some accidents are more apt to happen at certain ages (e.g., suffocating occurs more often to infants who cannot remove blankets or plastic from their faces). The chart on prevention focuses on how particular developmental levels affect the likelihood of certain accidents.

Both charts deal with factors in the environment (as opposed to factors in the life of the caregiver or the child) which cause accidents. Having examined the charts, students might discuss:

- How will knowing this information affect what I do as a caregiver?

## Safe or Unsafe?

This "awareness quiz" might be used as a way of beginning the section on accidents. Students could do the "quiz" in class and discuss their responses in small groups. They might take the quiz home and do it with members of their families.

This activity is not intended to cover the entire range of information that students need to know. Its purpose is to lead students to seek information about each category and to arouse their awareness of potential hazards to children and safe solutions to these hazards. Through discussion of the various questions, students can suggest sources for the right answers to these and other questions about child safety.

The most appropriate answer to each of the questions on this checklist is "no."

Some follow-up suggestions for each item in the *Safe or Unsafe?* activity are provided below, numbered according to the item to which they refer.

1. Where should they be stored? If no other place is available, how could you improvise a lock for a kitchen cupboard door? What do warnings mean to a toddler?
2. Where should you put a baby? What difference do a few months of age make? How safe is the floor?
3. Why is this a bad place? What is the best place for children in your house at meal preparation time? What stresses are present at this time?
4. Call or visit a poison center or an emergency ward and ask what kinds of poisons children ingest most frequently. at what ages?
5. This actually happened in a hospital nursery and babies died. Students might ask a doctor for further information concerning what is safe and unsafe for infants to eat.
6. Why is this strategy dangerous? What would work with a child who won't take medicine?
7. For more information about drownings, call your local Red Cross water safety department.
8. How do you keep toddlers away from fire? How else might a toddler get burned?

### Safe or Unsafe?

Do you agree or disagree with each of these statements?  
Discuss your results with your classmates.

- |   |        |
|---|--------|
| 1 Household cleaners — detergents, furniture polish, oven cleaners, bleach — can be safely stored under the sink if a toddler is warned never to touch or play with them. | yes no |
| 2 In the phone or doorbell rings while you're busy with a baby, a safe place to leave him or her is on the bed because you will be gone for just a minute.                | yes no |
| 3 When you're cooking or serving meals, a good play-spot for toddlers is the kitchen floor — where you can keep an eye on them.   | yes no |
| 4 A normal child will never drink bleach, bug killers, or kerosene because they taste awful.  | yes no |
| 5 You accidentally add salt instead of sugar to the baby's formula. The formula may not taste good, but at least it won't hurt the baby.                                  | yes no |
| 6 When a child refuses to take aspirin or medicine a doctor has prescribed, tell the child it is "candy" to encourage him or her to take the medicine.                    | yes no |
| 7 Toddlers can be left alone in the bathtub or wading pool if you are careful to put in no more than one or two inches of water.  | yes no |
| 8 Toddlers will not try to touch the flames in a barbecue or a fireplace because the heat will frighten them away.  | yes no |

### Safety Projects And Children

a) Spend several afternoons observing children at play in different localities. Do you notice any threats to safety which the children themselves are not aware of? List the dangerous places/things/conditions in the children's play space. You might take a camera to photograph what you see or make some sketches.

b) Interview parents about how they make their homes safe for their children, what accidents have ever occurred, and what factors they feel in looking back, may have contributed to the accident.

c) Prepare and distribute a safety

checklist for parents based upon your own class discussions and these materials and any further ideas you can collect from health agencies in your community.

d) Collect an accident file by interviewing friends and others in your community. What kinds of accidents are most frequent? What age groups have what kinds of accidents? What conditions of stress or other factors may have contributed to the accident?

e) Track down all the information you can locate on first aid for children, what to do and where to go in case of an accident. Report your findings to class.

\*Adapted from materials developed by the United States Department of Health, Education and Welfare.

## Safety Projects and Children

Several projects and activities are suggested in the student material which might help students to acquire more information about the safety of children in their care and to share that information with members of their community. Using the "Question Making" exercises in *The Inquirer*, students may be able to think of other safety projects of interest to them.

Students can recall their earlier work on observing in *Getting Involved* (pp. 12-13) and discuss what they have learned throughout the year about making detailed observations.

Projects can be done individually, in pairs, or in small groups. Students may find the "Planning Form" (p. 5, *The Inquirer*) and the "Follow-Up Form" (pp. 6-7, *The Inquirer*) useful for charting and evaluating their progress.

Guidelines 6 and 7 in *The Inquirer* suggest ways to draw conclusions from a project and use the information acquired to take action. It is important for students to realize that they are responsible not only for keeping themselves informed but also for sharing what they learn with others.

Some students may wish to do *Inquirer* activities based on the incidence and prevention of accidents to children. They might interview doctors and nurses in the emergency wards of local hospitals, people in the actuarial departments of insurance companies, the local police, and ambulance services.

Another project might be to read several first aid books, and from them compile an accident questionnaire or checklist to give away to parents of small children with whom they are acquainted. The purpose would be not simply to provide data for the student, but to provide a self-help device for parents. The questionnaire might include such things as a checklist of items that are poisonous,

items that are flammable, questions about what first aid to apply for several types of accidents--burns, insect bites, frost-bite, etc.

Suggestions for good first aid books and information about first aid courses offered in the community might be put at the bottom of the questionnaire.

The whole class should consider the question of accident prevention and treatment, and a display of clippings and first aid books might be made in the classroom.

### RECALLING AND OBSERVING

The following section of this guide suggests two additional activities focusing on children and situations in which accidents are more likely to happen than others.

1. Sometimes a child seems "accident prone." Ask students if they can think of such a child. It might be useful for one student to describe such a child, and then have the class ask questions:
  - Has the child grown rapidly lately? (This can be a cause of accidents if coordination has not caught up with newly acquired dimensions.)
  - Does there seem to be something else about the child that has changed? (Are there clues that the child needs eyesight or hearing checked or may have been suffering from fatigue or illness?)
  - Are things different socially for that child? (Does the child seem to be emotionally withdrawn, over-excited, unwilling to socialize?)

By discussing such topics, students can begin to realize that their own sensitivity can help them to diagnose the cause of some accidents to a specific child, and help them to work with that child to gain a solution or at least a better understanding of the causes.

2. Has there been a time at your fieldsite when more accidents than usual seemed to occur? By recalling such periods, students may be encouraged to look for the symptoms of stress that often accompany such situations. Students might try to keep a tally of accidents, including all the small, unserious

accidents which occur (a child trips, paint is spilled, a chair topples, a finger is squeezed).

Do more accidents occur just before a vacation?...on a rainy day?...just before naptime?...toward the end of the day?...after an argument?...

# A Society's Responsibility to Help

**Purposes:** To consider resources available in the community which can offer support to caregivers.

To consider improvements or additions to these resources.

**Time:** 3-4 classes.

**Materials:** *Under Stress: Keeping Children Safe*, pp. 21-24.

**Suggested speakers:** Representatives of community organizations and resources such as a family counseling service, Alcoholics Anonymous, courses in child care and development, or a hospital.

## Is Anybody Listening?

The mother in this anecdote was fortunate enough to have a relative drop by just when the relative was most needed. The mother knew she was under stress and could not find a solution within herself. In the absence of other people, she had tried to reach for help over the telephone. But a telephone is useless when you don't know whom to call. This section is intended to help students learn where to turn when they or others need help.

## Resources in Your Community

Students can begin to think about sources of support in their communities by using the list of general suggestions on page 22 of their booklet and by closely examining the collage on pages 22 and 23. Discuss:

## A Society's Responsibility To Help

You have been exploring how people and institutions in your community try to provide a safe environment for children to grow up. And you have been learning how you can intelligently protect children in a world which cannot avoid having dangers. But some accidents and troubles seem to happen more often to some children. Caregivers want to be able to give children all the love and protection possible, but sometimes they do not recognize what can be dangerous to children, and sometimes the lives of some parents become so stressful that they are unable to keep their children safe from their anger or abuse.

### Is Anybody Listening?

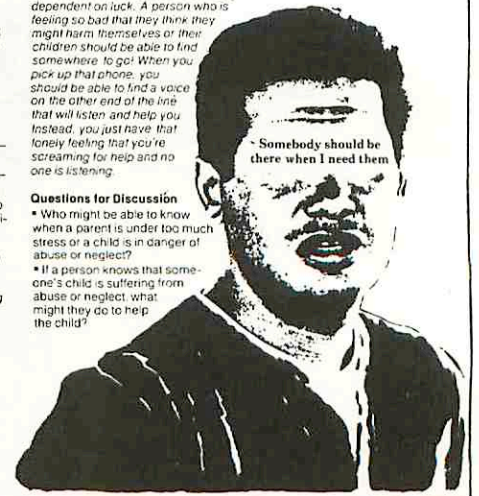
Finding someone to help is not always easy. Sometimes the stress is added to by the inability to find help, as this incident shows.

*I used to get so angry with my children when they fought with each other, that one day I finally knew I needed some help coping with them. But recognizing that you need help doesn't mean your troubles are over. I didn't know where to go. One day, all of the kids were in the living room fighting and I'm in the kitchen holding on to the phone. I'm just standing there holding on to the receiver. Tears were just rolling down my face because here I was holding the phone and I didn't have anyone to call.*

*Luckily, my sister drives into the yard. She dresses the kids and sends them outside and she sits me down and talks to me until I start to loosen up a little. I don't know what would have happened if she didn't come at that exact moment! I feel very lucky, but somehow I know that I shouldn't be dependent on luck. A person who is feeling so bad that they think they might harm themselves or their children should be able to find someone to go to! When you pick up that phone, you should be able to find a voice on the other end of the line that will listen and help you. Instead, you just have that lonely feeling that you're screaming for help and no one is listening.*

### Questions for Discussion

- Who might be able to know when a parent is under too much stress or a child is in danger of abuse or neglect?
- If a person knows that someone's child is suffering from abuse or neglect, what might they do to help the child?



Somebody should be there when I need them

- What ideas does the list give about where to look for possible sources of help?
- What clues does the collage provide about where help might be found in your community?

Compiling a list of available resources in the community to share with parents would be one way of helping students put what they have learned to use.

#### TELEPHONE AS RESOURCE LINK

Students might look around their homes to see if a list of emergency phone numbers is kept handy, and bring into school a list of the categories of emergency information that their families think is worth displaying conspicuously. These items might include:

- mother's work phone number
- father's work phone number
- doctor's phone number
- hospital address (ambulance and taxi phone numbers)
- fire department phone number
- police phone number

#### A COMMUNITY CHECKLIST

As a way of examining the services of their own community that are available to persons under stress, students might compile a list of the kinds of stress that people in their community might encounter, and then suggest appropriate resources that are available to meet this need. Where gaps appear, students might try to find out if any effort has ever been made to meet that kind of need, and suggest what they think would be an effective way to meet it.

At the same time, it would be helpful to evaluate the kind of publicity given to the services that already exist in the community, to decide if people do know about the services in case they need them.

### Resources In Your Community

Support can be provided both formally and informally. Look back at the forms of support suggested on page 10. Then explore your own community to see where caregivers under stress can turn for help. What people and institutions are there to help children in danger and their families?

As a class, first discuss where you can seek information:

- by consulting a phonebook and telephoning?
- by sending for government and other pamphlets?
- through hearsay?
- by asking parents and neighbors?
- by interviewing doctors, nurses, social workers?
- from newspapers?
- other ideas?

Then make your plans and collect your information and pool it in class.

#### Questions for Discussion:

- What experiences and feelings did you have in doing this research?
- What would you like to do about the list you have compiled and what you have learned?



- poison center phone number
- hot line
- neighbors' addresses and their phone numbers
- relatives' phone numbers
- emergency information about the home (location of main electricity switch, oil burner shutoff, fire escapes, etc.)

#### A ROLE-PLAY ACTIVITY

In a culminating activity, students could discuss ways to improve the facilities in their own community through a role-playing activity. Students could represent several groups within their community:

- family members, including parents and children
- neighbors

- legislators, lawyers, town officials, etc.
- teachers and other school personnel
- people from existing agencies (Scouts, YWCA and YMCA, 4H, government agencies, Alcoholics Anonymous, hospitals, Big Sisters and Big Brothers Associations, etc.)

You (and students) could make up stressful situations and describe them on 3 x 5 cards which would then be given to family members and other caregivers (teachers, aides, babysitters). People in other roles could then suggest to the caregiver involved ways the community could help to reduce existing stress and prevent it in the future. Those playing the caregiver roles could respond to the offers of help.

This exercise may enable students to appraise their own communities and note what strengths they would like to build on and what supports seem to be lacking.

# Appendix

## A Conversation with Cal

*This reading is excerpted from a conversation between Barbara Powell, an EXPLORING CHILDHOOD teacher educator; John Friedman, a filmmaker; and Carolyn LeFaivre (Cal), the student who led the "Broken Eggs" activities. The conversation occurred a year after "Broken Eggs" was filmed. Cal had just seen the film and talked about the things that may have caused her stress--such as physical pain, her perception of her role as "powerless," and her previous relationship to the two boys. She also considered how she handled the stress, and what she might have done differently. She said that she still thinks about the incident and the children, and wonders if she did the right thing at the time. Although this conversation represents a student thinking about an incident a year later, your students might want to talk about stressful situations at their field-sites shortly after they occur.*

*You might want to tell your students that Cal had worked in this lab nursery earlier in the year and then had requested to be transferred to a fieldsite "off-campus." She returned to the lab nursery for filming.*

Barbara: Do you think there was anything that happened during that day before you came to the nursery that might have made you mad?

Cal: Yeah, I had a toothache. I was in a bad mood in the first place. Not really in a bad mood, just irritated. But that

really did it. It is not right to let off steam when you shouldn't. I should have found a way to stop it but I couldn't. So it's my fault for getting upset, because I shouldn't have. I just couldn't keep my cool. I suppose if I didn't have the toothache maybe I wouldn't have been so mad. I don't know. I think that helped make things worse. I really do. Because it was really killing me.

I would have to say that those two boys are destructive kids. That's exactly what they are. That's the only way that you can explain children like that--they are always trying to destroy something or hurting someone or something. It's just their nature. I guess they can't help it.

Not all children are like them. They are the only two I know that are like that. I never came across children like that. They are the only ones I've had trouble with, though. They never liked me, anyway. I don't know why. You know what it is--the nicer I was, the meaner they were to me. I couldn't believe that two little children could get me so mad. I just couldn't believe it. Little monsters. Really cute and adorable, but they are nothing like what they look like.

There was a boy Peter who just came in and started working with the children. And he was pretty good with them, you know. And the boys, these two boys loved him. But when it came time for me to tell them something to do, they didn't want to hear it. So I felt that I was working there for nothing. So that is why I had to go off-campus. I asked to go off-campus, and I did--and I loved it.

John: Do you think there were any circumstances in which you should have let the kids know that they really got you mad?

Cal: They knew that they got me mad but I wasn't about to stand there and have my temper tantrum in front of them. I had to leave, you know. Seeing me mad, they knew right then and there that they did something wrong, you know. So I thought, if I walk out they will think about it for a second. Which is right, I think.

But they could see how mad I was, because I did cry. I was so frustrated. I was just so mad. I asked them a hundred times, "Please don't do this." I just don't know.

I just walked out and went in the girls' room for a minute and washed my face. And when I came out I felt a lot better. And I was glad that I came out. I knew I had to go right back to prove to them that they weren't going to do that again--and they didn't. And they were very good after that. But I don't think it would have done much good to show them that I was crying, or something. What would that do? It wouldn't do anything; it would get some of them upset, but some wouldn't mind. So there was no sense in staying.

And, you know, I am glad Mrs. S. didn't come out, because I had to be alone to cool off for a second. I don't like to show my frustrations in front of anybody. I usually keep them to myself.

Why does anybody have to blow their cool like I did though? It's not right to do that. If I didn't run out of that room, I don't know. I don't think they would have done it again. I think they would have sat down. Maybe I should have stayed instead of leaving, but you can't let them see revenge, because you see it enough when you're older. I don't know what's right and what's wrong. I just did what I thought I had to do, then.

You know, you think there's always a logical answer for any situation you get into like that. But that was one that I just couldn't get out of. That will happen to anybody.

Barbara: If you were going to do it differently, what would you do?

Cal: Like I said, I would have had Snack first to calm them down. They knew that everything was confusing--all the cameras and everything. They just figured, "This is a circus." I don't know. That is the only classroom that I never really wanted to get too close to--the kids are just too bratty there. Mrs. S. let them run around--do this and do that. They run around free, you know. I mean, if they run around in school--how are they going to learn anything?

And another thing, I was just an aide there. If I had been the teacher, I am sure things would have been different, too. Where I am the aide and the children know that, they are going to get away with more than if I were a teacher. If I were the teacher, you know, the kids would think, "Well, she's the real teacher. She can tell my mother"--you know?

Barbara: If the teacher in your off-campus fieldsite had been there during this broken eggs episode, what would she have done differently from what Mrs. S. did?

Cal: First of all, I don't think she would have set it up that way. She would have had them all sitting at the table, like I would have wanted to do. She has the ideas that I would learn from her--I would have the ideas that she has. She would have had them all sitting at the table. She would walk over to the table like this--this long, big round table--halfway round. She would show them. So



they wouldn't have to touch the eggs; they would see them. They would be satisfied.

Barbara: What did you think the reaction of your classmates was? Do you think in the discussion afterward they were supporting you or questioning you?

Cal: The ones that were there longer that worked with me--I think they said most of the right questions. They knew how I felt, right there. The ones that weren't there

--that girl, I told you. That got me more mad when she argued with me. I was in that situation; I should know how I felt and how the kids felt. You can tell by their expressions and what they do, right? She wasn't really watching. She's talking. She's on the other side talking to somebody else. It's all right if you see the whole thing and how it feels. If you don't, you don't know. You have to go through it to really feel it.

# Evaluation Approaches

These approaches are provided to give teachers the opportunity to build evaluation into the day-to-day activities in the EXPLORING CHILDHOOD materials. Teachers can adapt these suggested approaches to the goals and needs of their individual classes. Students and teachers should share and discuss the purposes, expected outcomes, and actual results of the evaluation approach chosen.

Approach	Description of Activity and Page References	Purpose	Evidence of Student Learning
Essay or Small Group Discussion	<p>Have students write about an accident or a time when they responded to a child out of anger, impatience, or frustration; also have students state how else they might have reacted to the situation.</p> <p>Have students write about a particularly stressful situation in their own homes, stating what happened, and what else might have happened (student booklet, pp. 1-11; teacher's guide, pp. 2-33).</p>	<p>To evaluate students' ability to recognize and understand causes of stress in their own lives.</p>	<p>Students demonstrate an understanding of the emergence and resolution of stress by articulating:</p> <ul style="list-style-type: none"> <li>• factors which contribute to stress;</li> <li>• factors which may have diminished stress;</li> <li>• factors which were supportive during and after the incident.</li> </ul>
Observation (Film viewing)	<p>Have students view the film, "Broken Eggs." After the viewing have students discuss how the students in the film dealt with a stressful situation and how they might have done things differently (student booklet, p. 12; teacher's guide, pp. 35-39).</p>	<p>To evaluate students' ability to:</p> <ul style="list-style-type: none"> <li>• understand that inadequate caregiving is usually caused by stress in the life of a caregiver;</li> <li>• consider causes of stress and sources of support in students' and others' experiences;</li> <li>• understand approaches to dealing with feelings of anger and stressful situations when involved in work with children.</li> </ul>	<p>Students can generate a list of stressful factors present in "Broken Eggs," focusing on conflicts arising from people's varying expectations.</p> <p>Students can articulate supporting factors in the "Broken Eggs" situation.</p> <p>Students can articulate what other factors of support were needed for successful resolution of the conflict.</p> <p>Students can think of alternative approaches to the situation (e.g., how it could have been avoided, etc.).</p>

Approach	Description of Activity and Page References	Purpose	Evidence of Student Learning
Discussion	Have students listen to the tape, "A Case of Family Stress" (student booklet, pp. 2-5).	<p>To evaluate students' ability to:</p> <ul style="list-style-type: none"> <li>• consider the causes of stress and the sources of existing and possible support in an actual case of child abuse resulting from stress in the life of a caregiver;</li> <li>• understand that when adults are under stress their caregiving ability may be impaired;</li> <li>• consider which sources of stress are common to all caregivers and which are peculiar to individuals.</li> </ul>	<p>Students can sort out sources of stress from family, community, and society.</p> <p>Students can sort out sources of existing and potential support from family, community, and society.</p> <p>Students can articulate which sources of stress are peculiar to this mother and which are common to most caregivers.</p>
Observing	Have students look in their fieldsite for safe and unsafe environmental conditions that may prevent or lead to accidents (student booklet, pp. 17-21).	<p>To evaluate students' ability to consider ways of preventing children's accidents.</p>	<p>Students can describe fully:</p> <ul style="list-style-type: none"> <li>• potentially dangerous places, situations, or hazardous materials;</li> <li>• things or conditions in the environment that would be dangerous or safe depending upon the developmental stages of the children.</li> </ul> <p>Students can propose ways of modifying the environment to make it safe for children.</p>

## CREDITS

The Teacher's Guide for Under Stress: Keeping Children Safe was developed by: Emma Wood Rous, Coordinator; Norma Arnow, Marjorie Jones, and Susan C. Thomas.

Editor: Nancy Witting

## EXPLORING CHILDHOOD PROGRAM

Director:  
Marilyn Clayton Felt

Curriculum Coordinator:  
Ruth N. MacDonald

Module Head:  
Susan Christie Thomas

Project Manager:  
Kathleen Maurer Horani

Senior Scholars:  
Jerome Kagan, Professor of Human Development, Harvard University

James Jones, Assistant Professor of Social Psychology, Harvard University

Freda Rebelsky, Professor of Psychology, Boston University

Consultants:  
Elaine A. Blechman, Assistant Professor of Psychology, Yale School of Medicine, Yale University

T. Berry Brazelton, Pediatrician and Clinical Assistant Professor, Harvard University

Urie Bronfenbrenner, Professor of Human Development and Family Studies, Cornell University

Jerome S. Bruner, Watts Professor of Psychology, Department of Experimental Psychology, Oxford University

Betty H. Bryant, Nursery School Director, Center for Child Care Research, Educational Testing Service, Princeton, New Jersey

Courtney Cazden, Professor of Education, Harvard University

Joan Goldsmith, Co-Director, The Institute of Open Education/Antioch Graduate Center

Patricia Marks Greenfield, Associate Professor of Psychology, University of California at Los Angeles

John Herzog, Associate Professor of Education, Northeastern University

David Kantor, Director of Research and Development, Boston Family Institute

Eli H. Newberger, Director, Family Development Study, The Children's Hospital Medical Center

Ed Tronick, Associate in Pediatrics, Harvard Medical School, Harvard University

Robert Selman, Clinical Psychologist, Judge Baker Child Guidance Center, Boston, Massachusetts

Beatrice Blyth Whiting, Professor of Education and Anthropology, Harvard University

Developers:  
Norma Arnow  
Wendy Johnson Barnes  
Ellen Grant  
Rogier Gregoire  
Toby Grover  
Patricia Hourihan  
Margaret Janey  
Peggy Lippitt  
Ronald Lippitt  
Karlen Lyons  
Lucy Lyons  
Pamela Matz  
Jim McMahon  
John Nove  
Judith Salzman  
Jeanette Stone  
Ianthe Thomas  
Juliet Vogel  
Sandra Warren  
Dennie Wolf

Filmmakers:  
Henry Felt  
John Friedman  
Mark Harris  
Lynn Smith  
David Vogt

Film Staff:  
David Barnett  
David Berenson  
Frank Cantor  
Elvin Carini  
Edward Joyce  
Allegra May  
David Nelson  
Charles Scott  
Dan Seeger  
Charles White, Jr.

Editors:  
Anne Cleaves  
Anne Glickman  
Marcia Mitchell  
Marjorie Waters  
Nancy Witting

Design:  
Myra Lee Conway  
Roz Gerstein  
Diana Ritter  
Michael Sand  
Karen Shipley  
Judy Spock  
Alison Wampler

Production:  
Patricia A. Jones  
Scott Paris

Parent Education:  
Louis Grant Bond  
Naarah Thornell

Teacher Education:  
Michael J. Cohen  
Rita Dixon  
Marjorie Jones  
Edward Martin  
Barbara S. Powell  
Emma Wood Rous

Evaluation:  
Geraldine Brookins  
Martin Chong  
Catherine Cobb  
Karen C. Cohen  
Joan Costley  
Sherryl Graves  
Aisha Jones  
Eileen Peters  
Toby Schneider  
Caren von Hippel

Regional Evaluators:  
John R. Brown  
Karen M. Cohen  
Judith McMurray  
Mark Walker  
Kaffie Weaver

Regional Field Coordinators:  
Florence J. Cherry  
Thomas A. Fitzgerald  
Andrea J. Love  
Annie Madison  
T. David Wallsteadt  
Dianne H. Willis

Support Staff:  
Marylene Altieri  
Florence Bruno  
Genevra Caldon  
Bushra Karaman  
Judith Knapp  
Ruth Kolodney  
Pamela Ponce de Leon  
Maria Rainho  
Barbara Connolly Sweeney  
Denise Weaver

Distribution Coordinator:  
Steve Westlund

EDUCATION DEVELOPMENT CENTER/EDC SCHOOL AND SOCIETY PROGRAMS

Director:  
Janet Whitla

Central Staff:  
Marilyn Clayton Felt  
Cheryl Healer  
Earle Lomon  
Ruth N. MacDonald  
Dennen Reilley  
Susan Christie Thomas

EXPLORING CHILDHOOD has been developed by the School and Society Programs of Education Development Center under grants from the Office of Child Development and the National Institute of Mental Health, and with the support of the Office of Education.

Education Development Center, Inc. (EDC) is a publicly supported, nonprofit corporation engaged in educational research and development.