

Making Tangible Gains in Parent-Child Relationships with Traumatized Refugees

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Traumatized refugees arrive in a new country exhausted, depleted and disoriented. Moreover, they have to face many new challenges such as getting legal residency, learning a new language and the ways of a new culture, finding housing, employment, etc. With all these burdens, most parents have little solace to offer their children, children who are also uprooted and overwhelmed.

This article describes a few easy and inexpensive interventions that can improve parent-child interaction and encourage children's cognitive and affective development without taxing emotionally unavailable parents. The activities described can be carried out in war zones and refugee camps that lack toys and supplies for children in order to encourage positive parent-child interaction and the children's acquisition of age-appropriate skills and attachments.

Key words: child-development, parent-child relationship, play-activities, refugees, trauma

Developmental essentials

At every age and developmental stage, children must incrementally master gross and fine motor skills, cognitive skills, receptive and expressive language and social skills, and the ability to form attachments to others who care for and about them.

Consider the impact of trauma on chil-

dren's first developmental milestone, object constancy, the understanding that objects exist even when the observer cannot see them. Children typically acquire this understanding about stability and predictability around their first birthday, following a few months of crawling after objects that have rolled out of view, e.g., trying to retrieve a rattle or ball that has rolled under a couch. Mobility and sight are essential for the acquisition of this fundamental skill, but also a safe and well-lit setting and encouragement from a caring adult.

In functional families in safe settings, children's forays are supported and celebrated. As a result, these children persevere even when frustrated. Children who are confined in baby carriers or play pens, who get hurt crawling across rough surfaces or sharp objects, or who get reprimanded by their caregiver for the disturbance their motion has created, will likely experience functional delays that may have long-term consequences. At the same time, they sustain emotional losses when they are ignored or met with anger for normal and age-appropriate curiosity. They quickly learn that they get rewarded – or at least avoid harshness – when they are quiet and still, behaviors and demeanor antithetical to robust growth, development and attach-

ment. When children fail to explore and learn, to be supported and encouraged, their deficits compound. They grow physically, but with cognitive, affective and affiliative limitations that have life-long implications.

One challenge for interveners with traumatized families is to create safe and predictable settings that encourage mobility and exploration and provide appropriate verbal and social exchanges. Another challenge is to find ways for overwhelmed and emotionally unavailable parents to support their children's activity and interaction. An unintended consequence of programmes that provide services to children without involving the parents is that the participating children learn that nurturance and encouragement come from strangers and indifference and rejection from their parents. Family-based services for children are essential for the welfare of refugee families and the development of their children as members of those families.

There are basic activities and interactions that should be at the core of family-based programmes to facilitate growth, development, attachment and affiliation. With a little planning – and without significant expense – these essentials can be built into ongoing routines and activities to the immediate betterment of all involved and the possible long-term mitigation of cognitive and affective impairment in already traumatized and uprooted children.

The following sections describing activities that stimulate gross and fine motor development, language acquisition and social skills are derived from Lekotek, an organization pioneered in Sweden and replicated internationally since the 1970s. Literally meaning *play library*, Lekotek promotes 'family-centered play as the cornerstone for building inclusive environments.' Lekotek

was designed to 'facilitate the inclusion of children with disabilities and developmental vulnerabilities into the full range of family and community life' (Lekotek mission statement, National Lekotek Center, www.lekotek.org). Lekotek centres provide a toy library and sessions that teach parents how to stimulate their children's development through play. Families take the toys home to continue the play, returning each month to exchange the toys and receive advice from the developmental play specialist. The math exercises in the last section come from constructivists in the mathematics education department of the University of Georgia (Glaserfeld, 1995; Steffe and Cobb, 1988, Steffe et al., 1983). All the activities encourage both mothers and fathers to build or rebuild relationships with their children in ways that support cognitive, affective and affiliative development through recreational and psycho-educational activities. These activities are immediately enjoyable and are also suitable as hobbies and interests that will promote lasting growth and development along with greater intergenerational attachment.

Case examples

Elaine McKellar, Lynn Loar and Cathy Coggins, two social workers and an occupational therapist in San Francisco, adapted the Lekotek programme for work with traumatized inner-city and refugee families in the 1990s. The team recruited families who had refused to comply with recommendations that they participate in therapy and whose harshness and lack of nurturance put their children's safety and development at risk. The parents were traumatized by their past experiences, their current life on the streets or in unsafe and inadequate housing, and by prior contacts with various representatives of 'the system.'

The families had young children at risk of abuse, neglect and developmental delay due to pre-natal exposure to alcohol and drugs, domestic violence, child abuse, child neglect, parental depression, impoverishment and/or lack of stimulation.

Although the parents' wariness was understandable, it also prevented them from making use of services that would have been beneficial, reducing risk, facilitating adjustment and acculturation, and providing guidance about child rearing and development. The team decided a non-stigmatizing alternative was needed – something everybody (including people not advised to seek therapy) could enjoy, something that looked like fun, would involve no admission of ignorance or error, or loss of face, and would nurture the parents along with their children.

The team invited six families to come to check out art supplies and toys at the new toy library in their children's elementary school. The invitation was to attend an open house or reception, something that is generally regarded as a privilege extended to those with social standing. The room looked inviting, tables supplied with brand new art supplies that people of any age would enjoy, and a shelf off to one side with snacks. Cathy Coggins, the 'toy lady,' greeted people and taught them how to use the art supplies. For many adults, this coaching was necessary – they had not had the opportunity to draw or paint before. So, the parents and children worked enjoyably on their respective art projects. Ms. Coggins facilitated the transition from that activity to the next, blowing and popping bubbles to work on hand-eye coordination. She facilitated the transition from the bubbles to the snack and made sure that treats were dispensed quickly and that everybody knew there was enough to go around. The

closing ritual was a circle, everybody saying what was enjoyable about the meeting and being given a toy and a puzzle to borrow from the library for a week.

All participants returned the following week, and remembered to bring the toys and puzzles they had borrowed from the library. The team was ready with 'certificates of responsibility' and an award ceremony to accompany the exchanging of the toys for the certificates. Ms. Coggins asked the children if they had enjoyed playing with the toys and puzzles during the week. Not one child had been allowed to play with the toys or puzzles. When asked, all the parents admitted that they had played with the toys themselves after the children had gone to bed. This was the first time they had had toys to play with, and could not share with their children until they had met their own needs. Few starving people can share crumbs, and few emotionally starving parents can be generous with their children.

As a result of this important lesson, the team scaled back its expectations and redesigned its activities to focus on parallel play for the first half of each session so parents and children could equally enjoy the novelty of the toys and art supplies. Once the parents' needs were met, they could pull back and defer to their children in the second half of the session which then focused on mime, acting and other gross motor activities, things children would enjoy doing and adults would be more inclined to watch than do. Thus, through the structure of the hour, parents were able to shift back to a more adult role. By the end of the six-week session, parents were able to share the toys and puzzles with their children at home, and were reporting observations about the children's styles of playing and learning. They began to take pride in their

children's developmentally appropriate play and were increasingly accurate and objective in their observations. They shared these observations and welcomed feedback while sitting in a circle with the two social workers they had earlier refused to meet with in traditional therapeutic sessions. The parents were willing to continue the discussions, and broaden them, after graduating from the toy library programme. Thus, topics of concern were addressed, and more effectively now that the discussions followed a shared experience of enjoyment and progress.

Otherwise harsh, negative and emotionally unavailable parents learned to interact with and enjoy their children's company as they worked on a puzzle or art project together. For many parents, Lekotek provided their first opportunity to work with art supplies and new toys. The programme used a safe and normalized setting to provide valued resources and basic skills. It modelled and taught positive interaction and respect for children's short attention spans in subtle enough ways for parents to learn without bearing the responsibility for managing their children's behaviors in the sessions. Staff pointed out early warning signs of building frustration, redirected attention, and facilitated transitions which the parents observed. No loss of face or admission of error was involved. If parents failed to attend the class, the children still had the opportunity to enjoy the toys, art supplies and companionship of the 'toy lady' as they all called her (Loar, 1998, pp. 54f.).

After learning of the play library and its activities, a family therapist in a poor village outside Mexico City established a toy lending library and parent-child play programme in the village's mental health clinic. In addition, she made a rule that each therapist had to pay one genuine compli-

ment to each participant in every session. Missed appointments became a thing of the past. Parents eagerly came with their children to play with and borrow toys, and mentioned to their therapists that the conversation with them was often the only kind word they heard all week (Loar, 1998, p. 55).

Involving emotionally unavailable parents

It is unreasonable to ask starving people to share crumbs – even with their children. The focus of therapists' labours should be to nourish parents so they can nurture their children. After all, children live with their parents, not their therapists. Intervention should facilitate authentic relationships between parents and their children, not the quasi-parental riches a devoted therapist can bestow on somebody else's children in an artificial and time-limited relationship. Clinicians must guard against making parents – however wanting – look inadequate to their children. Therapy will likely do more harm than good if parents feel displaced by therapists and unable to compete. Furthermore, this generous relationship will turn into yet another loss for the child when the family leaves the refugee programme.

Interventions should focus on creating activities that promote positive exchanges between parents and their children and foster the children's achievement of developmental milestones. Therapists must take into account that:

- Parents may have little positive history with their children to draw on. Parents may not have known how to interact positively and with an eye to furthering development even before their traumatizing journey. They may never have seen, and therefore could not reinforce, their baby's smile. Indeed, they may be

so depressed and overwhelmed that they cannot recognize positive facial expressions or other benign social cues at all (Garbarino, et al., 1991, 1992, 1999; Loar, 1998).

- Parents may love their children but lack the ability to talk courteously to them, to read a book to or play a game with them, to share a chore or design an activity to do together. They may not have books, toys or a safe space to spend time together (Loar, 1998).
- Parents may experience their children's needs as relentless demands and become self-protective and even aggressive out of desperation.

Family-focused interventions designed to meet children's developmental challenges and stimulate growth can include parents without taxing their limited resources and energy. These interventions can empower parents and children by helping them tell the stories of their past in ways that externalize problems, emphasize strengths and identify directions for the future (White and Epston, 1990).

Designing developmentally facilitative activities

Toys, however rustic, enrich play. Programmes lacking toys can nonetheless replicate the Lekotek model of play that promotes development. Sticks and twigs of various lengths and pebbles and stones of various sizes and shapes suffice for games involving hand-eye coordination, discriminative activities involving sorting and patterns, counting and sequencing. Gathering the sticks and pebbles can be part of the curriculum, with participants evaluating each object for its suitability as a member of a class of objects to teach size, order and other properties. Numbers of objects, the simplicity or complexity of the games and

patterns can be modified to fit the ages and developmental stages of the children. Size of the groups can likewise be adjusted based on constraints imposed by limited space and the number of children at similar ages and stages in the programme at any given time.

Children should be encouraged to use whatever materials are available to:

- **Help them pretend**, just as props help theatrical productions create a credible fiction (especially toys like miniature household appliances, dolls, vehicles, puppets and telephones). Playing 'house' lets children explore the roles and rules of their families. A skillful therapist can use the game to reintroduce structure and stability into a fragmented family, and give everybody a chance to rehearse and practice honouring reconstructed roles and rules. Even without props, children will readily play this game and, by doing so, share with parents and staff their understanding of their family. When playing house, children usually want to take on the role of parent, the position of power they lack in reality – and they tend to exaggerate it a bit. This game provides rich material for clinicians as well as the opportunity for children to work through their confusion and frustration. Parents can be included as consultants who can describe the way things used to be. Like their children, they may find it easier to talk about the past in play than in a formal therapy session. The therapist can guide the family in creating the oral tradition that will become the family's repository of cherished memories to be passed on to future generations.
- **Help them build and construct** (especially toys like blocks, construction sets, Legos and art supplies). Building with

blocks introduces concepts of basic geometry, weight, balance, space and dimension. Children who have witnessed destruction will be able to engage in restorative play by building with blocks representations of the houses, schools and other buildings that mattered to them. This activity will also encourage the development of a narrative and the formation of memories to be cherished. Absent blocks and other supplies, stones and sticks of various sizes and shapes can be assembled to facilitate the same play and development of stories. Parents can help provide detail for floor plans and placement of buildings in neighbourhoods without getting into emotionally sensitive material. This exercise gives parents and children a safe way to start discussing the past. It also provides a way for emotionally unavailable parents to be genuinely helpful to their children by contributing details to which children can anchor memories.

- **Help them develop and refine skills** (especially toys that involve grasping and shaking like rattles, tambourines, toys to be ridden that help balance and coordination, balls). Parents can participate in games involving passing toys back and forth, being good turn-takers in easy games that require little effort or concentration. Through these games, children experience their parents as egalitarian participants. Therapists can reassure parents that these age-appropriate exchanges are meaningful to children as well as manageable for overwhelmed parents.
- **Help them express emotions** (especially stuffed animals, puppets, dolls, play telephones). Children overwhelmed by events may best be able to verbalize

through a mediating vehicle like a play telephone, puppet or doll. Parents may benefit from the mediating vehicle as well since it buffers the emotional exchange. With a therapist facilitating, overwhelmed parents may be able to listen to a child engaging in imaginary telephone conversations or talks with dolls but unable to talk to the child directly about traumatic events. Their non-judgmental presence gives the child permission to tell the story. The therapist should reassure the parent that responses can come later.

- **Help them engage with others** (especially see-saws, balls, blocks, miniature household equipment, games requiring taking turns). These basic games ask little from adult participants but give children opportunities to learn to share and respect others. These games also provide ways for facilitators to introduce cultural differences that relate to sharing, trading and reciprocating.

For further information, see 'How Children Use Toys' at www.lekotek.org.

Core components of effective developmental interventions for refugee children

Developmental gains. Interventions that promote children's achievement of developmental milestones focus on enjoyable activities that incorporate mastery of age-appropriate skills. These skills include gross and fine motor control, acquisition of receptive and expressive speech and language, and basic concepts of object constancy and numeracy. The activities incorporate content and references from the place of origin and their counterparts in the receiving country to help children build bridges and adjust to new circumstances.

Affective gains. These interventions also focus

on incrementally increasing children's tolerance for frustration, ability to defer gratification and to elicit help and support from others in positive and respectful ways (Goleman, 1995). Through role play, activities help children learn to tell the story of their past. They also teach children to read the emotions of others and recognize cultural and stylistic differences in expression and interpersonal exchanges. They instill a realistic hope for the future by facilitating the acquisition of a second language, introducing customs and conventions in the new country, and creating ways for parents and children to participate together in activities of daily living.

Affiliative gains. Developmental interventions create ways for emotionally unavailable parents to take part in the play and routines of daily life, and guard against helpers eclipsing parents as sources of support and sustenance. They create opportunities for residents to be the experts on the refugee experience and learn that they have things of value to offer others. Refugees can prepare welcoming materials or host orientation and question-and-answer sessions. Giving as well as receiving assistance addresses feelings of helplessness and futility. It also reframes the experience in the refugee centre because beneficial things have been learned and can be shared to help others.

Examples of activities that stimulate development and parent-child interaction¹

Activities that stimulate gross motor skills. Wheeled toys that can be ridden or pulled, balls, and other sturdy toys that encourage balance and movement are ideal to stimulate gross motor and spatial skills. Equipment is not needed, though, for games involving balancing, jumping and

hopping, in unison, as a relay race, or in other patterns. Playing 'follow the leader', designing and running obstacle courses, following others' footsteps all stimulate controlled and purposeful movement without requiring equipment. (See further 'The Developmental Sequence of Play Behaviors,' 'Gross Motor Play Ideas,' and related topics at www.letokok.org.) Parents can assist therapists and child care workers in supervising turn-taking, calling out 'left foot' 'right foot' and other prompts for exercises and make suggestions for obstacle courses and sequences of steps. For young and severely traumatized children, patterns and routines should be very short and uncomplicated. As skills develop and attention spans lengthen, both through practice and maturity, lengthier and more intricate patterns can keep things interesting and challenging. Since physical exercise is useful to combat depression, staff should encourage parents to model moves for the children to copy or participate along with their children.

Activities that stimulate fine motor skills, for young children. At meal or snack times, place bite size bits of food in different sized cups so the child has to take them out using the thumb and index finger. Taking out and putting away silverware and utensils require fine motor control. These useful activities are not weighted with emotional content yet allow parents to create transitional rituals with their children to bracket mealtimes. Children derive comfort from stable and predictable routines, and will see their parents as reliable if they regularly practice these rites of mealtime passage. Therapists can explain to parents that their children will experience their participation in these routines as stabilizing and comforting, and point out that the parents, even in such dire circumstances, are still able to be generous

and supportive to their children. Blowing and popping soap bubbles make inexpensive and enjoyable activities for young children. Parents can sit and blow bubbles that their children have to race to reach, dissipating the children's greater energy. Popping bubbles with an index finger encourages fine motor control and accuracy. Here are two inexpensive recipes for soap bubbles: 8 parts water, 1 part dish detergent, a little glycerin; or 1/2 cup detergent, 1 cup water, 2 teaspoons of sugar. Bubbles will be sturdier if the mix can be refrigerated for a few hours before being used.

Activities that stimulate fine motor skills, for children of any age. Create games with sand and water. Start by having children experiment with and explore the different properties of dry sand, slightly moist sand and a watery mix as they run their fingers through the sand and try to make shapes out of it. Introduce vocabulary words (dry, wet, moist, damp; thick, thin; empty, full; heavy, light) as children fill and empty containers with wet and dry sand. Introduce concepts such as displacement and evaporation. Play 'search for the hidden treasure' by submerging a pebble or marble.

Encourage drawing in the sand, both with a finger and a stick. Sand tray play is known for facilitating expression of traumatic stories and needs only sand and a couple of rocks and sticks to trigger imagination. Games with sand, like games with play telephones and puppets, let children show parents and staff what is on their minds in mediated ways that facilitate expression and make it easier for parents to listen.

If available, peg boards and pegs, puzzles and other things requiring discerning and matching shapes are useful for development of fine motor skills. (See further 'Fine Motor Play Ideas,' 'Two-Handed Play

Activities,' 'Messy Play: Bubbles, Dough, Sand and Water,' 'Fine Motor Games,' 'Fine Motor Toy Ideas,' 'Fun with Food' and related topics at www.lekotek.org).

Activities that stimulate speech and language, for young children. Parents of pre-verbal children often are not aware that children of this age must hear spoken language in order to develop language. Speech comes relatively late because of the motor control it requires, but children learn the fundamentals of language earlier on. Parents and care givers should talk to and around their children in order to expose them to language. They should also encourage children to use gestures and sounds to communicate—and reply using the words in question: 'Cup. Here is a cup of water.' A number of programmes for infants and toddlers use simultaneous communication, signing (the manual language of the deaf) and speaking at the same time. The children acquire sign language earlier than spoken language because its motoric demands are less exacting. They are able to communicate at a younger age which reduces their frustration and also gives them a second language. A sign language instructor at Gallaudet College in Washington, DC once remarked to a class of adult beginners including the author, 'I don't know how you hearing people manage with your young children. Our children can sign when they are about 18 months old, so when they hit the terrible twos they can tell us what's bothering them. How do you hearing people cope with children who acquire language so late?'

Activities that stimulate speech and language, for children of any age. Parents can introduce key words in their native language as the staff does in the language of the new home so that the children are exposed to both languages from the outset. If the parents and staff do this collaboratively, this activity will

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help the parents learn a few words in the new language as well as facilitate the children's acquisition of language. Encouraging bilingualism will likely reap benefits long after the families have left the refugee programmes. Overwhelmed and depressed parents may talk minimally to their children, often restricting interactions to behavioral commands and complaints. Absent some guidance on encouraging bilingualism, parents often find themselves years later unable to communicate with their teenage children who have acculturated and become fluent in the new language but failed to grow in their first language. Teaching children to count and name objects, parts of the body and facial expressions in both languages creates a pattern of bilingualism that can persist and assist intergenerational communication over time. Language at that level will not tax overwhelmed parents, and their acquiring a few words and the ability to count in the new language will facilitate their adjustment as well.

Dolls, puppets and imaginary friends can all facilitate the acquisition of language. Children use them to tell stories and play roles, and are often more forthcoming when putting their words in the mouth of a surrogate. Toy telephones similarly encourage vocalization and communication and facilitate the creation of narratives. Therapists can help children work through trauma with well-worded questions and asides in pretend phone calls, and frequently accomplish more in this mediated way than in direct discussion with an overwhelmed child.

Have children give advice to dolls or other surrogates. By becoming experts giving advice, children master their own fears. One San Francisco Bay Area foster mother greeted two severely traumatized and

uprooted young children who arrived on her doorstep at midnight. She asked each child to pick a stuffed animal from a basket of toys she kept in the entryway. This would be his special friend while he stayed with her and his to take with him as a memento when he left. The animals having been selected, the foster mother then gave the children a tour of the house, asking each child to be the host welcoming the stuffed animal at every juncture. Thus, the floor plan, where people would eat, sleep and find a bathroom, and the few essential house rules became familiar to the children. They grew in confidence and comfort as they explained how things worked in this house to their chosen surrogates. Within 20 minutes, they were having milk and cookies in the kitchen, planning how they would get ready for bed and how the following morning would go in their now-familiar new home.

Songs encourage language acquisition and retention. They also offer an easier way for shy children to practice diction and vocabulary than original speech. Songs provide opportunities for individual and group expression, avenues for remembering childhood in the homeland and inroads into the melodies, rhythms and images of their new land. When they enter school in the new country, they will find it helpful to be familiar with the songs and references of their peers. Sing-alongs also provide opportunities for parents and staff to work collaboratively, with the parents teaching the songs of their homeland and the staff introducing their counterparts in the new land.

If tape recorders are available, children can record songs and advice to help newer arrivals adjust. Most children enjoy hearing their own voices played back; many find it validating. Tape recording children giving advice to newcomers is especially

reinforcing: it says to them that they have worthwhile information to offer.

Activities that stimulate the development of mathematical concepts and skills, for children age 3 and above. Even very young children enjoy learning to count, and can readily learn to count from 1 to 10 both in their native language and the language of their new country. Counting games help children appreciate that there are constancy and structure at one level even if there is uncertainty at another. Playing counting games in both languages suggests a universal constancy. It will also help parents learn numbers and coinage in their new country.

Activities that stimulate the development of mathematical concepts and skills, for children age 5 and above. Make a number line from 1 to 10 on a piece of paper for each child. Ask the children to put one token, coin or piece of candy below number 1, 2 below number 2, etc. Ask them to count in both languages from 1 to 10, pointing to the number as they say it aloud. Teach odd and even numbers, counting by 2s and 3s, up from 1 and back from 10. Have them manipulate the pieces to figure out basic addition and subtraction problems. Ask questions to encourage flexibility with numbers: Which number comes before 7? Start at 3 and count forward to 6. Start at 9 and count backward to 5 (Glaserfeld, 1995; Steffe and Cobb, 1988; Steffe et al., 1983). Encourage them to put their fingers on the numbers as they count and to manipulate the tokens to solve the problems. Along with basic mathematical operations, these exercises teach words like before, after, between, forward and backward in two languages, nettlesome words that all children have difficulty with in their first decade of life (Walker, 1993).

If supplies permit, use candies and let the children keep the candies they have manip-

ulated. Create for older children a token economy so the children can exchange tokens manipulated in the math games for treats. Let the accumulated tokens accrue interest or otherwise grow in value if the children delay cashing them in for their rewards. This game then teaches the virtues of impulse control and delaying gratification along with mathematics.

These activities and others described in the books by Glaserfeld and Steffe et al. (1995, 1988, 1983) were designed to address basic gaps in the understanding of numbers evidenced by primary school children who were failing math. They break basic operations like counting, adding and subtracting into very small increments so the learners can have many opportunities to operate with and manipulate numbers, experiencing success as they construct an understanding of numerical concepts and properties. Parents observing the children engaging in the mathematical exercises can, with a little guidance, see how their children test and modify concepts. They can also assess attention span, tolerance for frustration and learning styles.

Conclusion

With very limited resources, therapists can design and implement recreational activities for refugee families that foster attachment and development. These activities encourage egalitarian participation of both mothers and fathers and can easily be modified for children of varying ages and developmental stages, and adapted for those with disabilities or injuries. These activities can help families create stories of survival and solidify memories of countries left behind. They can also help refugee families adjust and acculturate in their new home. Even in impoverished settings, therapists can give refugee families the welcome experiences of

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respect and generosity by empowering parents to interact positively with their children and take steps toward rebuilding family ties in new places.

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¹ The first three activities described in this section are taken from the considerable resources available at www.letokok.org. The activities address, in turn, gross motor skills, fine motor skills, speech and language and mathematical concepts. The math activities are adapted from those described in the books by Glaserfeld and Steffe, et al. (1995, 1988, 1983).

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