Young children's stories of love, fear and violence at home: a qualitative analysis of the narrative representations of maltreated preschool boys diagnosed with disruptive behavior, regulatory dysfunction, oppositional defiant, conduct and anxiety disorders

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Young children’s stories of love, fear and violence at home: A qualitative analysis of the narrative representations of maltreated preschool boys diagnosed with disruptive behavior, regulatory dysfunction, oppositional defiant, conduct and anxiety disorders

by

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A dissertation submitted to the graduate faculty
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your optimism and beauty, and faith in me knows no bounds and your thoughtfulness and
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my best.
Research on early parent-child relationships has historically relied on direct observations of parent-child and family interactions and parental reports of child behavior. More recently, the representational approach to assessing children’s development has demonstrated that children’s perspectives provide a unique point of view into their attitudes, expectations, meanings, and feelings, and a window into their interpersonal experience of life. This research sought to understand young maltreated preschool boys’ direct experience of caregiving though analysis of their play narratives and as such gain further insight into the early development of family dysfunction and psychiatric problems for this group of preschool children. We sought to know how this group of children process negative parenting experiences and what meaning they attribute to parents and self, what the emotional impact of maltreatment is on boys’ early perceptions and expectations of caregiving, and what coping strategies are used by maltreated children. Eight preschool boys aged 36-47 months were interviewed and completed a series of thirteen story stems taken from the MacArthur Story Stem Battery (MSSB) and these interviews were analyzed using a qualitative content analysis. After examining the general patterns and transcribing and reviewing the narratives, a set of themes emerged. The narrative themes of these child informants showed a violent trend where the victim evolved into a victimizer, the young boys perceived the parent and self as negative in their representations, and certain stems elicited bizarre, control orientated, and disorganized responses in what was theorized as coping mechanisms. Connections between the findings and existing theory, as well as clinical implications and directions for future research were discussed.
CHAPTER ONE
INTRODUCTION
Background

Historically, research on parent-child relationships has relied on the direct observation of parent-child and family interactions and parental reports of child behavior (Goldin, 1969; Oppenheim, Emde, & Warren, 1997). However, a relatively new representational approach to assessing children’s development has more recently made its way into the research literature (Bretherton & Oppenheim, 2003; Buchsbaum, Toth, Clyman, Cicchetti, & Emde, 1992; Emde, Wolf, & Oppenheim, 2003; Oppenheim, Nir, Warren, & Emde, 1997, Toth, 2000; Oppenheim & Waters, 1995). This emerging body of research has demonstrated that children’s narratives provide for a unique point of reference into their internal world, including children’s attitudes, expectations, meanings, and feelings, and as such a “window” into their mental functioning and interpersonal experience of life. New research on parent-child relationships has also focused on the caregiving experience of even younger, preschool-aged children (Bretherton & Page, 2004; Emde, 1996; Macfie, 1999; Zahn-Waxler et al., 1994). One approach used to investigate preschooler’s experience of caregiving entails using their play narratives as windows into their thoughts and feelings regarding emotionally significant relationships (Bretherton, Ridgeway, & Cassidy, 1990; Bretherton, Oppenheim, Bushbaum, Emde, & the MacArthur Narrative Group, 1990; Bretherton, & Oppenheim, 2003).

Children’s capacity for constructing and sharing narratives has been theorized as one of the most important and fundamental developmental tasks of childhood (Nelson, 1999).
Narrative representations reflect children’s efforts to make sense of complex personal experience and have been shown to be an aid to reduce anxiety, influence children’s reaction to new events, and often contain the child’s emerging coping style (Oppenheim & Waters, 1995). Narratives can point researchers, educators, and clinicians toward children’s efforts to organize and cope with their developing emotions. Children’s narrative representations are more than reflections of intra-individual constructions; they also represent a constructive process between a parent and child, a process that are shaped and transformed by transactions within important family relationships. Consequently, narratives have the unique capacity to convey important information regarding a young child’s caretaking history.

While young children normatively develop appropriate responses to social situations by their second year of life, maltreated children are less likely to demonstrate similar prosocial behavior when compared to their nonmaltreated cohorts (Zahn-Waxler, Rake-Yarrow, Wagner, & Chapman, 1992). Maltreated children often appear to distort the intentions of others and their behaviors have been reported as more controlling or aggressive (Macfie, 1999). What type of caretaking experiences contribute to these distortions and what emphasis do young preschool children place on these experiences? The research literature demonstrates that the early experience of negative parenting can contribute to emotional disturbance in maltreated children; however, information regarding the nature and development of clinical problems, from the child’s perspective, is rare and lacking (Main & Hesse, 1990; Robinson, Herot, Haynes, & Mantz-Simmons, 2000). Because maltreatment often involves extreme dysfunction in the home environment, investigation into the specific effects of maltreatment
can enhance our understanding of the relation between young preschooler’s caregiving environments and their early construction of representations as it relates to self and others.

**Purpose of the Study**

The purpose of this study was to develop a representational account of maltreated preschool boy’s experiences of their primary caregiving environments, as told through the children’s representational play narratives. Describing children’s representational transactions that support the construction of these narratives will be of particular importance. The study of the narratives of the youngest maltreated preschool children and the detailed analysis of such may offer insight into the developmental origins of family dysfunction and psychiatric problems and may further our understanding of the role of the family in children’s psychopathology. A second purpose of this study was to expand upon the traditional quantitative methodology employed by developmental researchers. To more fully explore maltreated boy’s representations of caregiving environments, I will utilize the combined strengths of the narrative story stem and qualitative methodologies. This perspective will allow for the development of the cultural and emotionally rich world of the children involved in this study, while avoiding problems associated with the “behavioral and contextual specificity” that have been demonstrated with quantitative and observational paradigms (Bushbaum, et al., 1992, p. 604).

**Research Questions**

The following questions were investigated in the study:

1. How do young children process negative parenting experiences and what meaning
do they attribute to parents, self, and others?

2. What is the emotional impact of maltreatment on preschool boy’s early perceptions and expectations of caregiving?

3. What are the coping strategies used by young maltreated preschool boys?

Scope of the Study

This study will focus on the emotional aspects of preschool male’s narratives and the effects of maltreatment on their representations of self and others.

Significance of the Study

Information gathered in this study will prove useful to infant mental health experts, pediatric, family and child therapists, early intervention teams, educators and social service workers from the perspective that it may provide insight into the thought patterns and affective states of young preschool boys who experience their caregiving environments as threatening, confusing, and negligent.
CHAPTER TWO
LITERATURE REVIEW

The literature review will begin with a broad review of theories central to children’s development and proceed toward a more narrow examination of the literature as it pertains to representational assessment.

Cognitive Development

Piaget’s (1970) theory of cognitive development has had a profound and enduring impact on the field of developmental psychology. Piaget argued that development is more than the simple acquisition of skills in greater amounts; rather, it reflects qualitative differences, changes in type or form of learning as children grow (Bjorklund, 1995). At any given developmental level children are seekers of stimulation who act upon their environment as much as their environment acts upon them. Further, Piaget established that children interpret objects and events from a unique and individual perspective.

One of the notions of Piaget’s theory is that of constructivism (Piaget, 1970). He theorized that cognition is a constructive process where children organize, structure, and restructure experiences in relation to existing schemes of thought and where children’s thinking reflects a unique way of interpreting the world. Children’s current knowledge contextualizes and influences how they perceive and process new stimuli. Subsequently, human knowledge and reality, as a constructive interactive process, is based on the information in the environment and the interpretive process of the individual child.
Piaget divided cognitive development into four major stages—sensorimotor, preoperations, concrete, and formal operations. Like other theorists Piaget asserted that children progress through these stages in a culturally universal and invariant manner.

**Cognitive Developmental Theory**

**Sensorimotor Period (Birth to 2 Years)**

The sensorimotor period is characterized by the child’s intelligence being limited to its own actions. While children develop some complex problem-solving skills over the first 18 months of life, they do so without the benefit of mental representation; they know the world only in terms of their direct actions on it. Over the course of the first two years of life it appears that cognition is transformed in two major ways: (a) there is a progression from action to symbol-based intelligence, from sensorimotor to representational thought, and (b) a related change in personal perspective is evident where near the end of the sensorimotor period infants are not only able to distinguish themselves from the objects they act upon, but they also realize that these objects have an existence independent of their actions on them. Thomas (1996) writes about the six substages of the sensorimotor period of cognitive development.

*Substage 1: Basic reflexes (birth to 1 month).* This substage features infants adapting to their environment through the use of basic reflexes. Cognition is limited to inherited reflex schemes such as sucking and grasping, as well as vocalization.
Substage 2: Primary circular reactions (1 to 4 months). Infants extend basic reflexes acquiring first adaptations through experience. Reflexes activated spontaneously are then reproduced in a repetitive fashion resulting in the acquisition of new and novel behavior.

Substage 3: Secondary circular reactions (4 to 8 months). The infant, by chance, causes interesting events to occur in the environment (for example, the infant kicks her mattress causing the mobile over the crib to move) and attempts to re-create the event. Although this is the beginning of control of objects and events external to the infant, there is no conscious action toward a goal. This substage marks the beginning of infant’s distinguishing between self and objects outside the self.

Substage 4: Coordination of secondary circular schemes (8 to 12 months). Infants use two previously acquired schemes in coordination with each other to achieve a purposive, predetermined goal. This is the first sign of goal-directed action or intelligence. The infant begins to comprehend cause and effect.

Substage 5: Tertiary circular reactions (12 to 18 months). Infants now modify their actions and develop new techniques to solve problems through active experimentation. Although intelligence is still limited to children’s own actions on objects, overall problem-solving processes are conducted by overt trial and error.

Substage 6: Mental combinations (18 to 24 months). The infant is able to represent events in the environment in terms of symbols such as language and imagery, showing the first signs of symbolic functioning. Problem solving becomes more covert.

Preoperations Period (2 to 7 years)
Operations, as described by Piaget, are “particular types of cognitive schemes describing general and organized ways that children act upon their world” (Bjorklund, 1995, p. 21). Piaget characterized the preoperational period as a period of time when the emergence of mental representations or symbolic ability occurs. The most common symbolic activity associated with this stage is language. Although children differ in how they are able to use such symbols for thought, this stage is characteristic of all operation stages that follow the sensorimotor period of development.

Piaget described preoperational thought as lacking the essential logic characteristic of concrete operations, in that children in the preoperational stage of cognitive development are influenced by the physical appearance of things. The major distinctions between preoperational and concrete operational thought is in the constructs of (a) conservation, (b) object relations, and (c) egocentricity.

Conservation refers to the realization that an entity (defined as a quantifiable substance, such as length, number, mass, weight, area, volume) remains the same despite changes in its form (Bjorklund, 1995). When children in the preoperational stage are asked “to judge the equivalence between two entities” they will not be able to hold two dimensions simultaneously. At this stage of development they are not able to consistently judge that “the quantitative relation between two objects remains invariant despite perceptual transformations” (Bjorklund, 1995, p. 17). A common experiment for this stage is to give a 5-year-old a task such as liquid being poured into a tall versus short glass, and ask whether the
two contain the same amounts of liquid, children will respond, in error, that the amounts of liquid are not the same any longer, that there is more water in the taller glass.

Object relations refers to the way children perceive themselves in relation to objects of the world and the way they see object’s in relation to another (Thomas, 1996). Early on, the infant’s universe is centered on his or her own body and actions where there are essentially no objects, only “a vague appearance and disappearance of form.” Space and time within which sight, sound, touch, taste, and smell are coordinated are not connected events but experienced as undifferentiated (Bjorklund, 1995). In particular, Piaget discussed the scheme for object permanence as a gradual process through which infants develop the concept that objects in the environment are permanent and do not cease to exist when they are out of reach or out of view (Thomas). Piaget suggested that the capacity to understand this concept requires a level of symbolic thinking which permits infants to hold the idea of the object in their mind. This in combination with sensory motor abilities leads to the emergence of object permanence at about eight or nine months, when infants become more mobile.

Another area of study has been the concept of egocentrism. Piaget referred to preoperational children as egocentric. From an intellectual perspective, their cognition is centered on themselves and therefore, they generally assume that others see the world as they do.

*Concrete Operations (7 to 11 years)*

During this period of development children display symbolic and more logical intelligence as well as less egocentric thinking (Thomas, 1996). They can solve reasonably
complex problems without contradictions when given tangible and familiar objects from which to choose. Their thinking, however, is not abstract; it is limited to concrete phenomena and is based upon their own past experiences. For example, when concrete operational children are given a conservation of liquid problem and asked to judge the equivalence between two entities they will tell you both glasses, despite their perceptual differences, still contain the same amount of water.

*Formal Operations (11 to 16 years)*

Formal operational thinkers are not restricted to thinking about facts immediate to their experience; they can think solely on the basis of symbols. They are able to enter into more abstract mathematics and can make and test hypothesis and can utilize both deductive and inductive hypothetical reasoning abilities. Additionally, Bjorklund (1995) described formal operational children as able to engage in “reflective abstraction,” meaning they are able to be introspective and reflect upon and examine their own thoughts. Consequently, children in formal operations can arrive at new insights as a result of internal reflection.

*Evaluation*

Piaget’s developmental theory is not without its critics. Current issues in the area of cognitive development are (a) the extent to which development is stage-like in nature and a related issue, (b) the age-related acquisition of operations.

Stages can be characterized as “…periods of time in which children displays a certain type of thought or behavior” during “transitory periods of time related to age” (Bjorklund, 1995, p. 8). More specifically, these periods of time will differ qualitatively, the transition
between them must be discontinuous, and they must display, to a large degree, homogeneity of functioning within a particular stage for such a claim to be valid (Flavell, 1971). The extent to which each of these traits are present, independently as well as in combination, the case can be made for development being stage-like in nature. Piaget was a primary proponent of stage development, i.e., that children's thinking shifts qualitatively. And while this theory of cognitive development has maintained widespread overall support, more recent findings have called into question the stage-like nature of development.

One central argument made by developmentalists is that children display more sophisticated mental skills, including logical reasoning abilities, at younger ages than Piaget attributed (Bjorklund, 1995; Flavell, 1971). Evidence in favor of greater sophistication centers on task administration where researchers have demonstrated that non-conservers as young as four years of age can be trained to conserve (Brainerd & Reyna, 1995) and children who do not spontaneously solve problems in a concrete operational way can be taught to do so. Further, Bryant and Trabasso (1971) showed that with "memory supports," preschool children can successfully solve “transitive-inference” problems, where their gains are significant and lasting. Additionally, Piaget characterized preoperational children as being more intellectually egocentric than their older counterparts, and in this assertion he has been shown to have underestimated their perspective-taking abilities. Hoffman (1970) concluded that preschoolers can identify and empathize with the emotions of others and realize they possess knowledge that others do not share. Overall, cognitive functioning is not as homogeneous as proposed, neither is it as qualitatively unique as was once believed. These contradictory findings may
represent the complexity of development where the following are found: (a) maturational factors may indeed restrict the range of processing competencies that children can display, (b) children’s cognition may appear to be relatively homogeneous given their daily cognitive encounters, while at the same time when competencies are experimentally pushed to the limit, greater heterogeneity in children’s abilities emerge, and (c) average cognitive competencies increase with age, although there is a range of abilities that children of any given age can display (Bjorklund, 1995).

Moral Development

Kohlberg was interested in the process by which children grow toward making moral judgments (Kohlberg, 1964; Thomas, 1996). Kohlberg analyzed children's responses to a large number of stories in an attempt to understand how they reason about moral dilemmas and subsequently identified three levels of moral reasoning. Moral development is commonly viewed as an aspect of socialization where one conforms to and internalizes a culture’s expectations. This notion which entails a process of acting honestly or feeling guilty is not the focus of Kohlberg’s theory. Rather, Kohlberg’s theory focused on moral judgment as a particular type of value decision, one based upon objective and impersonal grounds as “the judgmental basis children uses for assessing behavior” (Bjorklund, 1995, p. 28). Kohlberg was an interactionist in that he proposed several factors that interact to determine how and when a person will arrive at a certain level of moral reasoning (Thomas). Regarding cognitive development Kohlberg identified himself as a disciple of Piaget. In his own research, he
demonstrated that children’s logical thinking capabilities paralleled advanced levels of moral reasoning. Consequently, he concluded that the sort of logical thinking represented by Piaget’s theory forms the necessary scaffolding for the kinds of moral reasoning captured in his own moral dilemmas (Thomas; Hendrick, 1996). Kohlberg has been the most prominent and widely discussed developmentalist in the field of moral judgement over the past four decades.

*Moral Developmental Theory*

Kohlberg’s stage theory of moral development depicts three levels of development. The theory moves from a premoral or preconventional level to one that involves conforming to society’s conventions, and finally to a top or post conventional level, one that transcends convention and is based on personal, self-accepted moral principles. Kohlberg argued that in the earliest stages of children’s development, moral reasoning is based upon external forces, such as promise of reward or threat of punishment, while in the most advanced levels reasoning is based upon a personal internal moral code.

*Preconventional*

Most children, many adolescents, and some adults fit into this category. Moral reasoning is controlled almost solely by obedience to authority. Rewards and punishments are the key motivation to social control. Kohlberg (1964) identified two substages, substage 1, obedience orientation where adults know what is right and wrong and children should do what adults say is right to avoid punishment, right is “following the rule” and self-interest is a strong motivator in children's decision making; and substage 2, instrumental orientation, where people look out for their own needs and where they are often nice and socially
responsible because they expect the favor to be returned. Children will display a kind of “back
scratching” reciprocity. In this substage we behave well to get what we want.

Conventional

In this phase of moral development, decisions are based upon social norms and
expectations. Continuing from the preconventional stage, the following two stages
characterize this level of moral behavior. Substage 3 is characterized by interpersonal norms
where people may believe that they should act according to others expectations. The primary
motivation is to win approval or acceptance. Behavior is often judged by the intentions behind
it. Substage 4 has a social system morality where adolescents and adults believe that social
expectations and laws exist to maintain order and to promote an interactive and good society.
Right behavior is doing one’s duty and showing respect for authority.

Post Conventional

Moral reasoning is based upon personal moral principles including substage 5, social
contract orientation, where adults agree that members of all cultural groups adhere to a social
contract because a common set of expectations and laws benefit all members of that society. If
laws no longer promote individual welfare then those laws are considered reasonably invalid
and must be challenged and refined. Rights are a matter of personal values and ethics. In
substage 6, universal ethical principles including abstract principles such as justice,
compassion, and equality, form the bases of a moral code that may conflict at times with
society’s expectations and laws. Respect for the dignity of all human beings as individual
people is important.
Evaluation

Like other stage theorists, Kohlberg proposed that all persons move through these six stages in an orderly, invariant and sequential fashion. As stated, Kohlberg’s theory of development assumes that moral reasoning is strongly associated with chronological age and cognitive development. In other words, moral judgment ability is part of a sequence of development that includes “parallel advancements in logical thinking and perspective taking” (Thomas, 1996, p. 164). Further, the goal of moral education is not to “inoculate a particular set of values that are dominant or even common to a particular society,” but the goal for Kohlberg was to stimulate children’s growth through these six stages of reasoning (Kohlberg, 1964, p. 227). Thomas described moral education as that of confronting the child with moral dilemmas at the same time that the child is maturationally and socially ready to take a step ahead. This idea parallels that of Piaget in that it is the interaction of maturation and environmental engagement that propels and stimulates the child toward more complex progress in reasoning.

There is wide support for Kohlberg’s invariant sequence assumption including a longitudinal study measuring individual reasoning levels over time. Colby and his colleagues (1983) conclude that (a) children progress through each of Kohlberg’s stages in sequence, (b) over time children become more advanced in moral reasoning, and, (c) these same children fail to regress over the same span of time. Psychoanalytic schools of thought emphasizing conscience and empathy suggest that a moral sense develops during early childhood as a result of strong parental identification, and the literature bears this out, confirming that a parent’s
values and attitudes are strongly related to the moral behavior of their children (Hoffman, 1970). Others have demonstrated that parental warmth, de-emphasis on power assertion, democratic decision making, and modeling of resistance to temptation all appear to contribute to high levels of responsibility and prosocial behavior (Maccoby, 1992). Further, several prominent neopsychoanalytic theorists have argued that the foundation for such behavior is constructed in infancy. Mahler (1963) and Kohut (1971) argued that infants develop an early awareness of self through relations between the self and others, that the origins of moral reasoning and behavior are embedded in early feelings about the self, and that the basis for early morality lies in the child’s own sense of self-love, the extension of this self-love to the other, and the wish to preserve feelings of connection, trust, and security established in the early parent-infant relationship. Support for an inherent sense of morality comes from studies showing that infants reflexively experience and express distress as a result of witnessing someone else in distress, are able to both recognize and interpret auditory and facial cues and subsequently emotional expression in others, and are able to discriminate and react in a way that would suggest mutual distress (Martin & Clark, 1982; Meltzoff & Moore, 1977; Sagi & Hoffman, 1976). Further, sociobiological theory supports this argument suggesting that emotional responsiveness to the distress of others is innately determined and although infants may not be able to consider the internal state of others or be able to take their perspective, it is this innate ability to identify emotions in others and to react in a mutual way that some highlight in supporting the view that the foundation of moral concern is instilled early and this early sense forms the basis for the child's later receptivity to moral teachings.
Emde and his colleagues (1988) also provide empirical support for the view that moral development takes place very early in life. They theorize that early moral development is based on information and feelings acquired as "procedural knowledge" or knowledge largely acquired outside of awareness and conscious memory; they cite a young child’s ability to follow rules of reciprocity when engaging in turn-taking interactions with caregivers, illustrating this capacity as an early expression of "the golden rule." It is their belief that although infants demonstrate the capacity to behave in accordance with a variety of moral rules, they do not need to remember or conceptualize these rules before they are practiced. In earlier research, Emde, Johnson, and Easterbrooks (1988) found that toddlers often tested the limits of mild parental prohibitions. If an infant was moving toward a forbidden object and the parent expressed a slight "no, no" and a head shake, the infant might continue toward the object until the parent responded more strictly. Often toddlers will negotiate with caregivers about the rules, using persistence, charm, and other acts of appealing. Emde suggests that it is through such interactions with parents and caregivers that infants internalize strategies of negotiation, later useful in helping to resist temptation or gain approval. It is also through these early interactions that children form a set of “moral-emotional signals” that guide their behavior. The moral aspect of the self, based upon feelings of empathy and relational connection, is not necessarily built on parental do’s and don’ts but implanted gradually over time through the close and affectionate care of a primary caregiver (Emde et al., 1991). The process of moral development involves learning and internalizing rules and principles, yet it
also includes development of a conscience and empathy stemming from early reciprocal, interactive, appropriate, and loving care.

Social Cognition

Developmental psychologists such as Kagan (1974) propose that early separation distress and an infant’s later ability to use mothers as a secure base where they can explore new environments is related to maturational factors in how children understand their worlds. Young children develop the ability to generate representations of past events as well as future ones, and it is in this ability that the foundation is laid for the development of more sophisticated and integrated forms of representation, linking social and cognitive processing skills (Bjorklund, 1995). While Kagan’s theory provided a link between maturation and social experience the theory offered less insight into the actual mechanisms of developmental regulation and transfer. The work of Dodge, Pettit, McClaskey, and Brown (1986) provided for this mechanism. Their theory on social cognition explains that for children to appear socially competent they must encode social information and compare what takes place in their environment with other relevant information retrieved from their memory stores; to the extent that this process is skillful, the child will appear socially competent. Several domains are theorized to contribute to social interaction including a social stimulus which makes up information to be processed, processing of cues where children make decisions on how to interpret and respond to the stimulus, and once children evaluate information, they must behave in some particular fashion. Five major components of social processing include encoding, interpretation, response search, evaluation, and enactment. Dodge’s social-
exchange model has been validated and supported by substantial empirical evidence (Dodge et al.; Rubin & Krasnor, 1986.

**Transactional Developmental Model**

Sameroff’s (1993) model of child development extends the notion that development can be explained as an unfolding maturational blueprint. He theorized a unity of developmental process, both biological and behavioral, are characterized by a dynamic relationship between the individual child and the child’s context. The Transactional Developmental Model (TDM) proposes that there is an intimate connection between the capacities of the child and the stresses and supports in the child’s environment. Additionally, the contexts of children’s development are not static and are not available only to be experienced; rather, children are active shapers of their experience, co-organized by their caretakers, other individuals, and systems. Therefore, development becomes the outcome of relationships between interacting individuals at each phase of life.

Sameroff (1993) described a series of models that have been used to explain developmental processes including, Deterministic Constitutional, Deterministic Environmental, Interactionist, Reciprocal Interactionist, and Social Regulatory models. The Deterministic Constitutional model of development is based upon how past theorists interpreted development as an unfolding of intrinsic characteristics across time. This model was later countered by an environmental model of discontinuity, or the Deterministic Environmental Model of Development, where it was suggested each stage of development is determined by its contemporary context; if the context remains the same, the child remains the
same, but when the context changes the child reacts to this change. The Interactionist model combines these two previous models where continuity is carried by the child but moderated by possible discontinuities in experience. Continuity cannot be explained as a characteristic of the child, because each new achievement is an "amalgam" of characteristics of the child and his or her experience. Neither alone is predictive of later levels of functioning. More recent conceptualizations of dynamic or reciprocal developmental models have incorporated effects of the child on the environment. Dynamic models suggest that characteristics of the environment are also conditioned by the nature and behavior of the child. The development of the child is seen as a product of continuous dynamic interactions between the child and the experience provided by his or her family and social context. The Social Regulatory Model emphasizes the consistency of environments over time. Where many studies have attended to longitudinal continuities in child development, correlating early behavior with later, in contrast, more recent studies have examined the consistency of environments over time and their effects on development (Sameroff, 1993).

Transactional Developmental Theory (TDM) sets out to explain how children and their experience work together to produce patterns of adaptive or maladaptive functioning and thus offers insight into children who experience maltreatment. It emphasizes that an understanding of developmental processes requires an appreciation of the transactions between and among children’s biological and social environments where developmental continuities and discontinuities are a joint function of three systems, the genotype, phenotype, and the environotype (Sameroff, 1993). The genotype is the system of biological regulations
and organization. The environotype is explained as the family and cultural code that regulates the developmental opportunities available to the child. The phenotype transacts through development with both the genotype and environotype to determine children’s individual status at any point in time. Sameroff (p. 9) wrote that it is, “…in the individual that the inner and outer are brought into accord with more or less success, either by seeking opportunities to use capacities or by fostering capacities to meet opportunities.” For example, it is the plasticity of the environotype that permits “compensatory regulations” in the physical domain, such as “teaching sign language to a child who is deaf” or teaching parents to be responsive and nurturing to their infants. It is also through such a mechanism that plasticity can prevent adaptation, such as in the case of maladaptive parenting, child maltreatment, and/or lack of resources for child care.

Internal Working Models

Main, Kaplan, and Cassidy (1985) define internal working models (IWM) as "a set of conscious or unconscious rules for the organization of information relevant to and independent from attachment” (p. 67). It is at about 18 months that children come to develop an overall working representation of themselves as separate from relationships with others (Bretherton, 1985; Cassidy, 1990). Internal working representation functions from the standpoint where information is monitored, compared with existing information, evaluated and integrated, and a resulting plan is contextually generated based upon prior social experience. It is when children develop a secure working model of their attachment relations that they are likely to develop a coherent working representation of the self as sustained and “efficacious.”
On the other hand, if children come to develop an insecure working model of attachment relations, they are inclined to build a working representation of self as ineffective and incapable.

Main et al. (1985) argued that rethinking individual differences in attachment organization as individual differences in mental representation of self propels one to focus on representation as a cognitive construct. Seen in this light, representational organizations can be best understood as referring to particular types of internal working models of the social environment. These internal working models of social affective experience, suggests Main and her colleagues, have the capacity to direct not only feelings and behavior but also attention, memory, and other cognitive reasoning abilities.

Thus, the quality of security of attachment relationships can be viewed as intertwined with the raw materials of mental event representations. Taken together, these studies support the view that representational processes can function differentially, including constitutional factors, genetics and maturation, temperament, and including environmental contributions such as children’s caretaking environments.

Mental Event Representation

Nelson (1999) suggests narrative thought both emerges and is shaped during children’s conversations about past, present, and future events. From the age of approximately 2 years children begin to take part in conversations, at first “fragmented bits,” but over time can provide much more complete accounts of events. A central idea of mental event representations (MER) is that the development of internal representations of dynamic events
results from experience, not from static abstract entities. Nelson’s MER theory is based upon the work of Bruner (1986) and his landscapes theory. In basic terms, landscape of action refers to children’s development of scripts, while landscape of consciousness refers to children’s developing awareness of intentionality, of their own and others’ mental states. It is theorized that at about four years of age children develop a theory of mind, wherein they acquire an increasing understanding of others emotions in relation to their actions. Before this age children lack an awareness of the internal states that motivate other’s actions. Language is being put to use and although it’s development is ongoing and is being refined it appears that it is not yet used as a vehicle for conveying representation from the perspective of self or others, as this requires further development of representational thought.

Moreover, the development of linguistic and play skills allow children to respond coherently to items in the MacArthur Story Stem Battery. Linguistic skills include the expressive ability to tell a minimum of two short personal narratives while play skills involve the child’s ability to portray a sequence of events symbolically (Oppenheim et al., 1997). Nelson (1999) has shown that the lower age limit is in the range of 36 to 48 months of age. Within the child’s caregiving environment, parents initially carry much of the burden of providing this narrative structure, however, as children grow and develop “their contributions are increasingly more substantial, and are weaved into a joint narrative.” (Nelson, p. 241) Epigenetically, the process builds upon itself and unfolds gradually where children begin to carry more of the burden of narrative construction themselves and learn to use their narrative skills apart from their parents (Fivush, 1991). What may be a very minimal contribution
initially becomes a more complex family narrative, where the meaning they attribute to events is a joint process. Stated differently, children are not passive recipients of information; on the contrary, as parents "scaffold" young children’s contributions into conversations, tailoring their input to the level and capacity of the child, young children, to a greater degree, have an influence on the co-construction process (Oppenheim et al., 1997; Vygotsky, 1978). Fogel (1991) supported this assertion arguing that these narratives are joint creations and co-regulated by parents and children.

A comparison of IWM and MER theories shows that internal working models are interpersonally based and affective in nature stemming from its ethological roots. Memory event representations are cognitively and socioculturally based. Great importance is placed on evolutionary functions of representation, and cultural importance on emergent structures (Nelson, 1999). MER views security from the perspective of the provision of reliable routines. With regard to play, IWM focuses on responsive, sensitive and contingent relationships with a primary caretaker while MER emphasizes transactions between persons and representation in relation to self, objects, and other. Hence, these are theorized processes by which young children develop understanding and make meaning of events in their world.

Much of the literature emphasizes children’s varying language ability and their own styles of recounting. For example, Nelson (1999) provides the following illustration of children’s widening temporal, social, and cultural perspective through narrative co-construction.

*C: Mommy, the Chrysler Building.*  
*M: The Chrysler Building?*
C: The Chrysler Building.
M: Yeah, who works in the Chrysler Building?
C: Daddy.
M: Do you ever go there?
C: Yes.
M: Yes, I see the Chrysler Building (looking at a picture of the Chrysler Building). I don’t know if we have a picture of the Chrysler Building. Do we?
C: We went to...my Daddy went to work.
M: Remember when we went to visit Daddy? Went in the elevator, way way up in the building so we could look down from the big window?
C: Big window.
M: Mmhm. When ...we did go on the big building.
C: Mmhm, the big building.
M: Was that fun? Would you like to do it again? Sometime.

In this example a 2-year-old male child is looking at photographs with his mother and his mother is attempting to engage him in talking about a family memory. As can be seen, the situation, rather spontaneously, evokes a memory of a trip to his daddy’s work. The mother puts the events into an order, places the remembrance into a specific episode, and evaluative feedback, then sets the child’s sights toward the future (Nelson, 1999). The mother supports the child and in the co-construction process, making a whole out of bits and parts of the family narrative.

Caretakers engage in constructing, shaping, and reconstructing events from the past and present, and in effect educate the child about the child’s thoughts and feelings. In this process, caretakers also symbolically express their own feelings and motivations as well as those of other participants. It is also through these experiences, often repeated, that children come to understand their experiences in a different way, and to see that others may have different views and feelings about the same event (Bretherton, et. al., 1990). It is here that the
parallels between earlier internal working models formed in infancy and mental event representation theory converge.

Maltreatment

Child maltreatment is of great concern according to the most current Department of Health and Human Services (HHS) data estimating that just under 1 million children in the United States (defined as birth through age 17 years) were reported experiencing maltreatment. Statistics show that overall, 63% of children were severely neglected, 17% physically abused, 9% sexually abused, and another 7% psychologically maltreated (United States Department of Health and Human Services, 2007). In addition, 14% experienced "other" types of maltreatment as "abandonment," "threats of harm to the child," or "congenital drug addiction."

Child maltreatment, including abuse and neglect, is defined as, “Any act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm” (United States Department of Health and Human Services, 2007). Overall, the most recent figures estimate the rate of child maltreatment at 12.1 per 1,000 children in the population where 3.6 million children received a Child Protective Services (CPS) investigation last year alone. For the most recent year that statistics are available, approximately 48% of children who were maltreated were boys, and 52% were girls within which the youngest children had the highest rate of maltreatment within the age group of birth to 3 years, at 17.5 per 1,000 children. Nearly three-quarters of child victims (73%) ages birth
to 3 years were neglected, 16% were physically abused, and 9% were sexually abused. African-American children had the highest rates of abuse at 19.5 per 1,000 children, followed by American Indian or Alaska Native children at 16.5 per 1,000 children. Caucasian and Hispanic children had lower rates of abuse overall, approximately 10.8 and 10.7 per 1,000 children, respectively. One-half of all children who experienced maltreatment were Caucasian (49.7%), one-quarter (23.1%) African-American, and 17% Hispanic. Of the children who were maltreated in the home environment, 12% were reported as living with married parents or married parent and stepparent and 13% were living with both parents where the marital status of the parents was not always known or reported. More than 20% (23%) of children were living with a single parent and just less than 3% were reported as living with unmarried parents, although roughly half of the states did not respond or had missing data on living arrangement. Nearly 84% of maltreated children were abused by a parent acting alone and approximately 40% of child victims were maltreated by their mothers acting alone; another 18% were maltreated by their fathers acting alone; and 17% were abused by both parents. Victims abused by nonparental perpetrators accounted for just over 10%. A nonparental perpetrator was defined as a caregiver who was not a parent and can include foster parent, child daycare staff, unmarried partner of parent, legal guardian, and residential facility staff. The data for specific maltreatment types were analyzed in terms of perpetrator relationship to the children where, of the victims who experienced neglect, 87% were neglected by a parent. Of the victims who were sexually abused, 29% were abused by a relative other than a parent. When examining behavioral dysfunction, just over 3% of children were reported to have
behavior problems and 2% of these children were deemed to be severely emotionally disturbed.

It is during this consequential period of life, at about 9-12 months of age, that children begin to internalize the history of their interactions with their primary caregivers. While caretakers bring to the parent-child relationship a set of internal models and behavioral strategies derived from past relationships, infants come into the world with their own intrinsic tendencies for experiencing and expressing emotion, which influences how they engage with caregivers; this interaction usually results in healthy development but it can lead to developmental problems or more serious disorders (Zeanah, 1993). Representations of the caretaking relationship emerges after the first year of life (Cicchetti, 1996). Experiencing a caregiver as reliable, available and emotionally responsive allows an infant to build accessible, responsive, and secure representational models of their parent figures and themselves as acceptable in the eye of the attachment figure, while the “psychological unavailability” of a caregiver has an impact on future expectations regarding a caregiver as unavailable and the self as unlovable (Bretherton, 1985).

Main and Solomon (1986) also reported on maltreated infants documenting those that lacked “coherent and organized strategies for dealing with stress” where maladaptive behaviors included freezing, dazing, aggression, and depressed affect. These infants were classified as disorganized/disoriented (D), now known as disorganized/controlling. Among the possible mechanisms that contribute to disorganization is the early experience of fear and the burden that this places on a young child’s ability to self-regulate (Gaensbauer & Harmon,
Cicchetti (1996) agrees with this opinion, discussing the relational processes that contribute to a young child’s early display of disorganized behavior, including when a caregiver, who serves as a secure base, elicits fear in the infant. These experiences are theorized to accelerate the development of hard wiring of negative affect pathways of the brain which reinforce the development of negative emotions. Support of this is seen in the finding that physically maltreated infants exhibited fear as early as 3-4 months of age compared to typically developing infants who exhibit fear emergence at 8-9 months (Buchsbaum, et al., 1992). Also, differences in the stability of attachment in maltreated versus nonmaltreated children are evident where secure attachment has been judged to be more stable than insecure. Cicchetti’s research demonstrates that representational models of primary care relationships contain information that is unique to that relationship including expectations about how available that person is, how effective one is in eliciting contingent responses from that person, their attitudes, and commitment to the relationship.

Child maltreatment challenges a developing child on many levels, including emotional, behavioral, and biological systems. Cicchetti (1996) wrote:

As growth proceeds, reorganization occurs at many levels, including the biological, behavioral, psychological, environmental, and sociological. Within each domain, processes are in dynamic transaction. The resulting developmental reorganizations proceed in accord with the orthogenetic principle that the developing organism moves toward increased differentiation and hierarchic integration of domains. Because this process involves the incorporation of earlier patterns of adaptation into successive reorganizations at subsequent periods in development, continuity of functioning can be maintained over time. Changes in the developmental course, however, are always possible as a function of new experiences and reorganization. While this implies that development is not immutable, it is important to recognize that early competence facilitates future adaptation, while incompetence poses
Maltreating families fall short of providing the “average expectable environment” required for normative development and as a result pose significant challenges to children and are likely to have a negative impact on their development (Scarr, 1992). Such environments are characterized by chronic poverty, domestic violence, unstable relationships, parental substance abuse, psychopathology, low education, unemployment, parental history of abuse, and poor parenting skills, all of which take place in communities fraught with violence, high crime, and poor schools. Protective influences, which include marital harmony, parental mental health, employment, adequate financial resources, and reasonable parenting skills, can facilitate adaptation in maltreated children. This is the exception, not the rule however. Cicchetti (1992) argued that the confluence of these risk and protective factors over time determines the degree to which the child’s environment can support or approximate the average expectable environment needed for optimal development.

Internal representations of the parent-child relationship then provide the young child with information about the world and guides expectations about social experiences and the self in relation to transactions. These representations can contribute to negative expectations of how others will behave, reflecting insecurity and fear and contributing to maladaptive patterns of relating. These representational models grow into and are employed as defense mechanisms to protect children from having to deal with negative and angry affects that are characteristic of their family interactions, developing models that are defensive and aggressive in nature.
While it is documented that internal representations of the parent-child relationship provide the child with general information about social relationships, creating negative expectations of how others will behave and the degree of success the child might have, there is some evidence for what Howes and Hamilton (1992) described as “relationship disconcordance.” In this study, secure preschoolers were shown as more likely to use a specific representational model based on interactions with a given relationship figure than they were to generalize a representational model to a new situation when compared to insecurely attached children. Crittenden (1990) supports this view in his research on “open versus closed and working versus nonworking” representational models. Open models are described as receptive to new interpretations, whereas closed models result in the interpretation of all behavior in accord with the existing model. Maltreated children utilize a generalized or closed representational model, employing it as a defense to protect them from these internalized negative and angry affects. Further, el-Sheikh, Cummings, and Reiter (1996) argue that preschool children's past experiences with inter-adult conflict were likely to influence their responses to ongoing arguments. In their study, preschool children were presented with two live arguments that were either resolved or unresolved; then they were presented with a third argument that was interrupted in progress, and following this were interviewed and their responses were videotaped and coded for distress level. The results support the notion that past experiences with successful conflict resolution decrease children's distress responses to ongoing arguments. In comparison to both boys and girls previously exposed to unresolved conflict, those exposed to a history of resolved disputes were more likely to (a) exhibit
lowered behavioral distress, (b) predict a lower likelihood of a conflictual outcome for the
couple's argument, and girls were also more likely to (c) report less negative perceptions of
the arguing adults, and were also less likely to (d) endorse intervention in conflict through
attempts to stop the disputes.

Darwish, Esquivel, Houtz, and Alfonso (2001) investigated whether maltreated
school-aged children differed from nonmaltreated children with regard to their social skills and
play behaviors where their free-play peer interactions were videotaped during the first three
months of attendance in one of two programs and analyzed along social and cognitive
dimensions. Teachers and therapists rated children's social skills in peer interactions.
Maltreated children were found to have significantly poorer skill in initiating interactions with
peers and maintaining self-control, as well as a greater number of problem behaviors while
significant differences were not found between groups with regard to social participation or
cognitive level of play. The results suggest that among other findings the experience of
maltreatment was shown to have a negative impact on children's developing interpersonal
skills beyond the influence of factors associated with low socioeconomic status and other
environmental stresses.

Using a longitudinal design, Dubowitz, Papas, Black, and Starr (2002) examined the
impact of individual and cumulative relationships among physical, psychological, and
environmental neglect and children's behavior and development at age 3 and the impact on
changes in children's behavior and development between ages 3 and 5. After controlling for
group, sociodemographic risk, maternal depression, as well as the children's cognitive

development and behavior, of the subtypes of neglect at age 3, only psychological neglect was significantly associated with increased internalizing and externalizing behavior problems at age 3 while the overall cumulative neglect was associated with internalizing problems. They reported that none of the neglect subtypes or cumulative neglect were predictive of changes in children's behavior and development between ages 3 and 5, although cognitive development of the entire sample was impaired at age 5, averaging nearly one standard deviations below the norm; their average externalizing behavior score was significantly problematic with an average of .60 standard deviation above the norm. They concluded that in the context of poverty, where many preschool children have poor cognitive development and increased behavior problems, psychological neglect is significantly related to reported behavior problems and children who experienced multiple types of neglect had even greater increase in internalizing problems.

Howe, Cicchetti, Toth, and Cerrito (2004) used recall and recognition measures to examine differences in cognitive measures of young children’s success, including basic memory processes between maltreated and nonmaltreated children. Results showed that both true and false memories increased with age and, “contrary to some speculation, these trends did not differ as a function of maltreatment status”. The results were discussed in the broader framework of children's memory development and the effects of the chronic stress associated with child maltreatment on basic memory processes.

Research also shows that childhood physical aggression may be a precursor to later physical and mental health problems. Aggressive children are at a higher risk for later alcohol
and drug abuse, violent crimes, depression, suicide attempts, spouse abuse, and neglectful and abusive parenting (Tremblay et al., 2004). Although it is unusual for young children to cause significant harm to the targets of their aggression, the Tremblay et al. study indicated that by 17 months of age, a high-percentage of young children have demonstrated some form of aggression toward siblings, peers, and/or adults. Three trajectories of physical aggression were identified, (a) children who displayed little or no physical aggression account for approximately 28% of the sample, (b) the largest group, estimated at approximately 58% of the sample, followed a rising trajectory of modest aggression, and (c) a group estimated to comprise approximately 14% of the sample followed a rising trajectory of high physical aggression (Tremblay et al.). The most reliable predictors before or at birth of the high physical aggression trajectory group, controlling for other risk factors, were having young siblings, mothers with high levels of antisocial behavior before the end of high school, mothers having children early, families with low income, and mothers who smoked during pregnancy, while the best predictors at 5 months of age were mothers coercive parenting behavior and family dysfunction. Further, Tremblay et al. argued that a large percentage of children initiate the use of physical aggression during their early childhood years and a high percentage will learn to use alternatives before entering primary school, which indicates that children learn to regulate the use of physical aggression during the preschool years. However, intervention programs designed to prevent children’s behavioral problems have targeted school-age children. Tremblay, et al. summarize their data arguing that if children are to learn not to be physically aggressive during the preschool years, then one would expect that interventions that
target young children who are at high risk of chronic physical aggression would have more of an impact than interventions 5 to 10 years later, when physical aggression has become a way of life.

Children who experience emotional maltreatment often present with multiple emotional and behavioral problems, including internalizing and/or externalizing symptomology. Those who internalize the abuse show signs of depression and are often suicidal and withdrawn. They demonstrate behaviors such as self-destructive acting out, depression, suicidal thoughts, and social withdrawal, and are likely to suffer from low self esteem, feelings of guilt, loneliness, rejection, and perceive themselves as unworthy and others as hostile (Erickson, Sroufe & Egeland, 1985). Maltreated externalizing children of preschool age suffer from nightmares, somatic complaints, and anxiety. They may act out by mistreating animals physically, emotionally hurting younger siblings, and they can act in unpredictable ways, are often violent, destructive, impulsive, and frequently become anxious, aggressive, and hostile. They suffer from a constant state of fear and overreact to the slightest provocation (Garbarino, 1987).

Empirical Findings and the MacArthur Story Stem Battery

Maltreated versus Non Maltreated Samples

Buchsbaum et al. (1992) reported that young preschool children who experience maltreatment overall exhibit signs of confusion and disorganization in their relationships with their caregivers; their raw MSSB themes included reported avoidance and withdrawal. Differences between Buchsbaum's maltreated and nonmaltreated children's narratives were in
the reported quality of avoidant techniques they employed.

In studies including multicultural samples, low income African-American maltreated children were reported as having fewer responses involving both parent and child to relieve distress but portrayed more frequent responses to relieve distress by themselves when compared to nonmaltreated preschoolers. When the sample of preschool children included greater diversity (43% African-American, 3% Latino, 18% mixed ethnic background) and older preschoolers (mean age of 5 years), their narratives contained more negative maternal and self-representations than did narratives of nonmaltreated children (Toth, Cicchetti, Macfie & Emde, 1997). These maltreated children also portrayed more grandiose self-representations, were less responsive to the examiner, and displayed fewer disciplining parent representations than nonmaltreated children. And when compared to a primarily Caucasian and middle class sample of maltreated children, the diverse sample exhibited more internalizing and externalizing behavior problems and their narratives contained more conflictual and fewer moral-affiliative themes (Toth, Cicchetti, Macfie, Maughan, & VanMeenen, 2000; Toth, Cicchetti, Macfie, Rogosch, & Maughan, 2000).

Price and Glad (2003) studied the hostile attributional tendencies of maltreated versus nonmaltreated older school-aged children across key relationship figures (i.e., parents, teachers, and peers) looking at the correlation between children's hostile attributional tendencies and the frequency and severity of maltreatment, and the role of children's hostile attributions of their parents in mediating the relation between maltreatment and children's hostile attributions towards peers. Their results indicated that relative to nonmaltreated
children, physically abused boys were more likely to attribute hostile intentions to a variety of relationship figures, including their parents, an unfamiliar teacher, their best friend, and unfamiliar peers. A positive relation was also found between the frequency of physical abuse and hostile attributional tendencies among males.

*Maltreatment Type*

Macfie et al. (1999) show that neglected preschool aged children portray fewer responses to relieving distress than other children and abused children interjected themselves more often to relieve distress and portrayed more role reversal. Maltreatment type also had an influence on behavior where the group of physically abused children evidenced the most negative maternal representations and more negative self-representations when compared to other maltreatment groups. In this same study, children with sexual abuse histories manifested more positive self-representations than neglected children.

Grych, Wachsmuth-Schlaefer, and Klockow (2002) examined preschool aged children's maternal, self, and marital representations from a population of children drawn from agencies serving battered women. These children were found to be more avoidant and less coherent in their narratives about family interactions than children from a nonviolent community sample. Interparental aggression uniquely predicted representations of conflict escalation and avoidance after accounting for parent-child aggression, and the two types of aggression had additive effects in predicting positive maternal representations. Results demonstrate that young children exposed to maltreatment that took the form of domestic violence expressed fewer positive representations of their mothers and themselves and were
more likely to portray interparental conflict as escalating. This suggests that witnessing aggression in the family affect children's developing beliefs about close relationships and may be a process by which these experiences give rise to later mental and emotional dysfunction.

*Caregiving and Early Risk for Psychopathology*

Oppenheim, Emde and Wamboldt (1996) demonstrated that narrative construction and parental supervision and warmth go hand in hand. Caregiver attentiveness was associated with greater child narrative coherence with more discipline and prosocial themes. Positive maternal representations were associated with higher child vocabulary scores at age 5, fewer externalizing behavior problems at ages 4 and 5, and mothers themselves reporting less psychological distress at ages 4 and 5. Children with more negative representations also had higher externalizing behavior problems and moms reported greater personal psychological distress when children were age 5. Children with more disciplinary representations at each age also were rated by their mothers as having fewer externalizing behavior problems and their mothers reported less psychological distress at age 5 as well.

von Klitzing, Kelsay, Emde, Robinson, and Schmitz (2000) studied a large sample (n=652) of middle class, primarily Caucasian, 5-year-old same-sex twin pairs. Girls told more coherent narratives with less aggression than boys while aggressive themes were found to correlate with behavior problems in girls but not in boys. Children who told a considerable number of aggressive and incoherent stories had more behavioral problems than those who did not show this narrative pattern. When using a younger middle socioeconomic sample, both distress and destructive themes in the narratives of 4 year-olds correlated with parents’ and
teachers’ ratings of externalizing behavior problems. Warren, Emde, and Sroufe (2000) studied somewhat older (ages 5-6), higher income, primarily Caucasian, nonclinical children and found that children who end stories negatively, who show difficulty with stories involving separation, and who represent the child protagonist as unable to appropriately handle situations or seek help from parents may be at risk for later anxiety disorders.

Peterson, Jesso, and McCabe (1999) examined mothers' styles of eliciting narratives from their children where mothers of intervention children were encouraged to spend more time in narrative conversation, ask more open-ended and context-eliciting questions, and encourage longer narratives through back-channel responses. Children's narrative and vocabulary skills were assessed before and after the year-long intervention where narrative measures included the number and length of narratives as well as how decontextualized and informative they were. Intervention children showed significant vocabulary improvement immediately after intervention terminated, and a year later they showed overall improvements in narrative skill. In particular, intervention children produced more context-setting descriptions about where and especially when the described events took place. Such decontextualized language has been emphasized as important for literacy acquisition.

In two studies that have examined using the MSSB as a clinical tool in assessing young children’s behavior problems, Robinson, et al. (2000) found that the measure demonstrates clinical utility in evaluating effectiveness of interventions geared to address dysfunctional parenting with low income minority children. They argued for assessing children's representations of their parenting experience to evaluate the effectiveness of an early
intervention program, as well as advocating for the use of the story stem technique in its role in evaluating children's emotion regulation, social skills, and early experience in the family.

Additionally, von Klitzing, et al. (2000) demonstrated some promise toward the clinical utility of an abbreviated version (8 stems) of the MSSB including, Mom’s Headache, Three’s a Crowd, Lost Keys, Hot Soup, Exclusion, Family Dog Lost, Three’s a Crowd, and Candy Store. The latter assessment includes two new story stems (Warren, 2000).

Narrative representations play a unique role in understanding young children’s internal world, their emerging regulatory processing skill, and associated attentional dysfunction. In the creation process, where parents and children construct narrative accounts of family experience, caretakers can contribute to children’s rising levels of anxiety and confusion, oppositional, defiant, aggressive behavior, and other antisocial disorders, or they can instill an increasing awareness and ability to successfully cope with conflictual events and painful emotions (Slade, 1994). Representational research suggests that preschool children have the emotional capacity and cognitive maturity to inform us about their caregiving experiences (Toth et al., 1997).

My intent in this study is to extend the observational methods utilized by previous researchers and to broaden the self-report assessments previously given to school-aged children regarding their representations of relationship figures. New research is needed that will ultimately provide for richer and more detailed information about young preschooler’s, defined as three-year-old boys’ representations of self and of self in relation to others. This study will expand upon previous quantitative research, as guided by the preschool boys’
expressed thoughts, and will focus on their lived experience and constructions, as they tell it to the researcher when apart from their parents in a story completion task.

My goal is to study the emotional and interactional quality of three-year-old boys’ narratives, and examine the connections between events that have actually taken place in their caregiving environments and their telling about emotionally laden events though the narratives stories.

Among the research questions posed for this study was the broad question: What are the representational accounts that young maltreated male children provide regarding their caregiving environments? The goal is to construct a comprehensive and in-depth description of young preschool boys’ early understanding and expectations of caregiving.
CHAPTER THREE
METHODOLOGY

A qualitative methodology employed in this study included three basic assumptions common to qualitative inquiry: (a) the focus of research is contextual and includes interacting social and family units, (b) the meanings people experience as they act in and speak, feel, and think about their families are crucial data, and (c) data generated consists of the details and idiosyncrasies of what people communicate about their families and themselves embedded in their social, cultural and family groups. These organized experiential accounts or family stories are not incidental to the analysis but a key analytic tool as "it is through this analysis that the family researcher can begin to understand the complexity and variability of family experiences and begin to generate theoretical constructs that reflect underlying themes and variations" (Rosenblatt & Fischer, 1993, p. 170).

Researcher

The role of the researcher is to understand and document the whole of what is being communicated by the child informants in this study. Understanding refers to the German verstehen, referring to the unique human capacity to make sense of the world (Patton, 1990). Notwithstanding, the researcher is accountable to describe his own experience and assumptions which, to some degree, have an influence on the construction and interpretations of the results of this study. The researcher is one of the primary instruments of learning in this study (Lincoln, & Guba, 1985).

The researcher is a forty year-old Caucasian male who is married with four children.
My family of origin consists of two parents who are living and two living siblings. All family members reside in the Western United States, have a strong religious faith, and are of English-American decent. This researcher is pursuing a doctoral degree in Human Development and Family Studies at Iowa State University, having obtained a bachelor’s degree in psychology from the University of Utah and a master’s degree in Marriage and Family Therapy from an AAMFT accredited program at Loma Linda University in Southern California. Since completing coursework at Iowa State University in 1999, I have completed supervised hours as a Marriage, Family and Child Therapist (MFT) intern while employed full-time at a private not-for-profit children’s counseling center located in the Southwestern United States, where this research project was conducted. Since this time this researcher has passed the written and oral board exams administered by the California Board of Behavioral Sciences (BBS) and was licensed to practice family and child psychotherapy in 2004 as a Marriage and Family Therapist (LMFT).

This researcher’s work at the clinic includes providing attachment and behavioral based mental health treatment to children aged 0-5 years, and their families. The treatment program includes family therapy, offered as Watch, Wait, and Wonder; Parent-Child Interaction Therapy (PCIT) and TheraPlay modalities; as well as optional therapeutic preschool group, consultation with the child’s care center or preschool, and/or in-home behavioral therapy. Prior to the researcher’s current employment I worked three years as a supervised family therapist with the Children and Families of Iowa, with children diagnosed with a mental and/or emotional condition and a co-occurring substance use disorder. Prior to
that I completed a one-year traineeship with the Riverside Family Service Association (California), working with children aged 4-12 and their families, including situations involving child abuse, divorce, and/or domestic violence, and the Loma Linda Marriage and Family Therapy Clinic where the emphasis was on treating couples focusing on marital and family therapy.

In qualitative research the researcher is the primary investigator and interviewer and therefore it is important to make my role clear and any research bias explicit. This researcher’s personal values and beliefs are important in that they affect the way I view of the world. I believe is that life is to be experienced and that love, acceptance, and encouragement in families can provide support, and personally, I view loving and being loved is the most rewarding and fulfilling feeling any human being can experience. This researcher’s education and clinical experience also indicate that childhood is a consequential period of life and the quality of attachment has a profound and lasting effect on children’s close relationships. Further, parent-child and family therapy as an intervention where people learn to communicate more effectively in resolving issues, is a valuable and helpful form of psychotherapy that can change lives. This researcher’s interest in research as a method of inquiry and understanding also indicates that research is intrinsically important and is a useful way to understand the family, and that a research-practitioner can both meet a families needs as well as produce insights and information that other therapists and educators can use in their own professional positions relative to families.

Description of the Research Site
The Clinic with its Early Intervention Program, is a private, not-for-profit, children’s mental health outpatient facility, located in the Southwestern United States. Families with young children are referred to the clinic by their child’s preschool or daycare provider, pediatrician, or the county social services agency. When a parent contacts the clinic they are asked to complete an intake interview via phone with a clinical staff member who serves as an intake coordinator. This staff member gathers demographic data and assesses and prioritizes the family’s needs and the nature and seriousness of the issues presented and refers the child for an assessment with the therapist. The second step in the process is to provide a comprehensive mental health assessment for the child. Following the intake interview, the parent makes an appointment for this comprehensive assessment. During the assessment interview this writer met with the families and discussed the problems, facts and perceptions of the child’s parent. The evaluator observes and interacts directly with the child to determine the child’s needs and assess the child’s abilities and deficits, including impulse control, speech and language and general developmental ability, social-emotional development, and to determine what therapy might be helpful in meeting the needs of the child and the family.

After careful consideration and a better understanding of the presenting problem as well as a detailed review of the child’s family, medical, psychiatric and developmental histories, the therapist determines if a child meets criteria for a mental health diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, Vol. IV-TR (American Psychiatric Association, 2003). If the child does qualify for a diagnosis and meets medical necessity, where the diagnosis limits the child’s ability to function in one or more areas including, familial, social,
educational/occupational, and/or independent living, then the child is enrolled the child in our program and provided therapeutic services. It is at this point that the family, whose child was male, between the age of 36 and 47 months, qualified for a diagnosis, met medical necessity, and had experienced maltreatment was invited to participate in the current study. Services available at the clinic include family therapy and group services where the focus is on four basic feelings: sad, glad, mad, and scared (using our “feelings flower” puppet, picture puzzles, music and movement, dramatic play, and art). The program also emphasizes self-awareness including children memorizing their names, family members, and the “play of the day;” and focuses on skills such as cause and effect reasoning, listening, and following through with staff directives; and safe play with peers. Available home visits include setting up a behaviorally-based reward system to encourage young children to follow through with tasks at home. The clinic also offers psychiatric and psychological consultations and evaluations if such is warranted (in rare cases of self-harm, differential diagnosis, developmental delay or suspected psychosis).

Informants

The child informants for this research were eight preschool-aged boys. Young preschool children were defined as children who were in the age bracket from 36 to 47 months; who were also from a diverse range of cultural backgrounds. These eight boys were recruited from a pool of male children who would be receiving treatment in an early intervention program at the private mental health clinic for children described above, who were both assessed and found to qualify for a major Axis I DSM IV (American Psychiatric
Association, IV-TR, 2003) diagnosis, and who were found to have experienced at least one form of maltreatment in the past 12 months. Subtypes of maltreatment included sexual abuse, physical abuse, neglect, and/or witnessing/participating in domestic violence. It was during the child’s initial assessment that a parent and/or guardian of the child was invited to participate in a study investigating children’s attitudes towards their home life.

Instruments

Instruments included the Child Behavior Checklist (CBCL) and the MacArthur Story Stem Battery (MSSB). The MSSB formed the content of the semi-structured interview.

Child Behavior Checklist

The Child Behavior Checklist (Achenbach, 1991) is a well validated, well-normed inventory of child behavior consisting of 113 individual items rated on a scale from 0 (not true) to 2 (very or often true), which yields a range of standardized profiles including total number of problems and adaptive, externalizing, and internalizing behavior (see appendix A). Internalizing profiles include withdrawal, somatic complaints, anxiety and depressive scales. Adaptive functioning includes social problems, thought problems, and attention problems, and externalizing profiles include aggressive and delinquent behavior scales. The CBCL inventory was also used to gather demographic and supportive parent-rated clinical information regarding children’s activities, skills, friendships, and play (these scales are not scored for children 3-5 years of age). The instrument was designed to be completed by parents and scored by clinical persons with appropriate training and experience.
MacArthur Story Stem Battery

The *MacArthur Story Stem Battery* (MSSB) is a non-intrusive assessment method that taps into children’s understanding and representation of their world (see Appendix B). The MSSB has its origins in Bretherton’s early work studying children’s attachment-related representations with the Attachment Story Completion Task, a standard set of five stems that “stimulated the child’s secure base impulses” including separation-reunion and other stories, and Buchsbaum and Emde’s story stem work accessing children’s representations of moral actions and family conflicts through dilemmas “where their choices for resolution reflected their internalized caretaking experience” and feelings toward siblings (Robinson & Corbitt-Price, 2000). Informal collaboration between these two groups resulted in Bretherton, Emde, and Buchsbaum forming a group (later calling itself the MacArthur Narrative Group) utilizing the story stem approach to understand the preschool child’s inner workings. The group settled on a set of 12 story stems that access children’s moral and attachment themes and themes of relational and family conflict. The method includes using small dolls, set in a dramatic type motion, where children use their own personal experience and inner representation of their social world to complete the stories presented. Each story stem tells the beginning of a relationship conflict with the stem ending at a high point or dilemma, where children are then encouraged to complete or resolve the story (Robinson & Corbitt-Price). The enactment can serve to allow children to distance themselves from events that may be too difficult or emotional to directly discuss or assess. The examiner is important as he supports the child’s choices to address or avoid conflictual situations, minimizing or absorbing stress imposed
upon the child in the given situation.

The MSSB has utilized several quantitative coding systems for scoring including factor analysis where both thematic and performance themes were developed. One example of the factors taken from the MacArthur Story Stem Battery Manual (Bretherton, et al., 1990) show story-stem groupings into two areas, including (a) moral related themes where a transgression occurred (Candy Store, Spilled Juice) and (b) relationship story groupings (Lost Dog, Three’s a Crowd, Lost Keys, Separation, Reunion). The coding of children’s narratives has evolved over the years depending upon the research question and interest of the researchers, leading to a variety of coding systems. von Klitzing, Kelsay, and Emde (2003) reported a recent and comprehensive factor analysis that led to three global constructs including Content, Child/Parent Representations, and Performance Style, which contain the following factor aggregates and lower level items (a) Content with a subcategory of Anger and Discipline, including the following: Exclusion of Self and Other, Punishment (Verbal and Physical), Reparation/Guilt, Affiliation, Disciplinary Mother and Father, Anger and Distress, and Concern, Investment in Performance, and Embellishment; (b) Child/Parent Representations with a subcategory of Positive Themes and Positive Representations, including Empathy and Help, Affection, Positive Mother, and Positive Father, and subcategory two discussing Negative themes and Negative Representations including Aggression, Escalation, Negative Atypical Responses, Negative Mother, Negative Father; and (c) Performance with a subcategory of Quality of Story and Relatedness, including items Direct Performance, Responsivity with Examiner, Coherence, Embellishment, and Joy. Distribution of themes and
performance characteristics for the stories as well as internal consistency and inter-rater reliability statistics are discussed by the authors.

For the purpose of this study, children’s themes were not numerically coded or statistically analyzed, but were analyzed using a qualitative content analysis. Story stems presented by the MacArthur group are as follows.

1. Spilled Juice (attachment/authority). While the family is drinking juice George (the child) reaches to get some more juice and spills it all over the floor. The theme is parental response to an accident.

2. Family Dog Lost (attachment). George goes outside to play with the family’s pet dog and discovers the dog missing. The theme is loss and reunion.

3. Mom’s Headache (moral dilemma). Mom has a headache and asks the child to turn off the television. The child’s friend comes over and wants to watch television. The theme is dilemma about empathy with mother versus loyalty to a friend.

4. Gift to Mom and Dad (oedipal). George worked very hard at preschool to make a beautiful picture. He will choose who he will give it to, mom or dad. The theme is pride and/or preference for one parent.

5. Three’s a Crowd (peer conflict). The child and a friend are playing with a ball and the child’s younger sibling wants to join in the game but the child’s friend does not want the sibling to play. The theme is a dilemma of loyalty to friend versus empathy towards a sibling.

6. Hot Gravy (attachment/authority). After being told not to get too close to the stove, the child reaches up to a hot pan of gravy, spills it, and burns self. The theme is disobedience
and/or parental empathy versus authority.

7. Lost Keys (family conflict). The child comes into the room and hears mom and dad arguing over the lost keys. The theme is of parental conflict in family relationships.

8. Candy Store (moral). After mom tells the child that the child cannot have any candy, the child steals it in front of a store clerk. The theme is of transgression/getting caught and shame.

9. Departure/Reunion (attachment). The parents go away on a vacation and the children stay home with the grandmother. The parents then return from their trip. The theme is of separation from parents.

10. Bathroom Shelf (moral dilemma). Mom has to go next door to the neighbor’s house and tells George not to touch the band aids or anything on the bathroom shelf. While she is gone his younger brother cuts his finger and needs help. The theme is of obedience of mother versus empathy to sibling.

11. The Exclusion Story (oedipal). Mom and dad want some time alone and ask the child to go play in the child’s room alone. The theme is of family relationships and exclusion from the parental relationship.

12. Cookie Jar (moral dilemma). In front of the child, the younger sibling steals a forbidden cookie. The mom and dad enter the room. The theme is of conflict between loyalty to parent and loyalty to sibling.

13. Climbing the Rock (mastery/attachment). The family is going to the park together and encounter a large rock that George would like to climb. His mother tells him to be very
careful. The theme is of mastery/pride.

In the MSSB protocol, the “Birthday Story” is used as a warm up stem and is not typically coded. In the beginning this examiner introduced the child to the “doll family” in order to bring the child into the “narrative frame.” By modeling actions with the dolls and portraying a range of emotions the examiner suggests acceptability of an open expression of the child’s thoughts and feelings. The examiner begins the Birthday Story, for example, by asking the participant children to move the family of dolls to a doll-sized table. The examiner begins with the appropriate introduction of the story stem. The examiner might say, “Today is George’s birthday!” and places the birthday cake prop on the table. “Mom made him this beautiful cake. It’s time for the party. Come on grandma, and dad. Bob and George, it is time to celebrate George’s birthday.” The examiner then asks the child to help get the family ready at the table. After the family figures are around the table then the examiner says to the child, “Show me and tell me what happens now.” As the story unfolds, the examiner may sing “Happy Birthday” with the child. The examiner may encourage the child to show how the cake is eaten or inquire about what George might say about his birthday and the cake.

Procedure

Prior to beginning the study, the researcher sought and received the permission of the Institutional Review Board (IRB) at Iowa State University to conduct the study (see Appendix C). After receiving permission to do the study, eight male children were identified as participants using a purposeful sampling procedure. Parents of the first eight boys who gave their consent to have their children participate in the study during the initial assessment
or first contact with the family were chosen to participate. To the extent that parents did not agree to participate, other children were contacted until eight male children total consented to participate. Following written consent from the participating child’s parent (see Appendix D) the researcher mailed the *Child Behavioral Checklist* (CBCL) directly to the parent with instructions on how to complete the instrument. The measure was completed by the child’s parent at their home and returned to the researcher by mail or given to him during the administration of the MSSB at the first appointment.

In the clinic playroom child informants were administered the narrative story stems in individual sessions that lasted 50 to 90 minutes. Prior to the session with the child, the parents were given an opportunity to discuss the evaluation for that day and then returned to the lobby during the time the researcher administered the MSSB with the child. The clinical interviews were videotaped through a one-way mirror using an automated recording system cued and recording immediately prior to this researcher meeting with the family and inviting the child to walk to the playroom. Following the administration of the MSSB, the parents were reunited with their child and a debriefing took place with the family. The children were given juice and a snack of their choosing to enjoy during this debriefing session as the clinician discussed the story stems and answered any questions the parent had regarding the child’s reactions to the evaluation.

The MSSB actually includes thirteen story stems that have been used to elicit children’s narrative completion to emotionally laden stories in the semi-structured interview. The evaluation was initiated with the researcher telling the child that he and the researcher
were going to play together. Each session began with a practice story, as previously
described, in which the evaluator familiarized the child with the procedure and established
rapport. A play family was presented consisting of a mother, father, older child, younger child,
grandmother and a family dog. Each character had a name and was presented to the child by
name and relationship. The child story character was uniformly the same sex as the subject
child. The boys were asked to enter a narrative and complete the story, where stems were
presented in an animated fashion to facilitate the child’s participation. Next, an enthusiastic
invitation, “Show me and tell me what happens next!” was given. Also, several standardized
probes are designed to explore a variety of other specific issues as the interview progresses. In
the protocol the evaluator moved from one story stem to the next after the child informant
addressed the main issue in that particular story stem and brought the narrative to an end.

The story stems are emotionally sensitive in nature and families were cautioned that
they could evoke feelings such as sadness, confusion, or trigger anxiety or anger in some
young children. If the child were to experience these emotions and as is sometimes the case
throw a toy to express that anger, the examiner would immediately mirror that emotion back
to the child. For example, if we were discussing the story stem about “Lost Dog” and the child
threw a toy or expressed an intense feeling I might say, “You feel really mad when your dog
gets lost! That is okay to feel mad.” or “This story might remind you of your dog. What was
your dog’s name?” In providing a reflective context for the child’s anger, he may feel safer
and could better regulate his angry feelings and then move to use coping skills that are more
functional than anger. For instance a child could then better use his words to express what he
was feeling. I would redirect the child to use words to express the felt fear or anger and might provide a pillow for the child to “take a break” and talk about his experience with a lost dog, or wherever his conversation took us. I would also ask the child if he would like to stop the play time and return to his mother or father. If the child indicated either verbally or non verbally “yes,” I would take the child to his parent and then continue with a debriefing session to inform the parent about our session. The child would also be able to have a snack as children often associate eating with feelings of safety and control and the snack could possibly help resolve these initial negative feelings and the child might be more likely to return to the clinic for our regular therapy sessions having had a positive experience with expressing his emotions and resolving the issue with a familiar figure, his parent. This experience could also reinforce that I am someone he could trust in the future.

Ten families were invited to participate and one of the eligible families declined to be involved in the study. Of the remaining interviews where the child participated in the assessment interview and began the series of story stems, one of the boys demonstrated some anxiety and eventually asked for his mother. He was taken to the lobby where his mother was waiting for him. This child did not finish the MSSB, and did not continue with the research study. Following his attrition from the study the family did return to the clinic and participated in 20 weeks of family, group, and in-home therapies and the child was discharged successfully from the program. This, eight children total completed the MSSB and served as the informants of this research.

Data Analysis
The grounded theory method was employed in which the narratives in this study were organized into a set of hypotheses or frameworks (Strauss & Corbin, 1990). The grounded theory methodology, also termed the "constant comparative method," is fluid and emphasizes developing theory from data that is systematically gathered and analyzed where theory evolves during the research process. The possibility of developing theory with great "conceptual density" and with "considerable meaningful variation" is a primary purpose. Strauss and Corbin define conceptual density as a richness of concept development and relationships. The grounded theory researcher is interested in patterns of action and interaction, both between and among types of social units. What is the relationship of the theory to reality and truth? Strauss and his colleagues maintain that qualitative methods in general and grounded theory in particular say that truth is enacted and embedded in history, and theories are viewed as “interpretations constructed from participants perspectives.” Nonetheless, theory as developed through this methodology, insofar as it is able to specify consequences and their related conditions, does claim predictability, in the sense that if elsewhere approximately similar conditions are present, then approximately similar consequences would occur.

In contrast to the quantitative experimental tradition of objectivity, logic, and procedures that require operationalization of independent and dependent variables, the grounded theory methodology emphasizes multiple perspectives, interactions, and social processes. Quantitative methods require that data are analyzed using statistical formulas, where "…outcomes are identified and measured, treatment and programs conceptualized as discrete independent variables, and manipulated in some linear fashion to test hypotheses and
easily draw inferences about the relationship between variables or groups” (Patton, 1990, p. 61). The advantage of the qualitative analysis is that greater attention will be given to the dynamic whole including situational contexts, settings, relational interdependencies, and where the researcher will focus on the totality and complexities of the child’s personal experiences (Patton).

The unit of analysis in this inductive study was the contextual experiences of the participant children. A cross-case analysis was employed where this researcher grouped together information provided from different participants to common questions and analyzed different perspectives on central issues, examining the general patterns across cases, transcribing and reviewing the narratives to develop a set of emergent themes. The taped narratives were transcribed by a transcriptionist hired by the author and each of the narratives were reviewed and compared carefully with the actual video tapes to ensure the accuracy of the child’s statements and their body language. Data analysis took several steps, including (a) reviewing the data including repeated exposure to the audio, video, and written transcripts, thus immersing the researcher in the data, (b) clinical associates, the site supervisor, and the major professor reviewing the data including notes, transcripts, and video files assisting the researcher in text analysis process, (c) grouping responses into logical clusters of information, (d) exposing the list of initial themes to the data in an effort to re-examine, cross-check, and further determine if new content themes emerge or if initial themes needed adjustment according to theoretical ideas, and (e) reducing the list of themes by grouping similar or related ideas. The findings are grounded in real world patterns (Strauss & Corbin, 1990).
Using the MSSB in a qualitative method also presented a special circumstance with regards to data analysis. Typed transcriptions included all speech in children's story completions as well as careful recording of nonverbal descriptions used by and/or represented in children's behaviors (see Appendix E). The researcher initially grouped all children's descriptions of story material according to their similarity, with a special emphasis on the emotional meaning of children's behaviors. Grouping together like answers from the participant children and analyzing different perspectives of informants on central issues was of great importance, as noted by Patton (1990). Careful attention was paid to the child informant’s responses to illustrate the similarities and differences in representational themes both between and among groups. Following the grouping of responses into broad areas of interest, I conferred with an early intervention colleague who examined the typed responses and advised me on other potential meanings and interpretations of the data. I then formed the responses into logical content clusters of base content and potential meanings and alternative interpretations based on what became a shared understanding of the responses. Actual theme development proved to be challenging. I met with clinic associates to compare the clusters and the responses contained in each, and on numerous occasions we negotiated regarding what the respondents were saying. We interpreted their narratives with caution and great care and until clear categories emerged and when then labeled and finalized these categories as themes from the data.

**Indicators of Research Rigor**

Lincoln and Guba (1985) reason that trustworthiness of data is an important issue
when designing qualitative research and so it was that this study utilized methods to support
the trustworthiness of the data and analysis. From the beginning, the design of the study
included multiple cases and participants, which served to strengthen the findings and their
transference and applicability. The following indicators of rigor were considered including
credibility, dependability, transferability, and confirmability.

_Credibility_

Carefully considering the portrayal of the realities of the child participants and taking
steps to communicate and represent their actual experience is an indicator of credibility. For
example, peer debriefing and consultation with colleagues was employed to test the insights
and interpretations of the researcher including making concerted efforts to expose the
researcher’s thinking and analysis to review and scrutiny. Thus, this research study represents
a collaborative effort on the part of this writer, the site supervisor, clinical colleagues, and the
dissertation committee chair (major professor). The researchers discussed the content and
potential meanings and alternative interpretations of children’s stories during the interview
process itself. Further, during the analysis process we were careful to include and discuss
growing impressions of the children’s verbal and non-verbal reactions to the story-stems
which became the data. On no less than seven occasions the primary researcher met with one
or more of these research associates to compare our interpretations and to gain insight from
this joint process including consulting the existing quantitative data. The children’s themes
were initially clustered using published factors, however, deeper meanings arose from our
discussions and differences emerged from what these children were telling us. This process
served the children well, had the advantage of bringing to the forefront varying and multiple clinical, educational, and academic perspectives, and subsequently enhanced the dependability and confirmability of the data.

Confidentiality was also of great importance in this study. Parents and guardians were informed from the beginning that the information they provided would be used only for educational and research purposes and would otherwise be protected and kept private. It is likely that the participant parents would be more open and truthful in disclosing information about their problems, needs, and family dynamics if they were assured that their information would not be disclosed.

Finally, triangulation involved using a variety of methods and people to collect the data (Lincoln & Guba, 1985). We utilized different collection methods including videotape, field notes, and journaling which allowed for cross checking of data and interpretations.

*Dependability*

This indicator addresses the idea of consistency, where the method of data collection and analysis procedures are clearly stated and made available for inspection and critique. An audit trail consisted of keeping a record of the general process of the research, and in particular data gathering and decisions made by the researcher and the clinical and research associates that assisted him, this had a great impact on the data as discussed. An audit was conducted by an outside and experienced researcher (the major professor) who reviewed the data collection processes, transcripts, and summaries to determine if they were clear, understandable, sound, and logically related to the final themes.
Transferability

Rather than seeking generalizability through inferential methods, this construct deals with how applicable the research findings of a study are to other possible contexts. Guba (1981) asserted that it is not possible to develop “truth” statements that have general applicability, rather, one must be content with statements that are descriptive or interpretive of a given context. It is the duty of this researcher to describe not only the study rationale, process, participants, context, and findings, but to provide detailed information on research context, the researcher and his own history and other potential sources of influential bias, as discussed. A purposeful sampling procedure was utilized.

Confirmability

Providing for an examination of the research and processes of data collection and analysis to ensure they are firmly rooted or grounded in the participants experience is key to establishing confirmability (Guba, 1981). As previously discussed, descriptions and findings were clearly based on the experience of child participants and not in the biases or potential misinterpretations of the researcher.
CHAPTER FOUR
RESULTS AND DISCUSSION

A major research interest in this study was to understand the emotional aspects of young preschool boys’ narratives about family life and the connections between maltreatment and psychiatric problems for these male children, their representations of self, and the potential meaning for others. Further, the following questions were of particular importance:

1. How does a young male child process negative parenting experiences and what meaning does he attribute to parents, self and others?

2. What is the emotional impact of maltreatment on preschool boy’s early perceptions and expectations of caregiving?

3. What are the coping strategies used by young maltreated preschool boys?

The participant children in the study represent a purposefully sampled and homogenous group of preschool boys, from similar backgrounds including a majority of children from families who were female only, economically disadvantaged, and living amid violence and emotional deprivation.

Children’s Case Histories

In the following section, each of the eight children will be described in clinical detail. Their names have been changed to protect the identities of their families and maintain their confidentiality.

Case One: Javier

Javier presented as a lonely, angry, dysregulated, and physically destructive 3-year and
11-month-old Hispanic male. He lives with his mother, who stays at home, and her mother’s boyfriend who works as a laborer and heavy equipment operator. Javier’s community clinic physician referred his family to the clinic. Javier is a first born child and has two younger sisters. When interviewing Javier, he appeared from his physical size to be older than his stated age; he was also disheveled and had poor hygiene. During the assessment Javier's motor behavior was observed as being continuous with movement and restlessness; he was very active. His facial expressions were sullen and angry. During the interview Javier presented as often being distressed, angry, and pacing. His speech was logical, loud, high pitched, and clear. His mood seemed sad and irritable. The behavioral tone during the interview was irritable and aggressive and Javier presented as immature, his insight and judgement at this time were deemed to be poor.

Primary concerns identified during the assessment included poor attention and concentration, hyperactivity, assaultive behavior, anger, and impulsive behavior. His mother reported that the solutions used to resolve the issues were spanking the child and/or “I just let him have his way.” Javier’s mother wanted her child to learn to “Behave and to listen. Go to school and be smart.” Javier met the full criteria for and displayed symptoms consistent with both Attention-Deficit Hyperactivity Disorder (ADHD; Regulatory Dysfunction) and Oppositional Defiant Disorder (ODD).

Family history of psychiatric issues included several episodes where the child’s maternal grandmother was hospitalized, most recently in 2000, for schizophrenia. His mother denied currently using any substances. Javier was treated for seizures at 10 months of age.
where he was hospitalized for one week.

His mother reported that her pregnancy was normal and delivery routine. Javier was born full term and reached physical, psychological, social, intellectual, and academic developmental milestones age appropriately. Prenatal exposure to substances or toxins was reported where mother used alcohol up to several times weekly during her first trimester. A history of abuse/neglect was also reported which includes the child witnessing mother and her boyfriend fighting and where, on at least several occasions in 2004-2005, Javier intervened in the couple’s physical altercation and domestic violence. His mother reported that on one occasion he jumped on her boyfriend, involving himself physically in the domestic assault. Javier reported he wanted to “…rescue” his mother. Her boyfriend was arrested and was imprisoned for a short time and has since completed a diversion/anger management program.

Javier is not attending preschool and stated he currently has “no friends.” When his mother was asked about her son’s strengths she stated, “He's my only son.” Javier enjoys watching cartoons and watches up to 6-10 hours daily.

Javier is a young child who presents as very impulsive, inattentive, argumentative, and has anger outbursts on a regular basis where he hurts his younger sisters, destroys his toys, and often hits and kicks his mom and fights with others in his neighborhood. His symptoms may be at least partially related to a possible developmental delay stemming from his mother's excessive use of alcohol during her pregnancy, as reported. Javier lives in a chaotic home environment, there is a family history of mental illness, and Javier has witnessed and participated in domestic violence where mother’s boyfriend has served time in jail for his
abuse. As a result of all of the information gathered, the individual's prognosis was considered to be fair.

During the MSSB evaluation Javier’s mother completed the Child Behavior Checklist (CBCL) and indicated that Javier was having problems in several areas. She rated the following items as most problematic, which were coded Very True or Often True: Can’t concentrate, can’t pay attention for long; Can’t stand waiting, wants everything now; Demands must be met immediately; Destroys his own things; Destroys things belonging to his family or other children; Doesn’t know how to have fun, acts like a little adult; Physically attacks people; Punishment doesn’t change his behavior; Quickly shifts from one activity to another; Screams a lot; Speech problems; Uncooperative; Whining. She rated the following items as Sometimes True: Afraid to try new things; Avoids looking at others in the eye, Clings to adults or too dependent; Cries a lot; Cruel to animals; Defiant; Disobedient; Disturbed by any change in routine; Doesn’t get along with other children; Easily frustrated; Has trouble getting to sleep; Hits others; Hurts animals or people unintentionally; Angry moods; Refuses to play active games; Resists going to bed at night; Resists toilet training; Unresponsive to affection; Easily embarrassed; Selfish or won’t share; Shows little affection towards people; Shows little interest in things around him; Too shy or timid; Stares into space or preoccupied; Strange behaviors; Sudden changes in mood or feelings; Temper tantrum or hot temper; Too fearful or anxious; Upset by new people or situations; Wants a lot of attention;

Case Two: Jason

Jason was observed to be a curious, very talkative, and domineering 3-year and 10-
month-old Caucasian male who lives with his grandfather and step-grandmother, who are self-employed as ranchers. Jason is an only child and has no biological siblings. He was referred to the clinic by his pediatrician. By observation, Jason appeared to be his stated age and was well dressed. His hygiene was good. Jason's motor behavior was observed as being normal for his age and developmental level. He was responsive and alert, articulate with no speech impairments. During the assessment his mood was calm although irritable, affect was consistent with his mood and appropriate, and the general behavioral tone during the interview was bossy although cooperative. Jason’s insight was good and judgment was seemingly good.

Jason’s grandparents reported that he is often found crying and sad, is very withdrawn, and reported trauma related to abuse perpetrated by his biological mother. They reported escalating and ongoing angry outbursts. His grandparents report that Jason’s “…attention span is bad. His outbursts are very difficult to handle.” Jason presents with symptoms consistent with Post-Traumatic Stress Disorder including attention/dysregulation, feelings of confusion and anger, fearfulness and marked distress, frequent acting out and disruptive, aggressive and defiant behaviors. Jason often rehearses and displays hypervigilence, especially in response to stressors including his mother’s threats to abduct him, colluding with him to “stay quiet” and physical and possible sexual abuse, unpredictable visitations, child custody dispute, and mother's chronic ill health.

His grandparents reported that Jason has had no known medical history of significance and no medications are currently being taken for any medical issues. There is a family history
of psychiatric illness including the report that child's mother demonstrates symptoms of Bipolar Disorder, as well as other unspecified mental health problems. There is a reported family history of substance use, including child's mother and father using illicit drugs and alcohol.

It was reported that the pregnancy with Jason and conditions around the birth and delivery were normal and the child has met his physical, psychological, social, intellectual, and academic developmental milestones age appropriately. Inquiries regarding prenatal exposure to substances or toxins indicated there had been no specific knowledge of exposure. History of abuse/neglect included the fact that custody was awarded to his paternal grandfather as his mother was deemed unfit to continue as his caretaker. It was reported he was often psychologically and emotionally abused and neglected. Additionally, his mother was not following repeated directives of her primary care physician regarding infectious disease, MRSA, a mutated staph infection.

Jason currently attends preschool and it was reported that there are significant conduct difficulties at school. Jason reports having one close friend. His grandparents described Jason's strengths as “helpful.” Jason enjoys Spiderman and Batman. Jason’s grandparents described time out, talking to child, redirecting him to play outside, and spanking him as attempted solutions used to resolve the identified problems thus far.

In the past year Jason was removed from his mother's custody and care as she neglected to properly care for and refused to follow treatment orders from her primary care physician. As a result of the frequent and unpredictable behavior of his mother, including
threats to abduct him from his preschool, unannounced visits, and her deteriorating medical condition, Jason has become more confused, is often fearful and angry, often exhibiting defiance towards his grandparents, threats of physical harm, explosive temper outbursts, and displays disruptive and aggressive behaviors at least several times weekly. Discipline includes time-out, talking to child, and removing privileges, and such has not reduced these behaviors. Jason's prognosis in treatment is considered to be fair to good at this time.

During the MSSB evaluation Jason’s step-grandmother completed the Child Behavior Checklist (CBCL). The scoring indicates that Jason was having problems in the following areas, items rated as Very True or Often True: Can’t sit still or restless; Can’t stand waiting, wants everything now; Chews on things that aren’t edible; Clings on adults or is too dependent; Disturbed by any change in routine; Doesn’t want to sleep alone; Easily frustrated; Easily jealous; Feelings are easily hurt; Gets too upset when separated from adult; Picks nose and skin or other parts of body; Quickly shifts from one activity to another; Resists going to bed at night. She also rated the following as Sometimes or Somewhat True: Aches or pains; Acts too young for age; Can’t concentrate or pay attention for long; Constantly seeks help; Cruel to animals; Defiant; Demands must be met immediately; Diarrhea or loose bowels when not sick; Doesn’t answer when people talk to him; Doesn’t eat well; Doesn’t get along with other children; Doesn’t know how to have fun, acts like a little adult; Doesn’t want to go out of home; Eats or drinks things that are not food; Fears certain animals, situations, or places; Gets hurt a lot/accident prone; Has trouble getting to sleep; Headaches; Hurts animals or people without meaning to; Looks unhappy without good reason; Angry moods; Nervous
movements or twitching; Nervous, high strung or tense; Nightmares; Overtired; Play with
own sex parts too much; Rashes or other skin problems; Selfish or wont share; Shows little
interest in things around him; Shows too little fear of getting hurt; Too shy or timid; Sleeps
less than most children; Speech problem; Stubborn, sullen, or irritable; Sudden changes in
mood, or feelings; Sulks a lot; Temper tantrum or hot temper; Too fearful or anxious;
Uncooperative; Unhappy, sad or depressed; Unusually loud; Upset by new people or in
situations; Wants a lot of attention; Whining; Withdrawn, Doesn’t get involved with others;
Worries.

Case Three: Zach

Zach presented as an attractive and gregarious, articulate, defiant, and quick-
tempered 3-year-old Caucasian/Hispanic male who reportedly lives with his mother, and her
female roommate. Mother reported that she lived with child’s grandparents up until her child
was 24 months old, at which time she and the child moved into their own apartment due to
deteriorating relationship with her mother. It was reported that Zach has one younger sibling
born several months ago. Zach's father is currently serving time in prison for weapons and
drug charges. The family was referred to the clinic by the child’s preschool teacher. Zach is an
attractive and normally developing child who was reported as having a severe temper when he
does not get what he wants or cannot get his way though talking to mom. Zach said to his
mom, “If you don’t give me that I will take you to the lake and drown you in the water and
you will be dead.” During the interview Zach loved to talk to the researcher and was very
animated. He appeared to be the same age as his stated age, with average height for his age
and average weight average for his build. His manner of dress was observed as appropriate and hygiene good. Zach's motor behavior was continuous with movement, with no observed psychomotor retardation. During our interview Zach interrupted his mother’s conversation frequently. His mood ranged from light and happy to irritable, defiant, and angry. His speech was observed as high in volume although well-modulated and clear.

Zach’s mother reported the presenting problem as her son’s anger, his angry outbursts, argumentativeness, impulsivity, and “always going.” She reported that she will suggest to him, “Let's get dressed,” for example. Zach says, “No, no, no!” She reported it is a fight everyday with Zach. Mother reported that Zach is mean to her and hits her frequently. She reported she is afraid of Zach. The severity of the presenting problems was described as moderate, with an onset or duration of the past year. Mother stated, “I don't want him to be angry. I want him to listen to me. He pushes me around. I don't want to give up on him.” Zach meets criteria for Oppositional Defiant Disorder, as evidenced by symptoms including aggressive and angry outbursts, always angry, low frustration tolerance, argumentative, hurts animals, defiance towards authority, impulsivity.

No medications are currently being taken at this time and Zach has no reported history of psychiatric treatment. Family history of psychiatric issues includes father’s reported Bipolar Disorder diagnosed in childhood by his physician. There is no family history of attempted/succeeded in committing suicide known or reported. There is a reported family history of substance use in that child's mother and father reported a past history of methamphetamine use, and maternal great-grandfather/maternal great-great-grandfather have
a reported history of alcoholism. Medical history was negligible with no reported medications currently being taken for any medical issues.

Mother reported that the pregnancy was normal and conditions around the birth and delivery normal and that Zach has reached physical, psychological, social, intellectual, and academic developmental milestones age appropriately and at times early. Inquiries regarding prenatal exposure to substances or toxins indicated there had been no exposure. Abuse history included Zach being physically abused by his father and witnessing domestic violence between his mother and father. Zach attends preschool, where he has a history of negative behaviors such as yelling, kicking, and fighting with others. The solutions used to resolve the identified problem were reported as yelling, spanking Zach, ignoring him, taking away his skateboard. Zach reports having a lot of close friends including Daven, Brendon, Liberty, and Julian.

Legally, mother reported having sole legal custody. Strengths include the fact that Zach is loveable, likeable, friendly, artistic at times, athletic, compassionate, hard worker, helpful at times, eager to please, sensitive, bright/intelligent, and musical. Zach reported that he is strong. Zach’s favorite foods include chicken and he enjoys watching scary movies, including Freddie Krueger, and watching Star Wars videos. He also likes the movie Matilda, as stated. Zach likes to play outside and is very active.

Overall, Zach has great difficulty with self control and is reported to be argumentative on a regular basis, especially towards his mom. His mother stated that at times Zach has temper outbursts, doesn't listen to her, and is always loud. She stated, “I'm ready to go back to work… I can't stay at home.” Zach's does not see his father at this time as his father is
imprisoned and his mother believes it would be a bad influence on him. As a result of all of the information gathered, the individual's prognosis in treatment is considered to be good at this time.

During the MSSB evaluation the child’s mother completed the Child Behavior Checklist (CBCL) and indicated that Zach was having problems in several areas. She rated the following items as most problematic, which were coded Very True or Often True: Can’t stand waiting, wants everything now; Holds his or her breath; Hits mom often; Angry moods; Whining. She rated the following items as Sometimes True: Avoids looking at others in the eye, Can’t concentrate or pay attention for long; Can’t sit still or restless; Defiant; Demands must be met immediately, Disobedient; Disturbed by any change in routine; Doesn’t want to sleep alone; Doesn’t get along with other children; Easily frustrated; Gets hurt a lot; Gets into everything; Hits others; Physically attacks people; Punishment doesn’t change his behavior; Hurts animals or people unintentionally; Angry moods; Refuses to play active games; Screams a lot; Selfish or won’t share; Stubborn, sullen or irritable; Sudden changes in mood or feelings; Uncooperative; Unusually loud.

Case Four: Benjamin

Benjamin is an immature, loud and very bright 3-year and 11-month-old Caucasian/Native American male who was seen with his adoptive mother. He is currently living with his adoptive parents and was reported to be the youngest in his family. It was reported that Benjamin has two biological siblings whom he visits infrequently. Benjamin’s family was referred to the clinic by a family friend. By observation, the child appeared to be
the same as the stated age, dressed appropriately and his hygiene was good. His motor behavior was observed as being normal for his age; as for responsiveness, Benjamin was considered alert although very easily distracted. His facial expressions were normal and responsive. He was very intrusive and when his bids for attention were not immediately noted, he would scream, throw toys or hit. His speech was fast paced and loud, and he was very precise and articulate. His mood appeared calm and affect was appropriate.

The primary concerns identified during the assessment included assaultive behavior where Benjamin was reported to “hurt people intentionally.” He is rough/aggressive, has anger difficulties and impulsive behavior, and is defiant. His mother reported that Benjamin “screamed his first two years of life” and has been mostly aggressive in his interactions with children and adults. His mother reported that Benjamin is often mean and violent, including hurting younger kids and animals. The severity of the presenting problems was described as moderate, with an onset or duration of two or more years, and the occurrence of the behaviors was considered to be constantly. Mother’s goal was for her son to “Stop hurting people.” Benjamin met the full criteria for Conduct Disorder, which includes a repetitive and persistent pattern of behavior where the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by aggression to people and/or animals, often bullies, threatens, or intimidates others, often initiates physical fights, has used a weapon that can cause serious physical harm to others, has been physically cruel to people, has deliberately destroyed others' property. His mother reported that her attempted solutions to resolve the problem behaviors thus far were time out, consequences, and providing incentives.
Benjamin has a history of partially successful counseling including attachment related therapy in the past year. His birth mother is reported to have a family history of attempted/succeeded committing suicide. It was also reported that both biological parents used illegal substances, specifically methamphetamine. There was no known medical history of reported significance and there are no reported medications currently being taken for any medical issues.

It was reported that the pregnancy conditions around the birth and delivery were abnormal where Benjamin was delivered in a regional prison and tested positive for methamphetamine. Child’s reported developmental milestones were achieved at normal time frames including physical and motor, although speech and language were not reached on time. Benjamin’s speech was delayed until age three as reported by his mother.

Benjamin’s adoptive mother reported that there was a history of abuse/neglect as the child was born addicted to methamphetamine and there was an attempt by the birth mother to take his life at birth. He was taken away from mother following his birth. Mother reported no history of Benjamin witnessing domestic violence, or abuse/neglect. Benjamin does not attend preschool at this time and reports having no close friends as he “hurt everyone.” His mother described his strengths as loveable, likeable, friendly, determined, and playful. Benjamin enjoys trains and books.

Benjamin is very active and easily distracted although he responded well to his mother’s directions in the assessment session. He also exhibited displays of affection during our session which appeared to be appropriate at times and which at other times reflected his
immaturity and the emotional needs of a younger child. Mother stated that displays of affection have only been recent. It is unclear whether the behaviors are due to exposure to drugs before birth, attachment issues, or some other cause. His mother was helpful, appeared competent, and has spent much time and effort trying to parent Benjamin the best she can. She wants support in working with him and acquiring mental health services to help him decrease aggressive behaviors. As a result of all of the information gathered, the individual's prognosis in treatment is considered to be good at this time.

During the MSSB evaluation the child’s mother completed the Child Behavior Checklist (CBCL) and indicated that Benjamin was having problems in several areas. She rated the following items as most problematic, which were coded Very True or Often True: Cries a lot; Defiant; Destroys things belonging to his family or other children; Disobedient; Doesn’t get along with other children; Gets hurt a lot, accident prone; Gets in many fights; Gets into everything; Hits others; Hurts animals or people without meaning to; Angry moods; Physically attacks people; Screams a lot; Shows little fear of getting hurt; Stubborn, sullen or irritable; Temper tantrums or hot temper; Uncooperative; Unusually loud; Whining. She rated the following items as Sometimes True: Can’t concentrate; Can’t pay attention for long; Can’t stand waiting, wants everything now; Destroys his own things; Doesn’t answer when people talk to him; Doesn’t eat well; Doesn’t seem to feel guilty after misbehaving; Easily frustrated; Looks unhappy without a good reason; Poorly coordinated or clumsy; Punishment doesn’t change his misbehavior; Quickly shifts from one activity to another; Refused to eat; Refuses to play active games; Resists toilet training; Selfish or won’t share; Sudden changes in mood or
feelings; Sulks a lot; Unhappy, sad or depressed; Wakes up often at night.

Case Five: Richie

Richie was very quiet and guarded during our interview. He is a 3-year and 4-month-old Hispanic male who is currently living with biological mother, and maternal grandparents. Richie is the last born child and has two biological siblings. The family was referred to the clinic by a Department of Human Services social worker. By observation, Richie appeared to be younger than his stated age, with height average for his age and weight slightly below average for his build. His dress was appropriate for his age and hygiene was good. Richie's motor behavior was observed as being continuous with movement and restlessness. He was not responsive to this writer although alert. His primary facial expressions were normal and responsive and speech was soft and slurred. His mood was considered cheerful although affect was restricted in range. His general behavioral tone was cooperative although immature; insight was good and judgment was seemingly good.

The primary concerns identified during the assessment included attention and concentration and anger problems. The severity of the presenting problems was described as mild-moderate with an onset or duration of the past 12 months. His anger and acting out behaviors were reported to occur constantly. His mother was observed as ineffective in her discipline, and described a chaotic home environment with domestic violence. His mother wanted her son to “Don't do things to irritate people. I don't want him to be made fun of like his dad.” Richie displayed symptoms consistent with Disruptive Behavior Disorder, Not Otherwise Specified (NOS), including often angry, irritates, and annoys others and is
impulsive.

There is a family history of psychiatric issues including his paternal grandmother on disability for mental health and other medical reasons. Richie is believed to be in good health according to caregivers, and it was reported that Richie has had no known medical history of significance.

It was reported that the pregnancy with Richie was abnormal as mother states “I was depressed real bad.” Conditions around the birth and delivery were reported as normal. Richie has not reached his physical, psychological, social, and intellectual developmental milestones age appropriately as Richie was reported to have had speech delays and his mother reported that he was not fully potty trained at an appropriate time frame. Inquiries regarding prenatal exposure to substances or toxins indicated there had been no knowledge of exposure. His mother reported that there was a history of abuse/neglect where he witnessed frequent domestic conflict/violence between her and Richie’s step-father.

Richie is not attending school at this time and reports having no friends. Mother described Richie's strengths as friendly, and Richie reported that he enjoys “toys from McDonalds.” The solutions used to resolve the identified problem thus far were reported as, “Spanking. I don't know what to do with him.”

During the assessment Richie was difficult to understand at times due to possible developmental and/or speech and language delays. He is reported to have anger outbursts on a regular basis, both at home and at school, is often defiant, impulsive and lacks the ability to focus. His mother stated that she and his dad often argued and that Richie had often witnessed
domestic conflict. Richie’s prognosis in treatment is considered to be fair at this time.

During the MSSB evaluation the child’s mother completed the Child Behavior Checklist (CBCL) and indicated that Richie was having problems in several areas where his mother rated the following items as most problematic, coded Very True or Often True: Aches or pains; Avoids looking at others in the eye; Can’t concentrate, can’t pay attention for long; Can’t sit still, restless; Can’t stand waiting, wants everything now; Demands must be met immediately; Destroys things belonging to his family or other children; Disobedient; Doesn’t want to sleep alone; Doesn’t seem to feel guilty after misbehaving; Easily jealous; Gets hurt a lot, accident prone; Gets in many fights; Gets into everything; Hits other’s; Angry moods; Nightmares; Screams a lot; Too shy or timid; Strange behaviors; Stubborn, sullen or irritable; Temper tantrums or hot temper; Too fearful or anxious; Uncooperative; Unhappy, sad, or depressed; Withdrawn and doesn’t get along with others. She rated the following items as Somewhat or Sometimes True: Acts too young for age; Cries a lot; Destroys his own things; Doesn’t answer when people talk to him; Doesn’t get along with other children; Easily frustrated; Gets too upset when separated from parents; Has trouble getting to sleep; Looks unhappy without good reason.

Case Six: Jamal

Jamal presented alternately as happy and angry and often easily provoked. He is a 3-year and 3-month-old African American/Black male who lacked the appropriate boundaries and protection of a selective attachment with his mother, and who was now living with his grandmother. Jamal is the last born child in his biological family and he has two older
biological siblings. The primary concerns identified during the assessment included change in placement, early pervasive neglect, attachment behaviors, and anger, and the severity of the presenting problems were described as moderate with an onset or duration of the past several years. The occurrence of the behaviors was reported to occur multiple times a day. His grandmother stated, “I want to see him get control over his temper.” Child exhibits behavior consistent with Attachment Problems, and Disruptive Behavior Disorder, Not Otherwise Specified (NOS), including, anxiety, insecure, poor boundaries, often yells, easily angered, and frequent temper outbursts. Jamal's prognosis in treatment is considered to be good.

Jamal has had no known medical history of significance. Family history of psychiatric issues includes a report that Jamal’s uncle has autism and family history of marital counseling, and parenting for parents and grandparents. Family history of substance use was reported as child’s mother currently uses methamphetamine and child’s father reported drug use including current use of marijuana and methamphetamine.

Jamal’s grandmother reported that the pregnancy and delivery with Jamal were difficult and when asked if Jamal reached physical, psychological, social, and intellectual developmental milestones, his grandmother reported that he had. Prenatal exposure to substances was affirmed as grandmother reported that his mother had continued to use drugs throughout the pregnancy, indicating there had been exposure to methamphetamine. It was reported that there was a history of abuse and neglect when child lived with his biological mother and was removed from his parents care and custody. His grandmother has had custody of the child for one year. It was further reported that there was a history of witnessing abuse
where Jamal has had frequent disruptive foster placements, including a reported eight placements total. He has witnessed drug use and other illegal activity.

Jamal is in preschool and attends Head Start. With regards to conduct difficulties at school, Jamal has a history of negative behaviors such as yelling, fighting, and tantrums. Jamal reports having one close friend.

During the MSSB evaluation the child’s grandmother completed the Child Behavior Checklist (CBCL) and indicated that Jamal was having problems in several areas. His grandmother rated the following items as most problematic, which were coded Very True or Often True: Can’t sit still or restless; Can’t stand waiting, wants everything now; Chews on things that are not edible; Demands must be met immediately; Destroys things belonging to his family or other children; Disobedient; Doesn’t answer when people talk to him; Doesn’t know how to have fun, acts like a little adult; Gets into everything; Nervous, high strung or tense; Punishment doesn’t change his behavior; Quickly shifts from one activity to another; Stubborn, sullen or irritable; Temper tantrums or hot temper. She rated the following items as Sometimes True: Can’t concentrate; Can’t pay attention for long; Cries a lot; Defiant; Destroys his or her own things; Doesn’t want to sleep alone; Doesn’t get along with other children; Doesn’t seem to feel guilty after misbehaving; Easily frustrated; Easily jealous; Feelings are easily hurt; Gets hurt a lot, accident prone; Gets into many fights; Has trouble getting to sleep; Angry moods; Nightmares; Plays with own sex parts too much; Refuses to play active games; Resists going to bed at night; Selfish or won’t share; Sleeps less than most children day or night; Smears or plays with bowel movements; Speech problem; Sulks a lot;
Talks or cries out in sleep; Uncooperative; Unusually loud.

Case Seven: Cole

Cole presented as a demanding, emotional and aggressive 3-year and 7-month-old Caucasian male who lives with his mother, who is employed as an office clerk. His father and mother separated this past year following domestic violence. It was reported that Cole is the oldest child and that he has one biological sibling with whom he was described as often arguing and fighting. Cole was referred to the clinic by a treating physician. By observation, Cole appeared to be the same as his stated age and his weight was average for his build. His clothing was appropriate for his age and his hygiene was good. Cole's motor behavior was observed as being continuous, with movement and restlessness; he was responsive to this writer and alert. The child’s speech was non-pressured, loud, and slurred. His mood was irritable and the observed affect was appropriate. Cole was considered immature for his age, his insight seemed fair, and his judgment was fair.

The primary concerns identified during the assessment included assaultive behavior, i.e., hurting, hitting, biting, kicking, planning attacks, trauma involving sexual abuse, sleep disturbances, and anger. There was a reported history of physical and possibly sexual abuse per doctor's exam in September. It was further reported that there was a history of witnessing domestic violence during mother's pregnancy, through February 2005, where dad would hit, punch, threaten family members with death and scream and yell. The severity of the presenting problems was described as severe with an onset or duration of the past several months. The occurrence of the behaviors was reported to occur multiple times a day. The physical and
emotional abuse was investigated by CPS, reported by his pediatrician in September 2005, and was verified by a phone call and medical records consult made by this writer at the time of the assessment. The solutions used to resolve the presenting issues include “time out, sit with him, redirect him, spank him, and yell at him”.

His mother would like the following to be different as a result of treatment, “Be the boy he used to be. Respect his elders and siblings, use manners, not be so violent.” Child displays symptoms consistent with Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, including: development of disruptive, attentional, angry, fearfulness and marked distress, aggressive/defiant behaviors, in response to stressors including experiencing abuse, and witnessing chronic domestic violence between mother and father.

A family history of psychiatric issues was reported as mother is being treated for depression and mother reported a cousin who was diagnosed with autism. A family history of substance abuse including child's father, also paternal and maternal grandfathers, as “alcoholics” and also use marijuana. Medical history includes a report that Cole had 10 stitches in his chin and a concussion during the summer of 2005 when he was a little over 2 years of age.

It was reported that the pregnancy with Cole was abnormal as mother was pregnant with twins and lost Cole's sibling at 6 months gestation. Cole reached physical, psychological, social, developmental milestones age appropriately as reported by his mother. She denied prenatal exposure to substances or toxins.

Cole is not attending school at this time and he was reported to have one close friend.
Currently, Cole's mother has sole legal custody as child's father is in prison.

Mother described Cole's strengths as loveable and as having a sense of humor. Cole enjoys dirt bikes.

Cole is reported to be “a holy terror” as described by his mother. Cole displays aggressive behavior, temper outbursts where he hurts others, including bites, screams, and hits, is defiant and hyperactive. This is connected to Cole’s witnessing long term domestic violence between his mother and father where his mother stated the child’s father hit, kicked, slapped, and beat her repeatedly over the past three years. More recently mother has obtained a restraining order against Cole's father who has now been sent to prison on drug charges. In addition to these concerns, Cole has been displaying some sexualized behaviors including often putting his finger in his buttocks, and attempting to put things into his younger sibling's buttocks, as witnessed by mother after experiencing physical and probable sexual abuse. Cole was reported to tell his mother, “Alyssa told me to.” This child is the sitter's young daughter, age 4, and her mother is married to a “known sex offender” as reported by the child’s mother. Mother stated that she has reported this information to the authorities during a medical examination by the child's pediatrician in September 2005. The doctor's office has confirmed that such a report was made following a medical exam. As a result of all of the information gathered, Cole's prognosis in treatment is considered to be fair to good at this time.

During the MSSB evaluation the child’s mother completed the Child Behavior Checklist (CBCL) and indicated that Cole was having problems in several areas. Mother rated the following items as most problematic, which were coded Very True or Often True: Avoids
looking at other’s in the eye; Defiant; Doesn’t want to sleep alone; Doesn’t seem to feel guilty after misbehaving; Gets into many fights; Gets into everything; Hits others; Angry moods; Nightmares; Picks nose, skin or other parts of the body; Punishment doesn’t change his behavior; Quickly shifts from one activity to another; Resists going to bed at night; Shows too little fear of getting hurt; Sleeps less than most children during the day or night; Stubborn, sullen, or irritable; Sudden changes in mood or feelings; Talks or cries out in sleep; Temper tantrums or hot temper; Too concerned with neatness or cleanliness; Unusually loud; Wakes up often at night; Wants a lot of attention; Whining. She rated the following items as Somewhat or Sometimes True: Aches or pains without medial cause; Acts too young for age; Can’t concentrate; Can’t pay attention for long; Can’t sit still or restless; Can’t stand waiting, wants everything now; Chews on things that are not edible; Cruel to animals; Demands must be met immediately; Destroys his own things; Destroys things belonging to his family or other children; Disobedient; Doesn’t answer when people talk to him; Doesn’t eat well; Doesn’t get along with other children; Easily frustrated; Easily jealous; Gets hurt a lot, accident prone; Has trouble getting to sleep; Hurts animals or people without meaning to; Overeating; Overtired; Physically attacks people; Plays with his own sex parts too much; Refuses to eat; Self conscious or easily embarrassed; Selfish or won’t share; Too shy or timid, Strange behaviors; Sulks a lot; Uncooperative; Unhappy, sad or depressed; Wanders away from home.

Case Eight: Lebron

Lebron presented as an anxious, impulsive and easily frustrated 3-year and 11-month old Black/Hispanic male who lives with his paternal grandmother. Lebron is the first born
child and has one biological sibling, who lives with her mother at a local mother-with-child rehabilitation unit. Lebron was referred to the clinic by the Department of Human Services. By observation, Lebron appeared to be the same as his stated age, height and weight average for build, and hygiene good. Lebron's motor behavior was observed as being continuous, with movement and restlessness; he was alert and his primary facial expressions were normal and responsive. His speech was pressured and slurred, his mood was anxious and irritable, and the observed affect was appropriate. The general behavioral tone during the interview was alternately cooperative, irritable, and immature.

Primary problems included angry outbursts directed at adults and other children, impulsive behavior, and defiance. The severity of the presenting problem was described as moderate with an onset or duration of the past year, and the behaviors were reported to occur constantly. The solutions used to resolve the identified problem included redirection and spanking. LeBron’s grandmother would like Lebron “To express his emotions differently.” Lebron displays behaviors consistent with Disruptive Behavior Disorder, Not Otherwise Specified (NOS), including symptoms of withdrawal, angry, irritable, defiant and easily frustrated. He has also experienced the loss of his mother as she was incarcerated for drug possession. Lebron's prognosis in treatment is considered to be good at this time.

Family history of psychiatric issues includes mother’s diagnosis of Bipolar Disorder; his uncle was reported to have been diagnosed with schizophrenia, and an aunt with a mood disorder. There is a reported family history of substance use reported as mother uses crack cocaine.
When asked about any current or past history of any major illness, injury, toxic exposure, surgery, hospitalization, or disabilities, it was reported that Lebron has had no known medical history of significance other than ongoing ear infections and he takes no medications at this time. Lebron’s grandmother reported that the pregnancy with Lebron was difficult and that his mother was a teen mother. Regarding large and fine motor, intellectual, and social emotional developmental milestones, such were reached age appropriately although Lebron has had “some speech issues” as reported. Inquiries regarding prenatal exposure to substances or toxins indicated there had been exposure to cocaine during the pregnancy. It was reported that there was a history of early and pervasive neglect, as mother was often using and not providing appropriate structure, discipline, or care. His grandmother further reported that there was a history of witnessing domestic violence and abuse as mother and father were often physically “fighting.”

Lebron is in preschool and attends Head Start. Lebron reports having no close friends. Lebron's strengths were described as friendly and funny.

During the MSSB evaluation the child’s grandmother completed the Child Behavior Checklist (CBCL) and indicated that Lebron was having problems in several areas. She rated the following items as most problematic, which were coded Very True or Often True: Cries a lot; Afraid to try new things; Defiant; Demands must be met immediately; Disobedient; Doesn’t want to sleep alone; Doesn’t answer when people talk to him; Doesn’t get a long with other children; Doesn’t seem to feel guilty after misbehaving; Easily frustrated; Easily jealous; Fears certain animals, situations or places; Feelings are easily hurt; Shows little fear of
getting hurt; Has trouble getting to sleep; Hits others; Hurts animals or others without meaning too; Looks unhappy without good reason; Angry moods; Nervous, high strung or tense; Picks nose, skin or other parts of body; Quickly shifts from one activity to another; Refuses to eat; Refuses to play active games; Resists going to bed at night; Screams a lot; Seems unresponsive to affection; Self conscious or embarrassed; Selfish or wont share; Too shy or timid; Sleeps less than most children during the day or night; Strange behaviors; Stubborn, sullen, or irritable; Sudden changes in mood or feelings; Too fearful or anxious; Uncooperative; Unhappy, sad or depressed; Upset by new people or situations; Wants a lot of attention; Whining; Withdrawn and doesn’t get involved with others. She rated the following items as Somewhat or Sometimes True, Resist looking at people in the eye; Can’t concentrate; Can’t pay attention for long; Can’t sit still, restless; Can’t stand waiting, wants everything now; Chews on things that are inedible; Clings on adults or too dependent; Constantly seeks help; Cries a lot; Cruel to animals; Destroys his own things; Destroys things belonging to his family or other children; Doesn’t know how to have fun, acts like a little adult, Doesn’t want to go out of home; Gets into everything; Nervous movements or twitching; Overtired; Poorly coordinated or clumsy; Punishment doesn’t change his behavior; Show little affection towards people; Shows little fear of getting hurt; Temper tantrums or hot temper; Too concerned with neatness or cleanliness; Under active, slow moving, or lacks energy; Wakes up often at night; Worries.

Narratives

As these preschool boys shared their stories, three main themes emerged from the
analysis of the data, which included the child informant’s negative parent and self-representations, the child as victim-victimizer, and disorganized and bizarre responses evidencing children’s coping with abandonment, loss, and pain. Two of these three content themes were found to corresponded with factors found in the existing MSSB literature including the following subcategories, (a) Anger and Discipline (Punishment Verbal and Physical, Reparation/Guilt, Anger and Distress, Embellishment) and (b) Negative themes and Negative Representations (Aggression, Escalation, Negative Atypical Responses, Negative Mother, Negative Father). The following were noticeably absent from the content of the maltreated children in this study, including, (a) Anger and Discipline (Exclusion of Self and Other, Affiliation, Disciplinary Mother and Father, and Concern, Investment in Performance) (b) Positive Themes and Positive Representations (Empathy and Help, Affection, Positive Mother, and Positive Father) and (c) Quality of Story and Relatedness (Responsivity with Examiner, Coherence, Joy).

The preschool boys in this study lacked the important relational developmental skills including aspects of affiliation, appropriate discipline, concern by parents, as well as positive themes including empathy affection, and positive representations of parents in their representations. What was most prominent in the narrative themes of children’s stories was their representations of aggression, cruelty, violent fantasy, child neglect, injury and death, and instances of inappropriate sexualized behaviors. The children’s responses included frequent references to negative parent and self-representations and the themes of their responses indicated a pervasive lack of emotional and physical support from caretakers, even when the
child figure was scared or injured. Adult figures were often represented as punitive towards the child figures, including abusive language, harsh treatment, and violence, and likewise, the child figures often responded with aggression towards the adult figures. The children’s responses were often violent in content, disturbing, and at times heartbreaking in their clarity. The narratives represent the responses of all the children in the study. They are compelling as narrative representations of actual family experience.

Theme 1: She’s Gonna Hit Him and He’s Not Gonna Behave: The Victim—Victimizer

Healthy social-emotional development requires the internalization of warm and responsive parent figures. Children in this study were asked to complete a series of story-stems, one of which presented a dilemma where a child has an accident and spills his juice, which provides for the reader an example of a more normative representation of caretaking.

Note: E (Examiner); C (Child)

E: Here is the family drinking their juice. They each get some juice in their glasses. Here is George. I’m going to pour him some juice. George looks thirsty. And there’s Bob. He gets some juice too. So everybody has their cup.
C: And grandma.
E: And George goes to drink his juice and oh, oh. The juice spilled all over the floor, Jason. George spilled the juice onto the floor. Show me what happens next?
C: He lick it.
E: Hold them up.
C: And he lick it.
E: What does the mom say to George?
C: “No.”
E: Look at the juice all over the floor. What does mom say?
C: No doing that.
E: “But mom. I didn’t mean to.” What does the mom say next?
C: Go in the corner.
E: Okay.
E: And show me what mom does.
C: No.
E: What does the dad do or little Bob?
C: “You can’t get out.”
E: You can’t get out?
C: Yes.
E: Who cleans up the juice?
C: Mom. Cause he spilled it and dad too.
E: George spilled the juice. Who cleans it up?
C: Mom and dad.
E: Mom and dad.
C: George cleans it up too.
E: Oh, he helps too?
C: Yeah.
E: How does mom feel when the juice got spilled?
C: Mad.
E: She feels mad. And what happens next when she is mad?
C: Spanks him. (Child uses mom doll to knock down George doll)
E: “Aw mom that hurt me. Don’t spank me.”
C: He fell over.
E: Yeah. He fell down.

(Cole, age 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with his mother, who is employed as office clerk).

When compared to preschool boys who have experienced abuse, nonmaltreated boys more often enact stories where figures feel safe and adhere to the rules (Macfie et al., 1999). It is not that they do not experience frustration or anger; however, when they do, they more often cope with their feelings appropriately and behave in more socially acceptable ways without having to be redirected by someone else. They have the cognitive maturity to assess a situation and to compare it with their previous learning and as a result control or inhibit their impulses.

When such children feel frustrated or angry with a peer, they might say something like, “You can’t play with my toys!” or “I’m going to tell on you and you will be in trouble.” Having experienced structure and nurturing in their environments these children more often feel
secure and their narratives often represent figures using conflict avoidance and resolution strategies (Kail, 1998). Maltreated boys in this study rarely represented experiences similar to their non-maltreated counterparts; however, they demonstrate the ability to accurately report their own feelings and the feelings of a parent.

E: There’s the family drinking their juice. George is thirsty. And here goes baby Bob. (Examiner pretends dolls are drinking from the cups)
C: (Unintelligible)
E: And George reaches across the table. Oh, no. He spilled juice all over the table and onto the floor. Look at that! Show me what happens next? What does George do?
C: Grounded. He goes to his bedroom.
E: What does mom say and dad say after he spills the juice?
C: He grounded to the bedroom.
E: Oh, he’s grounded to the bedroom. “Go to your bedroom.”
C: Where’s his bedroom?
E: That’s a pretend bedroom…Who cleans up the juice?
C: Dad.
E: Dad does. Show me.
C: He cleaned it up. (Moves dad doll)
E: Okay. There goes dad. And what does baby Bob do when dad is cleaning up the juice or mom?
C: Play.
E: Oh, they play together? And the dad cleans up?
C: He has to play with him.
E: No, he’s in his bedroom, remember. He got grounded.
C: Oh yeah.
E: Oh yeah.
( Benjamin, 3:11, Conduct Disorder, lives with adoptive parents, his mother who stays at home and father who works as an engineer).

In pragmatic terms, often feel overwhelmed and a myriad of other emotions. They often discipline with the purpose of teaching their child. Parents use a variety of conditioning and positive and negative reinforcement techniques. They ground young children, use time-out, or send them to their rooms after such an accident. Spanking children as a form of punishment is also a common although a less effective means of discipline.
While there were several responses that reflected more normative childhood representations, such was often the exception to the rule, rather than the rule itself. Maltreated children’s narratives revealed a way of life that beneath the surface was turbulent and full of pain. Their story completions portray a world of anxiety, feelings of inadequacy, and latent and manifest hostility. At a very early age maltreated children in this study frequently represented themselves as not good enough, as depicted by a child’s representation of making a picture for his mom.

E: George worked very hard at preschool today. He made a neat, beautiful picture for his mom and dad. Here he comes. “Look at the picture I made today at preschool today, mom and dad.” What does mom and dad say?
C: (Child messed it all up—paper) I throwd it in the trash.
E: Who’s going to throw it in the trash can?
C: He did.
E: Oh, George did? How come? Doesn’t he like his beautiful picture?
C: No. (Child smiles)
(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated).

In the representational experience of maltreated preschool children it emerged acceptable to act out aggressively, to hurt those who hurt you. In the following narrative a child initially defends a younger child’s right to play with an older friend; however, when the mother figure observes that he asks an older child behaving badly to leave, she protests. Frustration grows and aggression spills over as the child projects his own feelings of anger onto the figures and represents the child retaliating and kicking the mother figure.

E: Guess what? George has a new ball. And his friend Dave comes over again and they are going to play. “Hey. Let’s play with the ball. I’ll kick it to you George.” Grab George. “Hey. I want to play George. Can I play?”
C: Yes.
E: (Dave doll says) “Hey. Don’t let him play. He’s a little brother. We don’t let little
brothers play. If you let him play I won’t be your friend.”
C: “But he can play.”
E: “Can I play George?”
C: He can play.
E: He can play.
C: Yes.
E: “I don’t wanna play if you let your little brother play. I won’t be your friend George.”
What happens next? Does he let the little brother play? Yes or no?
C: No.
E: Show me. What does he say to the little brother?
C: No. He kicked him out.
E: How does the little brother feel, Jason?
C: Sad.
E: He feels sad?
C: He jumps out of the house.
E: He jumps out of the house?
C: He jumps back in.
E: And he jumps back in?
C: Yeah. And he jumps back out.
E: And then what happens to the little brother and the ball?
C: “Kick it to me.”
E: “I don’t want to. Hey that’s my ball.”
C: That’s my ball now.
E: You’re being mean.
C: You have to kick it.
E: Oh. This is fun.
C: Dad got it. (Child is playing ball with the dolls)
E: What does mom say when she saw George kicking the neighbor boy out? What did mom say to George? Show me.
C: No kicking him out.
E: What happens next?
C: He kicked her.
E: He kicked her? How come?
C: Cause. (Child has George and Dave dolls hit the Mom doll)
(Cole, 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with mother who works as an office clerk, father and mother separated after repeated domestic violence).

While nonmaltreated children fall prey to their emotions and act out aggressively, they also demonstrate a more consistent ability to both modify and control their impulses and
negative feelings. Their ability to regulate their behavior grows out of their positive environment and increasing cognitive and social-emotional competencies (Oppenheim & Waters, 1995).

In this study, maltreated children’s representations of aggression broadened, intensified, and escalated and were often directed towards their parent and sibling figures as can be seen in the following narrative. In a more disturbing portrayal of anger and defensive acting out, this child represents aggression and hitting and hurting indiscriminately after feeling betrayed in a story about “Stealing Cookies.”

E: “Mom said no cookies George. Don’t tell mom. Don’t tell mom. Here she comes.”
   “What’s going on in the kitchen here?”
C: “Mom, but I want some cookies. Alright Here ya go.”
E: “Hey, what’s going on in here? Bob, what did you see?”
C: “I got cookie dad.”
E: “I told you no cookies.”
C: “My mom gave me cookies.”
E: “If you say something. I won’t be your friend baby Bob.”
C: “All right.”
E: “What’s going on in here?” (Dad doll)
C: “We get a candy. Leave him alone he wants a cookie.”
E: “No. He better not be getting cookies. Was he getting cookies baby Bob?”
C: “Yes.”
E: “Hey. I told you not to tell.”
C: “Yes.
E: “Okay. Go to your room.”
C: “No.”
E: “Show me what happens next.
C: “He says has to keep on doing like that. (George doll knocks down other dolls)
E: “And what does George say to the baby because the baby told and he told the baby he wouldn’t be his friend if his friend told on him?”
C: “He give me a cookie” “No, give me a cookie.”
E: “Oh George hit him?”
C: “No. The George ate him.
E: “He ate him?”
C: “Yes. (Child uses doll to hit baby Bob)
E: Oh. That hurt baby Bob.
C: He he’s gonna do it again.
E: Oh. He kicked him and dad down.
C: Yes.
E: Here goes George. That hurts the baby.
C: (Child uses George doll to demonstrate)
E: Oh, he kicked mom down.
C: Yes, and he’s gonna kick the dad down. (Child has George doll kick dad and other family dolls down)
E: He kicked the dad down. How come he is hurting everyone?
C: Because he is gonna kick like this. (George doll does a karate kick)
E: Oh, he kicked the cookie jar down?
C: Yes.
E: And it hurt the adults?
C: Yes. And he does them on them.

(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer).

The mother figure allows the child to have the cookies and the child represents his caretaking experience as the pitting of dad against mom and younger brother. The child figure is made to retaliate against the younger brother. Violence as a learned behavior becomes internalized and is then generalized as acceptable way to deal with disagreements with a loved one and life challenges. Feeling angry and hurt by a sibling leads to violence as an acceptable outlet. The abnormal becomes the normal.

E: Mom and dad are talking. And George comes into the room. And mom and dad are saying “Arrrh!”
C: Mad.
E: They feel mad. That’s right. Mom says, “You lost my keys.” And Dad says, “I did not.” And Mom says, “Yes you did. You always lose my keys.” “I didn’t lose them this time.” Show me what happens next?
C: I found the keys.
E: Oh. You found the keys?
C: Yeah. It was right here.
E: What does mom and dad do since they are mad at each other? Show me what happens?
C: Whip him. (Child has mother doll hit dad doll.) He whip him like that.
E: Oh. She is whooping him.
C: (Child makes sounds of loud crying)
E: And dad is crying like a baby.
C: He find out….? (Child has dolls making sounds of crying)
E: Who is crying?
C: My dad.
E: Oh dad is crying? What does George and mom say? Show me what George says about
dad.
C: He, he….? (Child is still making sounds of dolls being hit and dolls crying)
E: Oh, mom is whipping him again. Oh, mom is whipping him good! What does George
say to mom? Show me.
C: Stop.
E: George says, “Stop.” And what does mom say to George? Mom has the keys. Are
they going to fight again?
C: (Child shakes head no)
E: No. How does George feel when mom and dad fight?
C: Sad.
E: George feels sad, doesn’t he?
C: (child shakes head yes)
E: Yeah, he feels sad. Are they friends again or do they stay mad?
C: Friends.
(Jamal, 3:2, Disruptive Behavior Disorder NOS, lives with his retired grandmother after being
removed from his mother’s care and custody).

Neglect has been shown to be associated with children behaving as passive in the face of
others’ distress, though physical abuse has been shown to lead to acts of commission and is
often related to experiences of maltreatment, and as such may reflect different pathways of
development (Macfie et al., 1999). Children in this study perceived their caretaking
environment not as a safe experience but a place where violent exchanges occur. Parents are
represented as acting violently towards each other with little positive regard for the children.
The child feels confused, sad, and scared and while the family is represented as making some
efforts towards reconciliation and appear to “make up” it is only a short time before adults
allow the conflict to escalate as they succumb to their anger and they hit and hurt again.
During the interviews the maltreated child informant representation of caretaker violence is clear and well thought out. The violence perpetrated in this and other stories appears carefully planned and executed in the open.

E: George worked real hard in preschool today? Do you know what he made?
C: Yeah.
E: He made a beautiful picture.
C: What did he make?
E: Look. He made a beautiful picture. And here he comes home from school. “Look at the picture I made today mom and dad. Look.” Show me what dad and mom say.
C: Thank you.
E: “Look at the picture I made mom. Do you like it?”
C: Yeah.
E: Who does George give the picture to?
C: Mom and dad.
E: Which one?
C: Mom.
E: Jason, I wonder how dad feels that mom got the picture and he didn’t.
C: Sad.
E: What’s happens next?
C: Hit her.
E: Show me what dad does when he is sad?
C: (Child looks carefully at mom doll and uses dad doll to hit mom doll)
E: “Aw. That hurts mom’s head.” Mom is crying. “Aw. That hurts. But Dad keeps hitting her and hitting her. George gave the picture to mom and not dad.
C: Dad already has a picture.
E: Oh. He has one. And dad felt sad and mad and was hitting mom?
C: Yeah.
E: Show me what mom says back to dad when he hits her?
C: Sorry.
(Cole, 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with mother who works as an office clerk, father and mother separated after repeated domestic violence).

Children seem to learn over time that violence is an acceptable form of self expression. The following narratives introducing “Spilled Juice” and a “Family Fun Day” erupt into conflict as the child figure initiates the aggression and then braces himself for the wave of anger and
aggression in return. As the fighting escalates amongst several family members the older child is made to jump on his little brother until he dies. The child figure falls off the table and also dies.

E: Here’s their juice. Oh, oh. George was pouring his juice and juice went all over the floor. (Spills cup and makes a swishing sound) What happens next? Grab George. What happens next? What does dad or grandma or mom do?
C: (Child pours cup and puts on table and cup spills) It spills everywhere.
E: They pour the juice back and they put it on the table. What happens to George?
C: Mom gets mad.
E: Mom gets mad? Show me.
C: (Child uses George doll to hit mom doll)
E: George hits her.
C: Yeah.
E: Is that okay to hit mom?
C: No.
E: George hits her because he gets mad?
C: Yes.
E: And you said mom gets mad. What does mom do when she is mad? Show me.
C: She do this. (Child hits dolls together)
E: She hits him?
C: Yeah.
E: How does that make George feel? What does he do?
C: He gets burned. (Child puts George doll and other dolls in the cup)
E: Oh, and then they all go…
C: But he can’t hit here.
E: What happens next after George spilled the juice all over the place..? Show me.
C: Hit him.
E: The daddy hits George or George hits the daddy?
C: George hits the daddy. (Child hits George doll against daddy doll)
E: Aw. What does daddy do?
C: He hits him
E: They hit each other? Aw! Show me what happens next after daddy hits George?
C: (Child makes dolls fall down) I mean he spilled them off.
E: He did? How does that make daddy feel?
C: He sad.
E: Sad? Okay.
C: No. He box them down. (Child has dolls hit each other repeatedly)
E: He box them down?
C: And then he (Child raises George doll high above his head and has him repeatedly hit
mom doll)
E: Oh, he hits mom? George is sure hitting a lot. How does he feel?
C: Sad.
E: He feels sad? Is he crying or not?
C: No.
E: So who cleans up the juice?
C: Um, mommy and dad.
(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated).
E: The dad and mom are together and the whole family is around the family and they say, “Let’s do something fun today.”
C: And they eat cake now.
E: “Dad has the day off. He is home from work today. What do you guys wanna do for fun today? Let’s go to the park?”
C: “I want to eat the cake.”
E: No cake this morning. It’s breakfast time.
C: “Aw.”
E: Show me what happens next? What do the mom and dad do?
C: (George doll) “Go to your room mom. Aw.”
E: What would you like to do that is fun?
C: I want cake.
E: “What would you like to do? Let’s do something fun today.”
C: “No, I want cake dad.”
E: “No. Let’s not have cake. Let’s go do something fun with the whole family.” “Aw. Don’t hit me that hurts me.”
C: “I got the cake dad.” (George doll takes cake)
E: Oh, he took the cake and ran and then he jumped on dad?
C: Yes.
E: He jumped on baby?
C: Yes. Then he jump on him hard.
E: He’s going to jump on baby hard?
C: Yes. And he jumped way like this.
E: Oh, he jumped on him.
C: And he’s gonna fall.
E: Awiee. That hurts the baby.
C: Yes. And the boy fell down too.
E: The boy fell down too?
C: Yes.
E: How does he feel? Is the boy alive or dead.
C: They dead.
E: They’re dead?
C: Yes. And they gonna drop again.
(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer).

The male child as an apprentice appears to have well defined ideas about his narration’s and what role each character will play. As the next story unfolds the child figure initially plays a game of run and hide as he seeks to get away from the parent figure. He defends himself by withdrawal and hiding and when caught “they fight.”

E: Here’s the family. They are drinking their juice. (pretends to drink juice) Here’s George’s juice.
C: Yes.
E: And here’s little Bob’s juice. And they are pouring juice.
C: He can’t reach.
E: It’s hard to reach, isn’t it? Oh, oh. Guess what? George spilled his juice all over the floor. He spilled it all over the floor Lebron.
C: Huh, huh.
E: Show me and tell me what happens next? What does mom and dad do when George spills the juice all over the floor?
C: Hit him.
E: What does mom and dad and grandma do? What does George do? Show me.
C: He’s big too. And a...
E: Show me what George does?
C: Him?
E: The juice spilled all over.
C: I got it. George spills the juice in his hair.
E: Oh, in his hair? What does the mommy say? Or Grandpa or the daddy or the Grandma?
C: He said no more spilling on the floor.
E: No more spilling on the floor George.
C: I hit him
E: Oh. Who hit George?
C: This one.
E: Oh, that’s the mom. The mom hit George when he spilled the juice?
C: Hmm, hmm.
E: What does George do now?
C: George do, hmm. He needs the juice.
E: The juice got spilled right over here. So who cleans up the juice? It’s all spilled. All over.
C: Mom.
E: Oh, Mom cleans it up? What does George do when the juice is spilled? What does he say?
C: He say, “waffle.”
E: “George did you spill the juice?”
C: No, George say waffle.
E: “You spilled the juice didn’t you?”
C: (Child doll moves away quickly from the mom doll on the table)
E: Don’t run from me George. That’s not okay. Did you spill the juice? Where are you George?”
C: (Child laughs)
E: “Where are you George?
C: Child laughs. He spilled the juice.
E: He spilled it all over. Mom and dad are looking for him. What happens to George?
C: He fight.
E: What happens to George? Show me.
C: I find him.
E: Oh, the daddy finds George. What does daddy do when he finds George?
C: Here he is.
E: What does the daddy say to George?
C: He spilled…Daddy. (Child has daddy doll hit George doll) You, you, you…
E: Oh, the daddy hit George. Aw. That makes George sad.
C: He cry.
E: He’s crying? Okay. Thank you for showing me that.
C: I want to play airplane.
E: Okay. We’ll play when we are done.
C: Hey, you gonna spill the juice. (child has daddy doll hit George doll repeatedly after the story formally ends)
E: Aw, that hurts.
C: He has to get home and get some rest. (Child is playing with dolls)
(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit).

Initially, the child withdraws as a way to avoid conflict by playing a game, compared to the following story stem where he is more overtly angry and aggressive. Children use varying strategies to prevent emotional disorganization, and when they feel overstimulated and appear emotionally distressed they problem solve, using aggression as a way to internally regulate and soothe themselves (Grych, Wachsmuth-Schlaefer, & Klockow, 2002).
In the following narrative the child’s development of empathy appears distorted and as the mother doll is found vulnerable the child begins to represent the child figure as a domineering and retaliatory figure. Children who experience maltreatment exhibit role reversal in their stories. Rather than provide comfort and care to the mother figure they represented the child figure as pushing the ill and sleeping mother off the couch and taking her blanket from her, as represented in “Mom’s Headache.” The mother is then represented as displacing her anger and frustration onto a smaller target, the baby brother.

E: Right. And look what mommy says. Mommy says, “George I’ve got such a headache. I have to turn off the TV. I need to lie down. Will you do something quiet for awhile while I go to sleep?”
C: Yes.
C: Yes.
E: “There’s this really neat T.V. show on. Can I come in and watch T.V. with you George?” Show me what happens next?
C: The lady said no. She gotta go..
E: Oh, what does George do?
C: He has to turn it down.
E: “Aw George. I have such a headache. Will you turn the T.V. off?” “Dude, you gotta turn it on. Leave it on. It’s our favorite show, its cool”
C: Cool.
E: “How come?”
C: No, you gotta….you go toot. (Plays with dolls to demonstrate what happens)
E: “How come we can’t turn on the T.V. George?”
C: (Child uses dolls to demonstrate and throws mommy doll off of couch)
E: Oh, George is gonna lay down in place of mom? He kicked her off the couch.
C: Yes.
E: Is she okay or did she get hurt?
C: She got hurt.
E: She got hurt?
C: Yes.
E: And what’s George going to do now?
C: He takes the blankets off.
E: What does he do with the blanket?
C: He hide it like this.
E: Oh, he hides the blanket?
C: Yes.
E: What about mom. She has a headache, her head hurts.
C: I know. But she can’t find it.
E: She can’t find the blanket?
C: No.
E: Is the T.V. on or no?
C: Yes.
E: The T.V. is back on?
C: Yes.
E: “Ouch. My head hurts George. Please let me sleep.”
C: No, I got the blanket.
E: “George bring back the blanket my head hurts.
C: No, look it. It’s down there.
E: “Go get it George. Bring back my blanket. All right. I’m going back to sleep. Now you guys leave the T.V. off.” Show me what happens next Javier?
C: He turns it down.
E: He turns it down?
C: Yes. Like this. Like that. And when the baby comes, he’s gonna throw her again. (Bob hit the mom where she falls off the bed)
E: Ouch. She hurts her head.
C: Yes. “Ouch”
E: What does mom do after she hurts her head? Is she happy or mad?
C: She’s mad.
E: She’s mad?
C: Yeah. She’s mad at the baby.
E: What is she going to do to the baby?
C: She gonna hit her. (Demonstrates with dolls, mom doll hits Bob doll)
E: She hit the baby.
C: Yes and the baby cry.
E: The baby’s crying?
C: Yes.
E: Does George not like the baby crying?
C: No.
(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer).

Not to be outdone, as fighting ensues the father figure is represented equally as callous, and takes a play object and seriously hurts the younger sibling in this story stem about
a family going to the park together.

E: The family gets to go to the park. And George sees a high rock. Look at that. He walks towards the rock.
C: Give me it. (Child grabs rock)
E: “See that rock? I’m going to climb it right to the top.” Put the rock right here LeBron. He climbs up on the rock.
C: Wha, whoa.
E: “Oh, be careful George.” Show me what happens?
C: “Aw! I got.”
E: Show me what happens?
C: “I got blood. Aw. I got a blood.”
E: Oh, George fell down and he has blood.
C: “I have blood.”
E: What does the mom and dad do?
C: “I got a blood. I need a band-aid.”
E: Oh, he needs a band-aid? What does mom and dad do? Show me?
C: “Oh, oh, you got a band-aid.”
E: Oh my gosh. So the band-aids are down the street? What does dad tell George?
C: Dad tell George, “Bada bee ba ba…”.
E: No. Those are baby words. Use big boy words. What does dad tell George? I wonder what he says to him?
C: “The band-aids are down the street.”
E: Oh, the band-aids are down the street? Okay, George shows mom his owiee. What does mom do next? Show me?
C: The blood. “It’s going to be, going to be hard on my butt. Aw.”
E: He hurt his butt?
C: Yeah. “Aw.” (Bob climbs on the rock)
E: “Hey, look at me.”
C: “No. No, you can’t get on the rock. That’s heavy rock.”
E: Oh, it’s a big heavy rock? So George says no, no to his little brother Bob?
C: “Yes, he eeee. He’s hard.”
E: What happens next?
C: George …the rock and he hit him. Hit him hard.
E: He hits who?
C: Hard him hit.
E: George hit his brother with the rock?
C: No.
E: Oh. Show me what happens next with the rock?
C: No. Dad, dad hit Bob hard in his back.
E: Oh, Dad hit Bob hard in the back?
C: “Yeah, You go.” (Mom doll hits dad)
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E: And the mom hits dad.
C: (Child has dolls hit each other)
E: And the dad falls down. And he says, “Aw.” What does? “Hey, what are you two
doing?”
C: “We fighting.” (Child has dolls hit each other)
E: “Oh, you’re fighting? But I hurt myself.”
C: “Don’t fall down then. Don’t be get the. Focka.”
E: “Don’t fall down…what did you say?”
C: I say. I say around. I said around.
E: Oh, around.
(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after
being separated from his mother living at a parent-child drug rehabilitation unit).

There is a noticeable shift in the represented experience of the maltreated preschooler. The
dominant narrative now features the child as the aggressor. In these stories about “Mom’s
Headache” and “Stealing Candy” the child figure largely ignores the consequences of his
actions and hurts his mom in reoccurring accidents. At the same time the child lacks
appropriate empathy after hurting another person and taunts his hurt mother.

E: Dave wants to turn on the TV but mom is sick. She said no, no. What is George going
to do? What does George say to Dave?
C: I turned it on.
E: I turned it on. George or Dave turned it on?
C: (Child motions to George)
E: George turned the TV on. What about mom? She has a headache. She says no, no.
C: I’m going to take her off. He said wake up you have a headache. (Child grabs mom
doll off couch)
E: “George. George. I have such a headache. Turn the TV off now.” What does George
do next? Mom just said to turn it off. “George don’t hit me. Stop it. I have a headache,
stop it. Turn the TV off now.” (Child uses George doll to hit mom doll)
C: You want the TV.
E: What is George going to do next? Show me.
C: He turned it on.
E: He turned it on again? Because mom says her head hurts.
C: “Get out of here mom.” (Child hits mom doll with other doll) Now George has to
come over here. And you take the blanket off and he puts her right over here.
E: But she needs her blanket now, doesn’t she?
C: Yeah. (Child puts blanket on couch and then makes the couch fall on top of mother
doll when she is lying down)
E: Oh, no. The couch fell on her?
C: Yep.
E: It looks like it is hurting mom. Do you think it is hurting her?
C: Now she has to go to the couch. Now she is going to bed now.
E: She’s going to bed now?
C: Yep.
E: Who’s going to take care of mom?
C: (Child stands up and swings the George doll above him) Anybody. Somebody hits her off the couch. (Child puts mom on couch and takes blanket away to have mom doll fall off couch)
E: Oh, mom is off the couch?
C: Then the couch fall on her and that hurts now.
(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated).

E: This is the store keeper and here comes mom and George into the store. Ding Dong! “Oh candy.” George says. “Can I have some?” “No. You already had one today. Let’s go home.” And then the mom walks away. But then George takes the candy. “Hey. What are you doing there?” And the mom turns around and looks. You show me what happens next?
C: Put it on the table.
E: You show me. What happens next with George and the candy? Mom turned around and saw George taking it. Show me what happens now?
C: “Who is it? Who is it?”
E: “Come in. Welcome to my store.”
C: I’m not here.
E: Oh, he disappeared?
C: Yeah. He walks away to another place. So no one can see him. Then he’s hiding. He’s hide it. The guys he hide it so no one can get it.
E: He’s hiding?
C: He’s hiding. Yeah.
E: What’s he going to do with the candy when he’s hiding?
C: He said. (Child has George doll lift up the store counter and makes a sound of lifting something heavy.)
E: He lifts up the whole counter?
C: Yeah.
E: He’s so strong. What happens next?
C: He says. “Hugh.” (George doll throws the counter)
E: Oh, the counter hits the mom. How does the mom feel?
C: “Son. That was good. Now get this off of me now.” “Sorry mom…”
E: Tell me what happens next? George threw the counter.
C: (Child has counter in air precariously then it falls down)
E: Oh, the counter fell right in front of them?
C: He said, “Whooo.” (The child has the counter flying in the air and then landing on the adult figures)
E: Oh, the counter knocked mom and the store owner over. And it’s trapping them. What happens next? What does the mom say?
C: “Get it off of us.” “Okay mom.”
E: What does George say? Let’s see what George does next?
C: He say, “Sorry mom. I’m trying to find the candy.”
E: What does he do with the candy?
C: He said, “I find the candy.”
E: While they are trapped under the building. George is getting the candy?
C: “Where’s that candy?”
E: Oh, there it is. What does George do when the mom and dad and the store man are under the building?
C: (Unintelligible)
E: Oh, he can’t find it?
C: “Where is that candy?”
E: Where’s that candy? Then what happens next?
C: (George doll moves quickly and hits and hurts mom doll) “Who is that mommy now!”
(Jason, 3:10, Post Traumatic Stress Disorder, lives with his custodial grandparents who are self-employed ranchers).

These maltreated preschoolers display an insensitivity to their caretaking figures and siblings and the consequences of their impulsive acts of aggression are largely disregarded. In order to correct their behavior, children need to know what behaviors are appropriate, as well as how to inhibit and regulate their emotions and inappropriate behavior. Caretaker modeling and reinforcement contingencies aid children in redirecting their behavior, although more indirectly, whilst appropriate discipline leads children more directly. Children who experience maltreatment, including physical, sexual, and emotional abuse, have a much higher rate of aggression, increased in noncompliance, and lower levels of moral reasoning (Thomas, 1996). Once again, the abnormal becomes the normal.

During the next story-stems, these boys represent their fear and feelings of insecurity
through aggressive fantasy play. In this particular story stem, the examiner initiates a dilemma where the family is sitting down and drinking their juice and the child doll spills his juice.

Conflict ensues and the child is put in a place where he rebuffs his mother and eventually kills her.

E: We are going to have to put the family around the table so they can have something to drink. Here’s the family drinking their juice.

C: And drink, oh juice.

E: Oh no, look what happened?

C: What?

E: George spilled the juice all over the floor. George spilled the juice Javier, all over the floor. Look at the big mess he made. And here comes mom. What’s mom going to do? Show me.

C: She’s gonna hit him.

E: Show me.

C: She’s gonna hit him and he’s not gonna behave.

E: Show me. He’s not going to behave? Mom will hit him? Show me what mom does? (Child shows with doll that doll runs away) Aw and George runs away.

C: Yes.

E: What’s does mom do? Where did she hit him at?

C: In his leg.

E: Aw, owiee. And what does George do?

C: He has to. (Child uses doll to demonstrate, George hitting mom and mom falling down)

E: And George hits mom?

C: Yes.

E: And what does mom say when George hits her? What does mom say?

C: He said he dead.

E: His dad’s dead?

C: No. This lady is dead.

E: Oh the mommy is dead?

C: Yes.

E: Who killed her?

C: He did.

E: Why did he kill her?

C: Because. He…George. (Child knocks over dolls)

E: Oh. He knocks everything over again?

C: Yes.

E: Why did George make her dead?
The young child’s representations are dynamic and unfolding as he processes information from his working memory, and recalling an earlier story stem, announces he is going to burn the hand of the clerk as the child was burned when he got too close to the stove. The story takes a turn for the worse as the child figure is represented by the child now as the victimizer, who callously and willfully hurts the parent and clerk figures. A role reversal is evident when the victim becomes the victimizer. This reversal is a real and frightening indication of how parental abuse comes to alter children’s working models of relationships and emotional-behavioral regulation, and children who portray such themes in their narratives are at greater risk for such an outcome than are children for whom this theme is not present (Buchsbaum et al., 1992; Main & George, 1985).

In the following story-stem the child represents his father being shot, and the child figure cutting and killing the mother.
Mom and George walk in and we have this store clerk and he is over here. Look what is over on the shelf. Candies. Here comes mom and George. “Oh, candy mom. Can I have some?” “No, you already had some today. Let’s go home.” So the mom walks away and George takes the candy and walks away a little bit. “Hey what you doing there.” The store clerk said. Then mom turns around.

“Talking to the neighbor!” (Child uses George doll to knock down Mom and the other dolls, then mindfully turns shelf into a stove and puts clerk doll on stove) “I’m putting him in the stove and burn his hand.

Show me what happens next. Why did George hit mom?

Cause. “I’m going to a new stove.”

Putting him in the stove and gonna burn his hand up.”

You going to burn his hand up?

And then (Child knocks down clerk doll)

Oh, then he hits him. “I saw you take the candy bar George. Put that candy bar back.” George can eat it not you Zach. Oh, George is still eating it. “George, I told you no candies. No candies.” Show me what happens next.

(Child hits mom doll and knocks her to the floor).

Ouch.

(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated)

As the violence escalates the representation of the mother becomes again threatening and murderous. In the next story the child brings home a nice picture he made. When the story father is not given the picture the mom is represented as initiating a conflict where she takes the lives of the child and father figures and then goes to bed with the child’s blanket.

George brings this big picture home. He shows mom and dad. “Mom and dad, look at my picture.” Who does he give it to? Mom or dad?

Mom.

He gives it to mom, not dad? “Here you go mom. Here’s my beautiful picture.” And what does dad think about that? Show me what happens next?

(Mom doll knocks down dad, then George dolls). Pushes em down.

What happened?

He pushes em.

What happens?

They all dead.

They’re all dead?

Yep.
E: Who killed them?
C: Her.
E: Mom killed them?
C: Yep.
E: How come?
C: Cuz she didn’t like them.
E: She didn’t like them? Is she going to keep the picture?
C: Yes.
E: She has it in her hands.
C: She’s going to bed.
E: She’s going to bed?
C: Now she needs a pillow and a blankie.
E: What if dad got the picture? How would mom feel?
C: Sad.
E: What would mom do?
C: Sad.
E: She feels sad? And what would she do if she feels sad?
C: She hits them.
E: She hits them? Show me?
C: (Child uses his hand to spank the dad doll)
E: She hits them hard. Does that hurt dad? Yes or no?
C: Yes.

(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated)

In another dimension of these boys’ experience, in the “Bathroom Shelf” story, maltreated boys in the study represent “George” as alone after being abandoned by his parents. In this representation of the story the mother figure is killed by the child figure and the father is imprisoned for child abuse. The child is then nurtured and cared for by the police. The child’s response is considered a wished-for police intervention.

E: Right. Mom put band-aids in the bathroom. “Boys, I have to go next door to the neighbors to return something. I’ll be right back. Don’t touch anything.”
C: “That’s okay mom.”
E: “Okay. Don’t go into the bathroom either and don’t use the band-aids. Don’t get the band-aids out.” So the mom leaves. She goes to the neighbors. Well, George and Bob are playing together.
C: Yes.
C: And the boy gives the baby a band-aid.
E: The boy gives the baby the band-aid?
C: Yes.
E: “Hello boys. I’m back. What’s that? A band-aid?”
C: Yes.
E: “I said not to touch the band-aids, George”
C: “I know but the baby got a bleeding Mom.”
E: The baby was bleeding?
C: Yes.
E: “Well I told you not to touch the band-aids.”
C: “I know mom but the baby got bleeding.”
E: Show me what happens next George. Show me.
C: (Boy acts out screaming of a baby Bob doll) Her says…
E: Oh, the baby. And what does the mom say, because mom said no band-aids. Show me what mom says.
C: (Child motions with the dolls to have the mom doll get cut)
E: Who got cut too?
C: Her.
E: Mom got cut. Who cut her?
C: George did.
E: How come he cut her, Javier? How come George cut his mom?
C: Because. He used the blanket to get bleeding.
E: The mom is bleeding?
C: Yes.
E: Does George feel mad or happy?
C: (Child shows Bob doll jumping on mom doll)
E: Now the baby’s jumping on the mom?
C: Yes.
E: Show me what happens next.
C: And the thinks he was a bed…
E: And he jumped on her?
C: The mom is dead.
E: The mom is dead?
C: Yes. Now they want the ball to play with the boy.
E: The boy and George and the baby boy and George want a ball?
C: Yes, to play.
E: What about the mom? How does George feel about mom being dead?
C: (Child takes dad doll and waves it close to George doll). The dad says, go to your room.
E: Oh, the dad sent George to his room?
The representation of violence and death of those closest to the child may also be rooted in the child’s own caretaking experience. In their narrative representations the children in this study often made the figures hit or cry or say mean things; in addition, they transformed one story into quite another, where the meaning of a story about a child having an owie on his finger turns into one about a parent’s death. This representation could have several interpretations on of which could be the child anxiety about the loss of access to his parent.

In the “Departure Story” the representation is of the child figure being separated from his mother and his “need” for her goes unmet. The story has a tragic ending where the mother figure and other family members are killed. Following her death the child figure is the one responsible to “dig a hole” to “bury” his mother, and moreover, he is the one who will also
raise her from the dead. The child’s fantasy that he has the power to heal the family might allows him to escape from the fear and anxiety of being hurt and alone.

E: It looks like mom and dad are going to go on a trip together in the car. This is their car.
C: Can we play?
E: “Okay. Girls and boys. We are leaving on a trip now. Daddy and mommy are leaving. See you tomorrow.”
C: Oh man!
E: “Grandma will stay with you and take care of you.” There goes mom and dad. Show me what happens next Jason?
C: They’re playing. They’re playing. (Child has kid dolls playing in car).
E: Only the mom and dad are going off.
C: Can I play?
E: Nope. They are not coming back yet. Show me what happens with the little boy next? What does George do? What happens now that mom and dad are gone?
C: He needs them.
E: He needs them?
C: Yep.
E: What is he going to do now that they are gone? They left on a trip with the car?
C: Mommy says, “Help me. Help me. Help me”
E: Oh, she’s asking for help?
C: “Help me! Who is it?”
E: The boy got shot?
C: No. The grandma.
E: Oh, the grandma got shot and George? What’s George going to do now?
C: He’s going to help her.
E: He’s going to help Grandma?
C: Yeah. Like the man. Like he helps his mommy.
E: That man helps his mom? So George is going to help his Grandma? She got shot. Who shot Grandma?
C: I don’t know.
E: What happens next?
C: They dig a big hole to bury her.
E: So when the mom and dad are gone, Bradley, they dig a hole to bury Grandma?
C: Yeah.
E: Okay. Show me?
C: They bury…
E: They bury Grandma?
C: He says, “Sorry mom. Sorry.”
E: Sorry mom.
In the following story, “Climbing the Rock” the child represents the mother and father as killed by an imaginary tiger while on what seemed a quiet family outing to the park. The child is initially carried away by the tiger and then befriends and aligns himself with the destructive force that is responsible for the death of his parents.

E: When the family gets to go to the park, George sees a high rock. Oh look at this; he sees a rock up here.
C: Yes. And I’m gonna play with this one you know.
E: Thank you. Go ahead and have a seat Javier. George walks right to the walk. Let’s stand them up again. “Oh look. See the high rock. I’m gonna climb the rock all the way up to the top.”
C: And he has rope.
E: He’s gonna climb the rock. “Oh, be careful George. Be careful.” Show me what happens.
C: Oh, aw, aw. (George doll falls off the rock).
E: Oh, George falls down. What does mom and dad do when George falls down? Show me.
C: He says he get a band-aid.
E: Make mom and dad talk. Show me what they say to George.
C: They coming…awwh. Rawwrrr. (Makes a sound like a tiger).
E: Oh a tiger.
C: (Child has George doll move away from the park)
E: The tiger carried the boy away?
C: Yes.
E: What does mom and dad do?
C: Got bit on their stomach.
E: They got bit on their stomach…? What happens next.
C: Mom and dad are dead.
E: Oh, they died?
C: Yes.
E: How did the boy feel that mom and dad died by the tiger?
C: And they…(unintelligible) mom dad and baby tiger.
E: How does George feel?
C: Happy.
E: Oh, he feels happy and he’s with the tiger?
C: Yes.
E: What’s he doing? Show me.
C: He wants to hold him.
E: He wants to hit the tiger?
C: No. He wants to hold him.
E: Oh. He wants to hold him. Show me. The tiger is his friend?
C: Yes.

(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer).

The children’s stories evolve where in the following narrative the younger brother’s foot is severed by his older brother, George. The boys in this study showed a high level of
coherence in their stories, in that they do not often dissolve into chaos or disorganization even when aggression and death were enacted. (Buchsbaum et al., 1992). As a volcano erupts it becomes a symbol of family chaos and pain.

E: The family gets to go to the park. And when the family goes to the park, George sees a big rock and walks towards it. “Oh look. I see a big rock. I’m going to climb right up to the very top. Look. Look.” “Be very careful George. Be careful.”

C: Said, “I am the king.”

E: Show me what happens next? What does George do?

C: Said, “Geeshh.” (George doll falls down off the rock).

E: George falls down? What does mom do when George falls down?

C: The rock, he goes far, far away to get on the rock.

E: “George, be careful.”

C: “Look at this mom.”

E: “Be careful. Don’t fall down and hurt yourself.” Show me what happens next?

C: “Whoa. What is it? What is it? What is it? What is it mom and dad? What is it?”

E: They are all looking at something.

C: “Whoa. This is so bad.”

E: What do they see Jason?

C: They see a big volcano on the floor.

E: Oh, a big volcano?

C: Yeah.

E: What’s going to happen next? Show me?

C: (Child knocks some dolls down).

E: What happens with the volcano?

C: He said, “What is this? Oh, my foot got cut off.”

E: Oh, the mom’s foot got cut off by the rock?

C: His foot got cut off.

E: The little brothers foot got cut off?

C: Yes. So he put the whole thing on it.

E: George put a hard rock on his foot.

C: (Child bangs doll)

E: Oh, he’s banging it real hard.

(Jason, 3:10, Post Traumatic Stress Disorder, lives with his custodial grandparents who are self-employed ranchers).

The narratives evolve and elicit what appears to be a mixture of fantasy and reality as a child whose natural father is incarcerated completes the narrative. While fantasy play allows
children to create imaginary situations where problems can be expressed and resolved, this group of children often fail to present a non-violent resolution. Nonmaltreated children often use fantasy play to punish and forgive, hurt and heal, and conquer their fears, however, the boys in this study demonstrate a lack of balance and their perspectives on family life are often bizarre. Their narratives often parallel their own ongoing family caretaking stories.

In the “Cookie Jar” story the mother is mad and kisses the child and then hits him with the table. The child figure is wrapped up and the child represents the mother figure going to jail and dying which mirrors his experience with his own father. In the “Lost Dog” the child’s anger and aggression are manifested in his having the dog bite the father figure, who is absent and serving time in prison. The dog is doing something only the dog can do, acting out against a person who hurt Zach. This hostile behavior is similar to other representations as seen in the following narratives.

E: George sees a cookie jar and he climbs up there.
C: And he eat it.
E: Then George gets up and baby Bob is watching. George gets up and eats a cookie. But Bob sees him. Show me what happens next.
C: Then we push him. (Child uses George doll to push Bob doll).
E: Show me what happens next. Bob saw George eat a cookie. What does mom say?
C: I’m getting all the cookies.
E: Oh, George is getting all the cookies. “George get down from there. “What does Bob do? Does Bob tell on George?
C: He… (Child knocks over table and knocks down dolls and the cookie jar that was on table) Hey, you burn my hand. Then he hit the dad.
E: Who hit the dad?
C: Then the mom comes over… (Child has mom doll hit the dad doll).
E: The mom hits the dad. The mom hurt the dad?
C: “Get on the table.” (Child puts mom doll on table).
E: Why isn’t mom nice to the dad?
C: (Child knocks down dolls with ball).
E: Why isn’t mom nice to dad? I wonder why mom isn’t nice to dad? Or George isn’t
nice to dad?
C: Mom and dad and him.
E: Oh, they all three are mad?
C: Yep.
E: What makes them so mad?
C: They are going on a choo-choo train and the little brother can’t go.
E: The little brother can’t go?
C: Nope.
E: Oh, that’s going to make the little brother sad.
C: (Child makes sounds like a train sound. Dolls are on top of table, dad, mom dolls)
Okay. I’m going on the train. The dad can’t go because he… (Mom doll hits dad doll)
E: Because he is what?
C: He can’t go.
E: How come he can’t go?
C: So the mom kisses the boy. (Child uses dolls to have them kiss).
E: Oh the mom kisses the boy? What do the mom and the boy do? Show me.
C: (Child tries to get blanket and bed). I need that so I can put them on the bed. (Child puts mom doll on the bed and then puts blanket on the floor).
E: Show me what George does.
C: He goes on the blanket. “And I am watching TV!!”
E: George is watching TV.
C: I put the table on here then I am eating. (Child uses dolls to demonstrate eating, then he used table to hit a doll with) “It’s not dinnertime anymore. You are going to…” “Here, get in here now.” Okay, the blanket. “Watching TV” (Child rearranging the furniture). Then dad and mom, then the mom comes over and walks then she hits him across like this. (Child uses doll to knock over doll). Then mom goes to bed.
E: Then mom goes to bed. Who’s going to take care of George? He got hurt?
C: (Child wraps George doll up in blanket) Take him mom to jail and wrap him up.
E: Oh, take her to jail and wrap him up? What will happen to mom in jail?
C: Get shoot from a gun.
E: She’ll get shot from a gun? Who’s going to shoot her?
C: The bad guys.
E: The bad guys in jail?
C: My mom’s girlfriend, my dad, my Dustin, he will go to jail and like two months ago.
E: Oh, he went to jail? What did he go to jail for? How come he went to jail?
C: Cause he want to jail. He murdered somebody. And that place that knocks somebody on the head.
E: Oh, he hits somebody on the head?
C: He knocks somebody.
E: Oh, he knocks somebody on the head?
(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated)
Mom says to dad, “You lost my keys.” And dad says, “No I did not.” Mom says, “Yes, you did. You always lose my keys.” “I didn’t lose them this time.” And look who’s watching? George is watching. Tell me what happens next? What does George do or the mom and dad.

C: He says, “That’s not fair.”

E: What’s going to happen next?

C: He’s going down there (George doll moving towards dad).

E: He’s going to get on dad’s head.

C: And he said, “This is my son. Not yours.”

E: He says, “This is my son?”

C: Yeah. “No it’s not. It’s my son. Come on son. Let’s go home.”

E: So he leaves with mom and the dad’s alone?

C: Yeah. “No, he’s my kid. He’s the bad guy.”

E: He’s the bad guy?

C: Yeah.

E: What happens next? Show me what the mom and dad do?

C: He said swissssh. (With George doll’s right foot, child has doll slowly and methodically kick down mom doll in the face)

E: Oh, he kicks her down? Ouch. That makes the mom real sad and scared. (Father and George doll walk away)

C: “Come on. Come on son. It’s a volcano!” (Child makes a sound like a volcano blowing steam).

E: What happens to the mom and dad in the volcano?

C: He said, “I find my son. And I’m going to go into the volcano.”

E: The volcano is full of fire.

C: “Come on son.” “I’m not going in there with you.” “What? You don’t tell me.” “Sorry.”

(Jason, 3:10, Post Traumatic Stress Disorder, lives with his custodial grandparents who are self-employed ranchers).

E: George has been thinking about playing with his favorite puppy, Barney. He loves playing with Barney; ever since he woke up this morning he’s been wanting to play with his dog.

C: Is he a little dog?

E: Let’s see.

C: Is that a little dog?


C: They walk away from their house and they go find him and he is right over here.
E: Oh, they go walk away from the house and find him down the street?
C: No. Yeah. If he is in the street he get ran over.
E: Right. So where do they find him?
C: He’s right on the grass.
E: Oh, he’s right on the grass, okay. Well tell me what happens next?
C: Right in his hand. Right in his hand. Right in his hand.
E: “Oh look. I see something. There’s Barney the dog. They found him.” Show me what happens next?
C: He roof it off. Ruff, ruff, ruff. He’s gone now. He’s gone.
E: He’s gone now.
C: Yeah.
E: Show me what George and Barney the dog do?
C: He puts them here.
E: The doggy does?
C: No. He and the doggy says.
E: George hits the dad?
C: Yeah.
E: Why does he hit the dad?
C: Cuz he’s mad.
E: What is he mad about Zach?
C: Cuz he mad.
E: He’s mad from his dad?
C: Yeah. Watch, they fighting. (Child has all dolls standing up) I need (unintelligible)…
E: Tell me next what happens next with the dog? What happens next?
C: He bites him.
E: Oh, the dog bites him? Where does he bite him at?
C: On his head.
E: Right on his head?
C: Yeah.
E: Oh no. Who’s going to help George? Anyone?
C: (Child has Barney dog bite dad doll). Bites the dad.
E: Oh, dog bites the dad next. Ouch.
C: If the dog. Dogs will bite and cats scratch. Like this. (Child pulls up sleeve and grabs at his arm)
E: Cat’s scratch and dogs bite? Yeah. So does anybody help George or the dad?
C: No.
E: No? And what happens to the dog after he bites?
C: (Child shows his teeth like a dog would)
E: Oh, he looks mean.
C: The dog likes to bite. He likes to bite. Cause he likes to bite.

(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated).
In summary, the maltreated boys in this study reveal a turbulent and painful world where conflict and violence in family relationships are the norm. Through their narratives the boys enacted their fear and feelings of insecurity through aggressive fantasy play where parents are represented as acting violently towards each other, and with little regard for the children. The children appear to use varying strategies to stay off their own anxiety and anger, however, when they become frustrated and distressed they appear to use aggression in a defensive manner and as a way to internally regulate and soothe themselves. In addition, their narrative representations of parental violence were unusually clear, well thought out, and executed with little remorse. In the representational experience of the maltreated boys in this study it emerged acceptable to act out aggressively against those who hurt you.

Furthermore, rather than accept care and comfort from a parent figure the children represented the child as retaliatory, domineering, and cruel. Boys who experience maltreatment may be exhibiting a form of role reversal wherein the child as the victim becomes the victimizer; children who willfully hurt others. This could be an indication of how abuse experienced at home changes children’s working models of close relationships and effect his capacity to regulate his behavior (Buchsbaum et al., 1992). Violence as a learned behavior becomes internalized and is then generalized as an acceptable way to deal with conflict in intimate relationships.

Theme 2: Her Don’t Like My Pictures Because Her Throw The Picture Away: Maltreated Children’s Negative Parental and Self-Representations
A lifelong task is the striving to make sense out of our experience. The meaning children derive from their experience depends upon beliefs about themselves and their close relationships. Indeed, the way children define love and a sense of security and comfort are constructed in their early caretaking relationships.

The home environment has a lasting effect on young children’s ability to suppress negative emotions and aggressive impulses. Maltreatment including abuse, neglect, and witnessing domestic violence, creates within children feelings of anxiety, fear, and sadness, which can trigger defensive acting out and hostility. Children caught in the web of abuse often demonstrate long lasting disruptions in relationship formation and without intervention, continue to act out in a manner that is familiar to them.

E: George came home with a picture. This is the picture he colored today. “Mom, mom, dad. Look what I made today. It’s a picture.” Show me what mom and day say. What does mom say to George?
C: She says thank you.
E: Oh, thank you mom. I love my picture. What does dad say to George?
C: He have to make him cry…
E: I want to give you the picture dad. Oh thank you, son. “That’s so nice.” How does mom feel? She didn’t get the picture?
C: You have to knock him down like this.
E: Oh, mom will knock him down and take it…
C: Yes.
(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer).

E: George walks in from pre-school. And look, he shows mom the picture. “Mom. Look at this neat picture I made.” “I love it.”
C: I lost it. Child puts doll under table.
E: “Mom. Mom. I’m home.” What is she doing? George is so excited to show his picture to his mom. George shows the picture to mom and grandma. “Look at this neat picture I have.”
C: (Child tries to grab dolls out of adult’s hand) “No, you’re not. No, you’re not. No, you’re not.” (Child still tries to grab dolls out of adult’s hand)
E: You show me. Who does he give the picture to Lebron?
C: “Hey mom. No you’re not getting no more pictures.”
E: No more pictures. What else does mom say? Or what does George say back?
C: “No you’re not. You no more pictures.” (Child has mom doll hit George doll)
E: “Oh, Aw. That hurt.” She hit George and he fell down.
C: “Aw, aw, aw.”
E: And what part of his body got hurt? Where did mom hit him?
C: (Child picks up George doll)
E: Where? Did she hit him in head or the stomach or the leg?
C: The head.
E: Oh, she hit him in the head?
C: Hard.
C: “Aw, aw, aw.”
E: “Mom, I just wanted to show the picture to someone.”
C: No you’re not.
E: “Don’t hit me. Aw!”
C: (Child has mom doll hit George doll)
E: “Aw. Mom, what about my picture?”
C: “Be quiet” (Child hits George doll with mom doll).
E: Oh, the momma says be quiet?
C: Yes. (Child hits George doll over and over again with mother doll)
E: Ouch. Oh she hits him again, and again, and again?
C: Hmm, hmm. (Child continues hitting George doll)
E: Ouch.
C: Ouch!
E: Oh, and then drops from high up? “But, I want to give the picture to Dad then.”
C: “No you’re not.”
E: “I’m going to show you my picture dad.”
C: “Be quiet. Aw.”
E: But dad said be quiet and hit him down. Oh, he stepped and kicked him.
C: (Child has dad doll step and kick George doll) “I’m sorry.”
E: Oh, he hits him and hits him. How that makes George feel how?
C: No, he’s sorry.
E: Oh, the dad says sorry?
C: Hmm, hmm.
E: Oh, how does that make George feel?
C: “I’m not sorry.” (Child has dad doll hit George doll)
E: Oh, now he’s not sorry and he kicks George?
C: Hmm, hmm.

(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit.)
Through a shared repertoire of experiences young children and their parents are able to understand each other and create shared meanings. However, if parent-child interactions are harsh and negative, rather than showing trust and optimism, the emotional expression will manifest itself as fear and mistrust, and a negative representation of self and others.

E: The grandma is talking to the neighbor and so is the mom.
C: Child grabs doll and has doll hit other doll. “You be quiet.”
E: So mom and dad and grandma are talking to the neighbors. Let me have dad please. They are talking to the neighbor. And George and little Bob are playing with a friend. Dave.
C: Mine.
E: And they play with his new ball. Look.
E: Look. Over here. Dad is going to talk to the neighbor. Over here. This is George and then we have little Bob and the new friend Dave. And he has a ball. Put the ball in Dave’s hand. Show me how they play with the ball.
C: He’s not going to do his hand in the ball.
E: He’s not going to give him the ball?
C: No.
E: And then the little brother runs out of the house, “Can I play with you?”
C: “No. No, you’re not.”
E: Bob, if you let your little brother play, I’m not going to be your friend anymore.” Show me what happens next.
C: “You know you gonna be…sucka.”
E: “But George. I’m your little brother. You should let me play.”
C: “No.”
E: “I don’t want to play with you George, with your little brother.” Show me what they do.
C: Child shows both dolls to adult.
E: Show me what they do. Show me what George does with the ball? Does he play with his friend or his brother? What should he do?
C: He’s sleeping.
E: Oh, he’s sleeping. And here comes his friend.
C: “I’m wake. I’m wake.” Child has doll up in the air.
E: Oh, he’s awake. Does he play with the little brother? Show me what happens.
C: “You’re not going to play with me.”
E: “You’re not going to play with me.” What do they do with the ball then?
C: (The child hits Bob doll with George doll.)
C: Child leaves table after hitting doll with other doll and goes to pick up doll that flew off table. “Aw, aw, aw, aw, aw, aw.”
E: Show me what happens next, Lebron, with the ball?
C: “Give that back to me. Give it back to me. Give me that. Go!”
E: Oh, he takes the ball?
C: He break it.
E: Oh, he breaks the ball?
C: Yeah.
E: How does that make George feel when he ball is broken?
C: George breaks the ball.
E: George broke it? How does that make him feel?
C: He, “I’m going to go tell dad.”
E: Oh, and he is going to go tell dad?
C: “Yeah. Hey. So you don’t break the ball. Aw.” (Child has dad doll hit George doll.)
E: Oh, you don’t break the ball and he hits him. And he hits him again harder.
(Repeatedly)
C: Child hits doll again and again.
E: Ouch. That hurts poor George. And he throws him.
C: (Child hits George doll and George doll flies off the table) “Aw, aw, You hurt me.”
E: Will someone help George when the dad hurts him?
C: “Sorry.”
E: Then the dad says sorry?
C: No, he doesn’t say sorry.
E: Oh, he doesn’t say sorry. What does he do? (Bob doll going to get the ball.)
C: “I’m not. I’m not your friend.”
E: Oh, George says to his little brother, “I’m not your friend.” And that makes the little brother cry. ‘I just wanted to play with the ball.’
C: “No.”
(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit).

Rather than feeling valued, children who have experienced maltreatment internalize the negative affect taken from their home experience and project destructive and angry feelings towards others as seen in their transference onto play objects. As children learn from limits and standards, they experience continued demands for appropriate behavior, not from within themselves, but from the external world. As children are disciplined and redirected from
inappropriate to more acceptable behavior they internalize the standard and begin to experience internal control over their own behavior. It is not until much later, at school age, that children’s limits become a part of their self-concept.

There is something positive and affirming about a young child’s birthday. In contrast, maltreated boys in this study view themselves not as happy and prosocial but as negative, angry, difficult, and defiant.

E: Today George is having a birthday party. This is his birthday cake. I want you to show me what happens next. Let’s set up the people all around the table. Help me. And there’s dad and there’s mom. They are all together today. Put them around the table.

C: “I fell in the cake.” (Child has mom doll fall on cake.)

E: Oh, mom fell in the cake. Silly mom. And there is little Jane and here comes Bob. Today is George’s birthday. He is so excited that mom made him a delicious cake. Show me what happens next on his birthday?

C: I showed you. I just need.

E: Show me what happens next? You can do it. Grab George. Show me what he does?

C: (Child grabs George doll and knocks down dad doll.) He papa...

E: Oh, he knocked dad down.

C: (Child knocks grandma doll down with George doll.)

E: Oh, on his birthday with this beautiful cake he knocks grandma down.

C: (Child knocks down mom doll with George doll.)

E: Mom fell down.

C: (Child knocks down baby brother doll with George doll.)

E: And his little brother and baby sister. They fell down too. What happened? What did George do?

C: He knocked everybody down.

E: He knocked them all down?

C: Yeah.

E: How does he feel?

C: Mad.

E: He feels mad?

C: Yeah.

(Jason, 3:10, Post Traumatic Stress Disorder, lives with his custodial grandparents who are self-employed ranchers).

In this next story, in the “Band-Aid” story, the child figure is presented with a dilemma
where he is asked to choose between caring for a little brother’s injury or adhering to his
mothers directive not to get into the band-aids that are on the bathroom shelf. Caring for an
injured sibling and tending to his feelings demonstrates a sense of empathy. During early
preschool development, such security is associated with a heightened sense of sympathy to
another’s distress, while avoidance is associated with a low level of concern, helping and
comforting behavior. Maltreated children with a disorganized way of coping often display
negative, distressed, and associated controlling and aggressive behaviors (Macfie et al., 1999).
Maltreated male children in this study represent parents as responding less often to children
when they feel distressed, and oftentimes it appears their behavior is misinterpreted as defiant
and “bad” behavior.

E: George and his baby brother are playing and mom says, “George. I have to go next
door to the neighbors.”
C: “No you’re not.”
E: “I’ll be right back. Don’t touch anything on the bathroom shelf. Don’t touch the
finger is bleeding. Will you help me?”
C: “No.”
E: Show me what happens next?
C: “No. No you’re not. No, I’m not.”
E: “Please help me George, my finger is bleeding.”
C: “Okay. I get the band-aid.”
E: Let’s see what George does. He gets the band-aid.
C: “I get the band-aid.”
E: Then mom comes home. “That’s a band-aid. I said not to touch the band-aids
George.”
C: “No. No he got beats, its hard.”
E: “I told you not to touch the band-aids.”
C: “No. It’s hard mom. I’m sorry about that. He can’t wait. He turn again me. We can’t
get the any...Oh, we can jump.”
E: “Why did you get the band-aids?”
C: “Because there was in the bathroom. In the bathroom it was. It can’t find it around.
And around and around. We was something we can jump!” (Child distressed and
fearful)
E: “Sometimes you just have to get band-aids when someone is hurt. Huh, George?”
C: Yeah.
E: “Where did you get the band-aids from?”
C: “There at the bathroom. Come on, follow me…There, there…He was very hurt.”
E: Oh, your brother was hurt?
C: “Yes. He’s in trouble. And he took my band-aid.”
E: “Who took the band-aid?”
C: “The cops.”
E: “The cops took your band-aid?”
C: “Yes.”
E: “What should we do?”
C: “We find my band-aid.”
E: “You want to find them?”
C: “Yeah.”
E: “Okay. Where are they?”
C: “There are they down the street.”
E: “They are down the street with the police?”
C: “Yes.”
E: “Bob had an owiee, huh? And George had to get the band-aids.”
C: Yeah. And he left it. (Child makes crying sounds.) It’s not with the band-aid.

(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit.)

In response to bringing home a picture that he made at preschool, the child’s representation of the scene is not one of excitement, pleasure, or pride, but caution, vigilance, and fear. He announces that the examiner must be quiet so as to not alert “a bad guy.” During play the children represented their experience in metaphorical terms. This child tells the examiner that his grandmother “doesn’t like pictures” and instead of greeting his creation with praise and warmth she is represented as negative and dismissing and will “throw” his creation away. Boys who have experienced maltreatment at home, may be overwhelmed with fear and preoccupied with harm and often represent family or themselves as a perpetrator.

E: George worked really hard at pre-school today. Do you know what he made?
C: What?
E: He made a beautiful picture.
C: What is it?
E: It’s a beautiful picture. What do you think the picture is of?
C: Ah, elephant.
E: It’s a beautiful picture, Jason, of an elephant. And here comes George coming home from pre-school. “Mom. Look at the picture I made. Look at the picture I made at school today. Mom, dad, Grandma.”
C: “There’s a bad guy here and I want you to be quiet.”
E: “You want me to be quiet?”
C: “Yes.”
E: Who does George give the picture to?
C: Nana.
E: “Here’s my picture Nana. Look at it.”
C: Threw. (Moves grandma up and away.)
E: She threw it?
C: Her don’t like pictures.
E: She doesn’t like pictures?
C: Hmm, hmm.
E: I wonder how mom feels about George giving Grandma the picture?
C: Hmm.
E: How does mom feel?
C: George goes up high. Nana goes up. (Child has doll in air and is talking to them.) Hit the bad guy. Hit the bad guy.
E: That was the daddy.
C: No. He’s the bad guy.
E: He’s the bad guy?
C: Yes.
E: How does mom feel about George giving Grandma his special picture?
C: He was so, I mean.
E: He’s what?
C: So sad.
E: Oh, the mom feels sad?
C: Yeah.
E: How come?
C: I…the bad guy.
E: What if George had two pictures? Who would he give them to?
C: Hmm.
E: What if George made two special pictures at pre-school? Who would he give them to?
C: Mommy.
E: Mom.
C: And grammy.
E: And grammy. And show me what happens next?
Maltreatment may have a differing affect on children. For example, physically abused children have been shown to construct stories where they attempt to meet their parents needs and in doing so they minimize their own as a strategy to avoid further abuse (Crittenden & DiLalla, 1988; Macfie et al., 1999). As illustrated in “The Rock,” maltreated boys feel inferior at a time when they should feel special. During this time in their development their appetite for attention is almost without limits. The representation of the mother figure as pushing him off the climbing rock speaks to the notion that his mom’s needs may supercede his own.
E: George and his family are going to the park now, Jason.
C: How about my Spiderman shoes.
E: Here’s a big rock.
C: I’ll get it.
E: Here comes mom.
C: And George.
E: And George and the little brother. The family is going to the park. And George sees a high rock. “I’m on top of the rock. Look how high I can climb. Look mom.” “Be very careful George.” Show me what happens.
C: The mom does this. (Child pushes George doll off of the rock and puts mom doll on the rock.)
E: The mom pushes George down? And gets on the rock? Why did mom push him off?
C: Because she wanted to get on.
E: Oh, she wanted to get on?
C: Yeah.
E: “Aw. That made me sad mom.”
(Cole, 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with mother who works as an office clerk, father and mother separated after repeated domestic violence.)

The child’s confidence in a caretaker as an ally serves the child in that research shows that one good relationship in a child’s life serves as an important buffer against the negative effects of maltreatment, an important role in children’s overall psychological well-being (Buchsbaum et al., 1992). However, maltreated youngster’s representations of their parents are not shown to be positive. Quite the opposite, it appears that the maltreated child’s needs are often disregarded by parents as adult problems and relationships appear to take precedence over the child’s needs. What is abnormal becomes normal.

E: George is going to pour some juice. Oh, oh. (The cup is knocked down) The juice is spilled all over the floor. Show me what George says. What does George say?
C: (Child smiles) Can’t.
E: What does George say?
C: (Child lifts doll up in air then drops doll)
E: And what does George say?
C: (Child separates the two dolls and gives adult a smirk/smile)
E: “Oh George. You spilled the juice.”
C: Ah, ha.
E: What happens next? He spilled the juice all over the floor.
C: Ah, ha.
E: Show me. What does mommy do? On your bottom please.
C: (Child puts George doll in cup)
E: Mommy puts him in the cup.
C: (Child has mommy doll push/kick George doll away. Then has mommy doll hit George
doll repeatedly.)
E: Oh. Mommy kicks George. Mommy hit George. What did mommy do?
C: (Child knocks doll out of cup and smiles at adult and uses mommy doll to swing it in
the air) And goes like this. (Child has mommy doll knock down George
doll) Mommy hurts.
E: Oh.
C: (Child makes doll cry)
E: “Ouch! That hurts? Mommy that hurts. Don’t kick me mom.”
(Richie, 3:4, Disruptive Behavior Disorder NOS, living with his mother and maternal
grandparents, father and mother separated and CPS reported child witnessed repeated acts of
domestic violence)

In the next two narratives, including the “Departure Story” mom and dad are going
out together and ask the children to stay with their grandmother. It is difficult for children to
cope with the separation of a parent and he may feel anxious and need comforting. In this
narrative the group of boys often represented figures as “mean” and rejecting. In “Hot Gravy”
the child having experienced abuse rejects the care offered. When adults’ needs are given
priority, children learn to care for themselves, attempted to meet their own needs and often
avoid seeking out a comforting or playful parent object/figure. As seen in the following
narratives, they learn that love hurts.

E: Looks like mom and dad are going out together. “Okay. Bob, George. You guys are
going to stay with grandma.”
C: I’ll hold her.
E: “You guys are going to stay with grandma. We are going to go to the store. We are
leaving for a trip. See you tomorrow.”
C: “Bye.”
E: Show me what George does now that mom left?
C: Her sad.
E: Oh, George is sad. What does grandma say?
C: He can’t leave.
E: What does George say? He feels sad. What does he do now?
C: She hits them.
E: The grandma hits him?
C: Yeah.
E: Oh, the grandma hits him? Is that nice or mean?
C: That’s mean.
E: Is the grandma mean or nice?
C: Mean.
E: Show me what George and Bob do?
C: Grandma is gone.
E: Oh, Grandma is gone. George and Bob are all alone. Oh, no. He’s all alone.
C: And George.
E: What will George do when he and Bob is all alone?
C: I don’t know.

(Cole, 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with mother who works as an office clerk, father and mother separated after repeated domestic violence)

E: “We are going to have a good supper, George. But it’s not ready yet. Don’t get too close to the hot stove.” This is the hot stove.
C: “Aw!”
E: So George takes the pot off the hot stove and he knocks the hot soup off the stove all over the place. “Aw. I burned my hand.” Show me what happens? George burned his hand on the hot soup. Show me what happens?
C: “Aw, aw, aw.” (Child grabs his hand as if he burned his hand/fingers.)
E: Yeah, He burned his hand right here. What does mom and dad do? Show me? What happens next?
C: “You don’t spill the soup! You don’t spill the soup!” Child has father doll hit George.
E: “You don’t spill the soup.” The dad hits George.
C: Child has father doll continue hitting George doll.
E: What do they do about his hurt hand? His hand is hurt and burned?
C: (Dad doll hit George doll repeatedly, bringing dad doll high above his head. Child continues hitting George doll with dad doll.)
E: Oh, ouch. That hurts George.
C: “Aw, aw.”
E: What do they do about this spilled soup?
C: Under the table.
E: This is George and this is dad and this is baby Bob.
C: “You don’t spill the soup Bob.” (Dad doll hits George doll.)
E: You don’t spill the soup and he hits him and hurts him. How does George feel when
his dad hits him?
C: (Child continues hitting doll over and over again) “Aw, aw, aw, aw, aw, aw.”
E: Ouch. That hurts George.
C: “Aw.”
E: (Mother doll enters in.) “What’s going on? Are you hitting George?”
C: Yes.
E: Why?
C: “Because, I hit him. He spilled the soup. He just spilled the soup!”
E: Dad hit George again. Oh, mom hits George now.
C: Because he spilled the soup.
E: Because he spilled the soup and he gets hit? Where does she hit him at?
C: I hit him.
E: Here comes Grandma, “Oh, are you okay? Is your hand okay?”
C: “No, I’m not.”
E: “Oh, can I wrap it in a band-aid?”
C: “No.” Child hits grandma doll with George doll.
E: Oh, he hits grandma. Okay, lets do some more. We have a couple more.
C: Why you do that to me (George doll)
(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after
being separated from his mother living at a parent-child drug rehabilitation unit)

E: It looks like mom and dad are going on a trip. They are going to go bye, bye. Now
the car is parked in front of the house. “Okay boys. Your dad and I are going on our
trip now. We’ll see you tomorrow.”
C: “Please no! Don’t go! You can’t. I drive.”
E: “Grandma will take care of you.” Show me what happens now when mom and dad go
on their trip?
C: Child grabs car. (George doll) “Let me go. Right here.” Child makes noise of a car
sound and puts dolls in car along with Grandma doll.
E: No. Only the mom and dad are going. (Adult makes sound of a car.)
C: They gonna fall.
E: They aren’t coming back yet. Show me what George does with Grandma and baby
Bob when mom and dad are gone?
C: “Come on.”
E: Show me what George does?
C: “There you are. I found you. I found you.”
E: Show me what George does when mom and dad leave on their trip? Here they come.
They are coming back. (Adult makes sound of a car.)
C: “There you are. There you are dad!”
E: “Yeah.” It’s the next day and look, grandma is looking out the window of the house
and she sees mom and dad drive up. Show me what happens next, Lebron. What does George and baby Bob do?

C: They go to the black water.
E: They are back home. What does George do?
C: George is happy.
E: George is happy. Show me what he does? What does the dad or mom say to George or Bob?
C: George and Bob?
E: Yes. What does the mom and dad say to George and baby Bob?
C: They say, “I’m back.”
E: “I’m back.” And show me what George does?
C: He going back. He going back now.
E: He’s going to the back now?
C: Hmm, hmm. He is stop doing. “Okay, I’m leaving.”
E: So what does George do now that the mom and dad are home? He says he’s leaving?
C: Yes.
E: Show me. “George. Where are you going?”
C: “We are going to, new school.”
E: “You are. Can we come?”
C: “No.”
E: “Oh, that makes us sad. Can we come with you and Grandma?”
C: No. He is here.
E: You’re already in there?
C: Yeah.

(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit)

The boys in this study, still immature in their development, show evidence of depression and low self esteem. They need the warmth and protection of adults and it all too often it appears parents are emotionally and psychologically detached. After a transgression where the child gets a cookie a fight ensues between dad and mom in the “Cookie Jar” story. During the negative conflict the child figure engorges himself eating “all” the cookies, following which he wraps himself up in a blanket insulating himself from the parent’s verbal assault. It is interesting that preschool boys who experience maltreatment represent the child figure in more than one occasion as offering that same blanket to the assaulting parent. Sadly,
the blanket does not insulate the family from being “burned” by what the child describes as a falling stove. The family is vulnerable and goes unprotected.

E: Bob sees George in the cookie jar, getting cookies. Right then, George says, “Hey, don’t tell mom about it okay Bob?”
C: “Okay.”
E: “Here come mom and dad.” Show me and tell me what happens next?
C: (Child has George doll eat cookies again.)
E: Oh, George ate cookies again? What dad and mom say?
C: “You can’t eat the cookies…”
E: “No. We said no. No cookies.”
C: Yes.
E: What does dad and mom do?
C: Fight.
E: Oh, they fight again?
C: Hmm, hmm.
E: Oh. George knocks them down. (Has George doll hitting down mom and dad dolls.)
C: He knocks him down.
E: Oh, he knocked Bob down too?
C: He was walking. He ate the cookies. (Child makes sound of eating cookies.)
E: Oh, he knocks all the family down and he ate the cookies. He ate them all or just some of them?
C: He ate them all.
E: He ate them all. And where are mom and dad? How do they feel?
C: Sad. He wraps himself up.
E: He wraps himself up?
C: Hmm, hmm.
E: Why did he wrap himself up?
C: He ate all the cookies inside.
E: He ate all the cookies so he wrapped himself up?
C: “Where are those cookies?” (Child has dad doll talk sternly.)
E: “Where are those cookies?” Dad says.
C: “They were right here.” “I ate them all.”
E: George ate them all.
C: “I ate them all…” He all wrapped him up. (Child has George doll wrap dad doll up in blanket.)
E: Oh, and then George wrapped them all up.
C: “Oh help honey”
E: Help honey.
C: They wrapped themselves all up.
E: Oh, and Bob too or just George?
(Child wraps all dolls together) Wrap them all up. All together. And they are under the covers.

E: They are under the covers?
C: Hmm, hmm. (Child carefully lays blanket over all dolls.)
E: They are all under there. How do they feel under there?
C: Sad.
E: They feel sad?
C: Yeah.
E: They feel sad? How come?
C: Because they …on the stove. (Child brings over the stove and has it fall on dolls under the blanket.)
E: Oh, the stove fell on them?
C: Hmm, hmm.
E: Ouch.
C: “Ouch.”
E: Oh, it did fall on them.
C: Dad getting hurt. He’s the cover the under. They were sleeping. “Aww!” (Child has shelf fall down.)
E: Oh, George fell down from the big tall shelf?
C: He was sleeping.
E: He was sleeping too.

( Benjamin, 3:11, Conduct Disorder, lives with adoptive parents, his mother who is at home and father works as an engineer.)

From a very early age, children express their need for comfort and love which is tied to displays of regret and concern indicating their advances in emotional development. In this next narrative, finding the dog is not cause for celebration but presents itself as a time to teach the dog a lesson. The dog needs to be shown who is boss. The dog is punished severely by a child figure who in his rage injures the dog’s eye. The “sad dog” is put to sleep using the child’s blanket.

E: George has been thinking about playing with his favorite puppy, Barney. “Mom. I’m going outside to play with Barney.”
C: “No you’re not.” (Mom doll says to George doll)
E: So George goes out, “Barney is gone!” Sit down please. On your bottom.
C: Give me.
E: Show me what George does. Barney is all gone. How does he feel?
C: He is under there. (Child puts Barney under table.)
E: Oh no. Barney is gone for now. What does he do? He goes looking for Barney?
C: Hmm, hmm. (Nods).
E: Will he find him?
C: Hmm, hmm. (Nods).
E: Show me. What does he tell his mom? He goes out to the backyard and he doesn’t find Barney.
C: “Hey mom, mom. Have you seen Barney in the backyard?”
E: “I haven’t seen. He must be lost George.”
C: I’ll go find him.
E: He’s going to find him.
C: I can’t find him.
C: (Child has George doll hit Barney doll repeatedly.) “Aw, aw, aw.”
E: Oh, he hits him. Why is he hitting him?
C: Aw, aw, aw, aw.
E: Oh, he hits him. Many times.
C: (Child continues to have George doll hit the Barney doll.) I hit his eye.
E: George hit his eye?
C: Yes.
E: How does Barney feel?
C: Aw.
E: How does Barney the dog feel Lebron? When George hits him? Does he feel happy or sad?
C: Sad.
E: Oh, he feels sad?
C: Yes. (Child covers Barney doll up with blanket.)
E: And he’s going to cover up too?
C: Yes. He gonna cover up.
E: Show me what the mom and dad do to George?
C: He has to sleep.
E: They have to sleep?
C: Yes. They all going to sleep.
E: All going to sleep.
C: Yes. He sleepy time.
E: Sleep time.

(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit)

Similarly, in a narrative about “Band-Aids” the mother is represented as interrogating a child
about disobeying a directive. The representation of the mother figure is angry even when the child’s disobedience was for a benevolent purpose. In response to the parent figure’s anger, the boy acts out and is aggressive. The association between parental abuse and preschool behavior problems and pathology is supported by recent studies.

E: This is the bathroom shelf where mommy keeps the band-aids. And they are playing right over here. Bob and George are playing.
C: And they are going pee.
E: They have to go to the bathroom?
C: Yes.
E: “George, I have to go next door to the neighbors to return some things. I’ll be right back. Don’t touch anything while I am gone. Okay?”
C: Okay.
E: And remember mom puts band-aids right there in the bathroom. Then mom goes to the neighbors. Well, Bob and George play for a little while. “Aw. George, I cut my finger. It’s bleeding. I need a band-aid. I need a band-aid George.” “But mom says not to touch anything in the bathroom.” Show me what happens next? What does George do? “My finger is bleeding George.”
C: Put a band-aid on it. (George doll gets a band-aid.)
E: But mom said don’t touch the band-aids. What’s going to happen?
C: She going to say no.
E: “I’m home.” (Mom doll enters in.)
C: “I got a band-aid for George.”
E: “What’s that on your finger Bob?”
C: “A band-aid.”
E: “What’s on your finger little Bob?”
C: “A band-aid.”
E: “Where did you get it?
C: “In the bathroom.”
E: “Did you get him a band-aid after I told you not to?”
C: “Yes.”
E: “I told you not to touch the bathroom shelf, George.”
C: “I didn’t. It was in the top of the shelf.”
E: “You got on the shelf when I told you not to.”
C: “Now you’ll get me now.”
E: “George.” George is way up high.
C: (Child has George doll high in the air, then on top of the bathroom shelf) “Boing.” “Ouch. Ouch.”
E: George is way up high. What does he do next?
C: Bob knocks George and mom down.
E: Bob knocks George and mom down? Then he runs away?
C: Yeah.
E: What does mom say now about the band-aid?
C: (Child picks up mother doll and hits George doll with it; child hides behind table.)
E: Ouch. That last story that we did was real difficult. Should George have gotten the band-aid even though mom said don’t?
C: Yeah.
E: Yeah. Why?
C: About we do the bed again?
E: Why should George have gotten the band-aid?
C: Cause.
E: Because of what happened to brother?
C: He was bleeding.
E: His finger was bleeding. Right Jason. So it’s okay to get a band-aid.
C: It’s okay to get a band-aid.
E: Yes. The mom says to him, “George, I’m glad you got a band-aid. That was okay.”
(Cole, 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with mother who works as an office clerk, father and mother separated after repeated domestic violence)

When parent-child interactions are harsh and negative, rather than trust and optimism, children acquire a negative and mistrusting representation of themselves and others. Young preschool boys in this study internalize the negative affect taken from their caretaking experience and act this out in aggressive and pathological behavior. Their negative view of the world was observed repeatedly in their play representations.

This was vividly portrayed in the “Birthday Party” story. The child portrayed himself not as happy and friendly, but as negative and hurtful, and the people close to them as callused to his feelings. The boy’s expectations were very different from what many view as the norm for such an occasion. Empathy was also in short supply. Maltreated boys show little concern for others and very few instances of helping and comforting behavior, while their parent figures are enacted as rejecting, negative and dismissing. It appears that the maltreated child’s
needs are disregarded by parents and as a result they develop maladaptive ways of coping with stress, including evidence of pediatric depression and behavioral disorders.

Theme 3: He Wraps Them Up Then He Put Them In The Pot and Boils Up Mom and Dad: Children’s Control, Disorganized, and Bizarre Behavior as Coping Mechanisms

As the child informants shared their stories, and their narratives were coded and organized into themes, bizarre and disorganized responses began to emerge in the data. Maltreated children were confused, angry, and were often observed as acting out aggressively. As the story unfolded in “Lost Keys” it appears no one was available to provide for the child’s needs. It is evident that early on he is aware he is helpless and alone. Children’s withdrawal from attempts at reparation suggests a dysregulation of emotions that often accompany behavior problems in these younger preschool children (Buchsbaum et al., 1992). Further, the withdrawal and aggression are indicative of children who perceives themselves as ineffective at influencing the situation. These boys experience feelings of learned helplessness—a common experience in children who are maltreated—where both depression and behavioral disorders are a form of psychopathology for which maltreated children are at high risk (Buchsbaum et al.).

E: Mom and dad are looking at each other and Zach, George comes into the room and sees them. And mom says, “You lost my keys to the car.” And dad says, “I did not.” And mom says, “Yes you did.”
E: Show me what happens next?
C: “Yes I did.”
C: (Child uses George doll to knock down mom and dad doll, then off table, then smiles)
E: Then what happens next?
C: (Child makes sound of a gun shooting.) And they put them all in there.
E: And there’s mom and George.
C: Put this one like this. (Child has dolls on table standing up. He has mommy hit other
doll hand.) Then the mommy hit her.
E: Why is she hitting George?
C: Cause she was mad.
E: Oh, she was mad or George was mad?
C: She was mad. (Child focusing on George doll, knocks dolls off table, each individually and methodically.)
E: Mom was mad?
C: (Child puts doll under table.)
E: How does that make George feel when mom hits him?
C: They go fall off... go ahead. Go ahead.
E: Oh, they bump heads? Who’s going to take care of George when he’s sad? Who’s going to help him to fix his owie? Who’s going to kiss George to make his owie better?
C: Nobody.
E: How come? George is hurting. He needs help.
C: (Child uses mom doll to hit George doll.)
E: Oh, mommy hit George.

(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated)

E: The family is real thirsty. And we are going to put them all around the table so that they can have a drink.
C: Can we hold mom?
E: Yes. You can hold them. Why don’t you hold George? And I’ll hold Grandma and mom.
C: Here’s the tea. (Points to cup)
E: And here’s baby sister. Here’s the family. They are all drinking their juice. And you know what?
C: What?
E: George.
C: He not thirsty.
E: George reaches across the table and he spills the juice all over the floor. Show me and tell me what happens now? Show me what mom says?
C: She say no. (Child grabs mother doll.)“No! No! No! No!” (Child has mom and George doll hit each other.)
E: What did mom do to George?
C: Make him sad.
E: How did she make him sad?
C: “You listen to me!” (Child has mom doll hit George doll in the head.)
E: She hit him in the head? “Aw” How does that make George feel?
C: Sad.
E: Oh, sad.
C: Yeah, knock down coffee.
E: And then he knocks more off?
C: Yeah.
E: Show me what happens next? Juice is all over the floor. What does dad say?
C: Nothing.
E: Dad doesn’t say a thing. He’s just quiet?
C: Ah huh.
E: What does grandma say?
C: She don’t say anything.
E: She doesn’t say anything? Just mom?
C: Yeah.
E: Show me what mom and George do?
C: “He’s not feeling good.” (Shows George doll.)
E: Oh, the mom says that George isn’t feeling good?
C: Yeah.
E: Well who cleans up the juice? Show me.
C: Nobody.
E: Who cleans up the juice? There is juice all over the floor. Show me?
C: And when he grows up, he’s going to knock everybody down.
E: Oh, when George cleans it up, he’s going to knock everybody down?
C: (Child knocks down baby sister doll onto the ground.)
E: Oh, he hurt his baby sister. I’ll pick her up.
C: Oops. That’s mean. (Child knocks baby sister doll onto ground again.)
E: Oh, he knocks his baby sister on the ground again. That hurts her. How does George fell when he hurts his sister?
C: He feels angry.
E: He feels angry?
C: Yes.
E: Is anybody going to help him when he feels angry?
C: No.
E: How come? Will grandma help him or mom or dad?
C: (Child knocks down all dolls.)
E: Oh, he knocks them all down.
C: (Child puts George doll under big cup.) Then he’s going to hide.
E: Then he’s going to hide in the juice?
C: Yeah. He’s gonna hide under the table.
E: He’ll hide under the table?
C: Nobody.
E: Nobody?
C: Hmm, hmm.
E: Nobody what?
C: Nobody can get to him.
E: No one can get to him. Who’s going to get to him? Who’s going to try?
C: Nobody.
(Jason, 3:10, Post Traumatic Stress Disorder, lives with his custodial grandparents who are self-employed ranchers).

The participant children demonstrated bizarre behavior, anger, and aggression as depicted by Benjamin in the “Departure Story.”

E: George and Bob are outside playing. It looks like mom and dad are going on a trip. “Okay. We’ll see you later George. Bye, bye Bob. You guys stay with Grandma.” (Makes car sound and car is leaving away from child.) The mom and dad are leaving on a trip now. Grandma will stay with you. And away they go. Show me what George and baby Bob do when mom and dad are gone?
C: Go with them. I go where they go. (Child has dolls try to follow parent dolls.)
E: Oh, they try to follow the mom and dad. But mom and dad are all gone though. They’ve left to a far away place. Show me what they do next?
C: Go down there. (Child has dolls go where parent dolls are.)
E: No. That’s too far...
C: Okay.
E: They can’t go there. What are they going to do next?
C: Fight.
E: Oh. Bob, oh no, George and Grandma are fighting? What did Grandma say to George?
C: (Child nods) Fight. He say fighting… (Child has two dolls who are fighting.)
E: Here they come. Oh, look what happening? “Hi kids. We’re home!” Show me what George does? What does Bob do?
C: Fight each others. (Child has dolls all fighting with each other.)
E: Oh, they’re all fighting.
C: You got this one and I got these.
E: Why are they fighting?
C: Because they ran away.
E: Oh, because the mom and dad went away?
C: Hmm, hmm.
E: “Ouch. That hurts. George why are you hitting me?”
C: (Child has dolls all fighting.) Cuz you ran away.
E: “Because dad and I left?”
C: Hmm, hmm. (Nods)
C: I go like this. Yeah. (Child has George and grandma dolls in on car.)
E: There goes George and Grandma. What about baby Bob? What happens to him?
C: He gets in the car and drives.
E: Oh, he gets in the car too? (Parent dolls and Bob doll laying on table.)
C: Hmm, hmm.
E: Are they dead or alive?
C: He is not alive.
E: What?
C: Not alive.
E: Oh, they are all dead? How did they get dead?
C: They fighting. (Child points to dolls.)
E: They fight?
C: Hmm, hmm.
E: Oh, there goes George and Bob.
C: (Child has dolls in car and then goes off table near examiner.) And they fall off the edge.
E: Oh they fell off the edge. And what happens to George and grandma dolls?
C: They got dead too.
E: They got dead? Oh no…
( Benjamin, 3:11, Conduct Disorder, lives with adoptive parents, his mother who is at home and father is employed as an engineer.

It has been reported that when children are faced with their parent’s pain along with the expectation that they should alleviate it, they become overwhelmed by feelings of anxiety and guilt and behave in self-destructive ways (Zahn-Waxler, Cole, & Barrett, 1991). As children become overwhelmed by their emotions stemming from negative parent-child transactions they also perceive their parents’ needs as primary and their emotions are processed from this vantage point.

Nonmaltreated children construct an ideal of what it means to be a good or decent individual, and as they do they build a mental image of that ideal and feel shame when their behavior does not meet that expectation (Zahn-Waxler, 1992). This learning is imbedded in children’s earliest experiences when they feel they have violated a family rule or social standard. The children may brake a toy or wander off from their parent, and when they are
embarrassed or ridiculed for behaving in such a way, they will feel a sense of shame. More often than not there was a disturbing absence of this: male preschoolers in this study were not observed as experiencing concern, sorrow, or shame. The reverse was observed, the children often smiled and appeared proud. The boy’s narratives appeared heavily influenced by their own family history of abuse and helplessness, however, they did not appear to demonstrate the feelings one might expect, including shame. The children’s narratives were vivid and angry and emotionally you could oftentimes feel quite a sense of emotional apathy towards the figures. And as the quality of the children’s stories shifted and became more bizarre, seemingly out of nowhere the children’s narratives were even morose, vengeful, and full of death.

E: This is the stove. This is the stove and it’s hot. Go like this. Oh, it’s hot. Hot.
C: Hot!
E: It’s hot. And mom and Jane are at the stove. And dad and Bob are at the table. Okay, we are ready to begin. Oh, and mom is making hot gravy today.
C: What else?
E: “We are going to have supper George. It’s not ready yet. Don’t get too close to the stove.” “Mmm, that looks good mom.” “Don’t get too close to the stove.” “I’d like some now mom.” “Remember, it’s hot.” “George!” (George spilled hot gravy from the stove.) “Oh my gosh! I hurt my hand mom. Aw. It hurts.”
C: Is this the burned hand?
E: The gravy burned his hand. Show me what happens next.
C: He wraps them up.
E: He wraps them all up?
C: Yeah. Then he put them (the family) in the pot. Then he put them in there.
E: Oh. He boiled up the mom and dad?
C: Yeah.
E: Then what is George going to do next? Because hot gravy is all over and it hurt his hands. Who is going to help George?
C: Grandma is.
E: Show me what Grandma does?
C: She said, “What happened to my George?”
E: Oh, and what does Grandma do for George’s hand?
C: “You won’t get away with this.”
E: “You won’t get away with this George.” While they are in the boiling gravy. What
happens to the mom and dad when they are in the pot…Who takes care of George?
C: I going to wrap the people.
E: He’s wrapping them up. He wraps them up tight. Wonder what George does next?
C: “You can’t do it.” (Child lifts wrapped dolls up and acting strong lifts group up slowly and into the pot of hot gravy.)
E: He lifts them up? He is so strong? He throws them into the boiling pot of hot gravy.
C: (Child makes the sound of struggling to lift something and puts dolls into the pot.)
E: “George. Help us. We are burning up.”
C: “No”
E: “Please. It’s hot. My legs are burning.”
C: “No.” There he go. (Child making gulping sounds as he puts George doll head into the pot of hot gravy)
E: What did he do?
C: He drank all of it.
E: What happens next?
C: He right there and then he jump in the hot…
E: Oh, they are fighting. How does George feel?
C: Sad.
E: He feels how?
C: Sad.
E: Oh, George feels sad that mom and grandma were fighting. What will George do next? Show me?
C: He hides.
E: Oh, when he feels sad, he hides?
C: He sad. (Has George doll hide carefully outside the pot. Now one hand on George, the other on grandma doll, with his hand caressing the grandma doll)
E: Grandma is looking for him.
(For Jason, 3:10, Post Traumatic Stress Disorder, lives with his custodial grandparents who are self-employed ranchers.)

E: “You’re not gonna get no more candy.”
C: (Child has mom doll give candy back to clerk doll)
E: And she gives it back to the store man. “I told you not to steal candy.”
C: (Child having George doll making crying sound.)
E: “You can cry but there’s no stealing candy.” What did George do next now that his mom told him no stealing?
C: He gonna hide it.
E: Oh, no he’s gonna hide the candy.
C: (Child has George doll puts candy on floor concealing it near the counter.) Oh, where’s the candy. It’s over there, no. (Mom doll searching for candy then chasing George doll.)
E: Oh, the mommy is chasing him and hitting him.
C: He hit his head…
E: Oh, okay. He hit his head.
C: Yes.
E: Show me what happens next.
C: I was walking…to my house. And then the fire came into his head and then the dad died.
E: The dad died?
C: Yes. And the fire came into his head.
E: The fire came into his head?

(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer.)

The preschooler’s development of conscience appears stunted as they fail to resist the temptation to give in to their aggressive impulses. The maltreated child directs the play so as to exclude the child figure from receiving the care and comfort he needs, and in the next narrative enacts a bizarre sequence of events where, in retaliation, other members of the family are burned. Children’s representations may be both an internalization and reflection of parental values, behaviors, and moral standards combined with experiences of abuse and lack of appropriate care in the context of the parent-child relationship. Children are avid observers and as they observe they process, imitate, and incorporate parental values into their daily routines and play.

E: Okay. Mom is cooking.
C: Yes. They’re making tortillas.
E: They’re making tortillas.
C: Yes.
E: How yummy. And here’s George. Dad’s over here with the baby.
C: And they’re making two…
E: And then mommy tells George, “Hey George, we’re having supper. It’s not ready yet so don’t get close to the stove, okay?”
C: Okay.
E: But you know what? George says, “Mmm, that looks good. I don’t want to wait. I want to have some right now. Oh, my hand. I hurt my hand. I hurt my hand mom.” And mom comes running in. Show me what mom says to George? What happens
next?
C: She said, “You better not get in there.” She has to...hand like this.
C: Yep. And he does this.
E: This is hot.
C: I know. We got to watch the stove.
E: What happens next?
C: He has to go down...like that. And the baby too.
E: The baby gets on the stove where it’s hot?
C: Yes.
E: Oh, they all get on the stove. The stove is burning hot. If they get on the stove, Javier, they’ll burn themselves.
C: (Child does sound of baby crying, while putting baby Bob doll on the hot stove.)
E: Oh, the baby got burned?
C: Yes.
E: What is mommy or daddy gonna do? The baby “Aouwee, I got burned.”
C: And he got, and he got burned too.
E: Oh, the mommy got burned.
C: And the dad too.
E: Oh, the daddy got burned.
C: And they all...
E: Oh, they all got burned up.
C: Yes.
E: What happens next?
C: The cup gets on fire.
E: Oh the cup gets on fire? Is it a little or big fire?
C: It’s a big fire like this.
E: Oh, it’s a big fire?
C: Yes. Like that.
(Javier, age 3:11, ADHD, ODD; lives with his mother, who stays at home, and mother’s boyfriend, who works as a laborer.)

In the world of the abused child it is often chaotic and unpredictable. In the caretaking experience of the child they are perceived as “bad” and parents are represented to physically victimize them in response to simple transgression.

E: We have a store clerk here and we have a shelf. And you know what’s on the shelf? What is it?
C: It’s a candle.
E: It’s a candy. We are going to pretend it’s candy. You like candy?
C: Yes. I want to eat candy.
E: And here comes Mom and..
C: And dad.
E: And George. And George says. “Oh, mom look, it’s candy.”
C: No you not.
E: “No. You can’t have one today. You already had one. Let’s go.”
C: I need some candy!
E: Mom walks away and mom turns around. Show me what George does when mom turns around? Here is mom. So mom is over here. She doesn’t see. What does George do?
C: He eats the candy.
E: Show me.
C: I eat the candy...
E: “Hey. You took the candy bar!” “That’s my candy bar!”
C: “No. It’s my candy.”
E: “I told you George, not to take the candy.” (Mom doll)
C: “Yes. I can.” (Child has George doll hit mom doll)
E: “Aw.” George hit the mom. Show me what happens next? With the candy and the store and the mom and the clerk?
C: Child knocks down all the dolls with George doll.
E: So George hits mom? George hits the store guy?
C: Hmm. Hmm. He hits them hard and they dead…I go tell dad. (Child grabs dad doll from examiner.)
E: Oh, there’s the dad.
C: “Hey you don’t take...”
E: You don’t take the candy.
C: “You don’t take the candy. You don’t tear up the candy.” (Child has dad doll hit George doll)
E: You don’t take the candy and the dad hits him.
C: “Aw, aw, aw.”
E: “I told him not to take the candy.”
C: He hiding. (George doll under table.)
E: Oh, George is hiding?
C: Hmm, hm. “I’m not gonna get stuck. I’m not going to little boy. Where is the little boy?”
E: “Here I am.”
C: “I’m not your friend.”
E: “But I just wanted to help.”
C: “You just give me a little power boy.”
E: “What?”
C: A power boy.
E: “My name is Bob.”
C: “My name is Bob. Come on. Come on let’s go here. We eat candy.”
E: “But it’s not ours. It’s the stores.”
C: “Oh, okay. This one.”
E: “Yes. That’s his candy. Should we take it or leave it there?”
C: Leave it there.
E: “Mom we didn’t eat the candy.”
C: What?
E: “Mom. We left the candy there.” What did you do with the candy? Show me.
C: That was Bob.
E: Bob took the candy when mom…?
C: “You don’t take the candy.” (Child has dad doll hit Bob doll.)
E: Dad hits Bob.
C: “You behave.” “No, I was going to stay out. Ouch. This stove is hot!” (Puts George doll on stove.)
E: You behave. Oh, he’s burning him on the stove. Ouch!
C: Ouch!
E: Does George burn up on the stove or is he okay?
C: He, no he’s not okay. He big fire.
E: Big fire.

(Lebron, 3:10, Disruptive Behavior Disorder NOS, lives with paternal grandmother after being separated from his mother living at a parent-child drug rehabilitation unit.)

Furthermore, maltreated preschool boys in this study oftentimes went outside the narrative frame presented by the examiner and began to enact something altogether different from the story line. They showed a tendency to blur the lines between acting themselves as agents and using the character.

In this next narrative, while mom is making dinner the house catches on fire. The needs of the child are ignored and his blanket and pillow are burned. The three-year-old boys in this study felt compelled to go outside the parameter of the narrative frame to tell their own story. The examiner attempts to redirect them back into the story frame; however, the child’s drive to communicate his fear and helplessness in his own way and own story are apparent. The child is observed as feeling sad and lonely.
E: We have a stove here. This is going to be a hot stove. And mom is making dinner. Mom is cooking dinner right now Zach. And then Bob comes up.

C: And he eats it all himself.

E: And dad is sitting at the table with little...or George comes up and little Bob comes up and sits at the table with dad. “Mom. What are you making for dinner?” And mom says, ‘MMM, it’s not ready yet. Don’t get too close to the stove George.” “But it looks good. MMM. I don’t want to wait. I want some now. Aw. My hand. It’s burning. Aw. I hurt my hands.” Show me what happens next to George.

C: (Child puts gravy in pot with his hand, cleaning it up.) Put food in it. “It is really hot. Cooking in it.”

E: What happens to George’s burned hand? Who’s going to help him?

C: He burned his hand. (Child bangs George doll’s head against the bottom of the pot.)

E: Oh, he’s burning his hand?

C: Is someone going to help him?

C: He has to go to bed.

E: Now he has to go to bed?

C: He want the blankie.

E: Who sent him to bed, Zach?

C: His mom.

E: But what about his burned hand?

C: He want the blankie, that blankie.

E: Who is going to help him with his hand?

C: Need the bottle. Then need his blankie. It feels better now.

E: It feels better.

C: On the boat. He’s on the boat and the dad. He’s on the boat.

E: That’s hot gravy. Be careful.

C: He put him on the spot, he put him on. (Child puts baby on stove and puts blanket on top of baby) We’re putting him on the stove right now.

E: You’re putting him on the stove?

C: Yeah, and he’s gonna burn his hand. (Child smiles.)

E: Aw. He’s gonna burn his hand? Aw. That must hurt.

C: And he gonna put him... (He puts doll in pot and then on the stove.) We gonna play a game. The pillows all burned.

E: The pillows all burned? Who’s gonna help George, he burned his hand on the boiling hot gravy?

C: Mom and daddy have a gun.

E: Mom and dad has a gun? Show me?

C: (Child picks up mom doll.)

E: Oh, mommy has a gun? What she going to do?

C: (Child picks up daddy doll.)

E: And dad too?

C: (Child picks up baby Bob doll.) Got the gun too.
As the stories progressed the parent figures were represented as undependable, callous, and were dehumanized and depicted as the enemy. In the following story, while in the kitchen getting cookies, the child “cuts his dad” and in what appears to be misogynistic aggression, he kills his mother. Next, the mother is apparently justified in her murder of the children because she “did not like them.” In addition to having difficulty maintaining boundaries between reality and what is imagined, abused children are prone to a form of dissociation which may be associated with their age and what they experience and also reflects their developmental inability in distinguishing between reality and what is imagined.

E: George and Bob are in the kitchen this time. And they see a yummy cookie jar. This is going to be a cookie jar now. And George grabs a cookie to eat.
C: I’ll hold him.
C: Child hides George doll under table.
E: Okay. Show me what they do next? What does mom and dad say? “Where’s George?”
C: He’s hiding. You hear this sound? (Child bangs George doll under the table.)
E: Yes…Did he eat the cookie?
C: He ate it all, it’s in his tummy.
E: Here is his dad. “Where are you George?”
C: He (gestures to George doll) has a knife.
E: What is he going to do with a knife?
C: He cut his dad.
E: Where?
C: Here (pointing with George doll’s hand on his head). He cuts his mom on her head (Pointing to the mom doll’s head.)…They are dead. His little brother is dead.
(Cole, 3:7, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, lives with
mother who works as an office clerk, father and mother separated after repeated domestic violence)

E: George brings this big picture home. He shows mom and dad. “Mom and dad, look at my picture.” Who does he give it to? Mom or dad?
C: Mom.
E: He gives it to mom, not dad? “Here you go mom. Here’s my beautiful picture.” And what does dad think about that? Show me what happens next?
C: (Mom doll knocks down dad, then George dolls.) Pushes em down.
E: What happened?
C: He pushes em.
E: What happens?
C: They all dead.
E: They’re all dead?
C: Yep.
E: Who killed them?
C: Her.
E: Mom killed them?
C: Yep.
E: How come?
C: Cuz she didn’t like them.
E: She didn’t like them? Is she going to keep the picture?
C: Yes.
E: She has it in her hands.
C: She’s going to bed.
E: She’s going to bed?
C: Now she needs a pillow and a blankie.
E: What if dad got the picture? How would mom feel?
C: Sad.
E: What would mom do?
C: Sad.
E: She feels sad? And what would she do if she feels sad?
C: She hits them.
E: She hits them? Show me?
C: (Child uses his hand to spank the dad doll.)
E: She hits them hard. Does that hurt dad? Yes or no?
C: Yes.

(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated.)

Several of the boys in this study also showed an interest and knowledge in adult sexual
experiences, and acting out sexually themselves. A mixture of sad, punitive, and sexualized behaviors are characteristic of the parent-child relationship often seen in maltreated children (Buchsbaum et al., 1992; Main & Hesse, 1990).

E: Mom and dad are sitting down on the couch talking together. And then, mom and dad say, “George and Bob. I want you guys to leave.”
C: “Okay.”
E: “I want you to go up to your room and play.”
C: “Okay.”
E: This is their room up here. “Go to your rooms.” Oh, that’s very good, that’s right. Good.
C: He bleeding again.
E: “Oh, you had a scratch. You’re not bleeding. Go back to your room.” Okay, and George sees his mom and dad on the couch kissing. Show me what happens next? How does George feel when he sees mom and dad kissing?
C: Sad.
E: Show me what happens next? What does George do?
C: He looks in mirror.
E: “I told you to go your room!”
C: “I know.”
E: “Go to your room boy!” He’s at his room. Show me what mom and dad do, Jamal.
C: (Child rubs his head. He picks up mom and dad doll and lays them down.) They going to lay down together.
E: They are going to lay down together?
C: Yes.
E: And then what do they do together?
C: Lay down.
E: They lay down?
C: Yeah.
E: (Examiner describes child’s actions.) The mommy gets up. And then she gets on top of daddy.
C: Yeah. (Child has mom doll get on top of dad doll.)
E: And what does she do?
C: They kissing and hugging right now.
E: Oh, they’re hugging. And they kiss on the lips.
C: (Child has dolls kiss on lips and face.)
E: She kisses him on the lips and the face.
C: (Child has doll kiss dad doll on the stomach.)
E: On the tummy?
C: Yes. (Child has mom doll kiss dad doll.) Right there.
E: Okay. What else?
C: Right there.
E: Okay, what is this called right here?
C: The pee-pee hole.
E: She kisses his pee-pee hole?
C: Yes.
E: What happens next?
C: “Okay, Okay. Ha, ha, ha. You can’t get me down.”
E: This is mom.
C: Ha, ha, ha mom leaving.
E: What does Bob see? What does Bob say when he saw them kissing?
C: “No kissing.”
E: No kissing.
C: Yeah.
E: How does Bob feel when he sees them kissing?
C: Sad.
E: Oh, he feels sad too.
C: Yes, too. “Now I’m going home!”
E: Oh, they are going home. They are mad now. “Hey. Where are you going?”
C: “I’m going home.” (Child gets out of chair walking in the direction of another table)
E: “We were kissing. It’s okay.” Where did Bob go? Where did George go?
C: They mad…because they kissing.
E: Oh, they were kissing and George and Bob don’t want them to kiss?
C: (Child nods yes.)

(Jamal, 3:2, Disruptive Behavior Disorder NOS, lives with his retired grandmother after being removed from his mother’s care and custody.)

In the next narrative, the child figure hits the parent, and the situation becomes sexualized. The child figure strikes out with aggression and subsequently causes the death of his parents. Confusion and disorganization are seen in his later ambivalence and withdrawal.

Avoidance is a defensive style often identified in maltreated children and has been described as a component in disorganized relational transactions. This attachment based style has been shown to develop in an environment where the primary caretaker is the source of comfort and as well, fear and pain, and consequently, avoidance and/or victimizer identification may help the child cope, adapt and deal with an ambivalent love-hate
relationship (Buchsbaum, et al., 1992). Additionally, it may be that these representations reflect an empathic overinvolvement rather than a pragmatic strategy to abuse as the child’s attempt to avoid the parent may afford some sense of safety.

E: Mom and dad are leaving in the car.
C: Can I leave too?
E: You ask can you leave with them.
C: Yes.
E: The car pulls up to the house and mom and dad get in. And look, grandma is staying with George and Bob. There they go. “We’ll see you later boys.”
C: Bye.
E: “Grandma will stay with you.” Show me. They left, they went bye, bye. Show me what George says to grandma and his parents leaving.
C: “I go too.”
E: “You want to go with them?”
C: “Yeah.”
E: (Acting as grandma) “They left. They have already gone sweetie.”
C: “They right there.” (Child points behind adult’s backside.)
E: “No. They left. They’ll be back in a minute. What should we do?”
C: “No fighting.”
E: “How do you feel about mom and dad leaving?”
C: “Sad.”
E: “Oh you feel sad? I feel sad too.”
C: “Let’s go play.”
E: “All right.”
C: “I see you grandma in home.”
E: “Oh, you’re going to watch TV?”
C: “Yeah.”
E: “What’s on?”
C: “Some toons now.”
E: “Oh, the TV is on. What’s on George?”
C: “A nasty movie now.”
E: “A movie?”
C: “Yeah. A nasty movie.”
E: What are they doing on TV? On the nasty movie?”
C: Like this. (Dolls are kissing.)
E: Oh, they were kissing?
C: Yes.
E: Were their clothes off or on?
C: Off.
E: Oh, their clothes were off?
C: Yes and they were humping.
E: They were humping?
C: Yes. (Child points to TV.)
E: On the TV?
C: They were. They were.
E: They were humping on the TV?
C: Yeah. (Dolls faces touch each other.)
E: And kissing?
C: Yeah.
E: Oh, what else were they doing?
C: They put the clothes back on.
E: Oh, put the clothes back on.
C: Then they put their clothes back on now.
E: After George sees what’s on TV, what does he do?
C: (Child has doll turn off TV)
E: Oh, he turns it off.
C: Turn it off.
E: Did Bob see nastys on TV?
C: (Shakes head no)
E: No. Did Grandma see what happened?
C: No.
E: Who was watching it?
C: Me.
E: “Oh, George was. Oh, look! Here comes mom and dad?” “We’re home.”
C: “Can I go now?” (Unintelligible)
E: “Yeah.”
C: “Okay.”
E: Show me what happens next when mom and dad come home. What does George do?
“We’re home George!”
C: “I leaving me. I go to my house.” (Child has George get in car and leave.)
E: “You’re leaving.”
C: “Yeah.” (Child has George in car pretending to take off.)
E: “George went off all by himself? He drove the car or did someone else drive?”
C: “Me.”
E: “George drove.” “You can’t drive the car mister. Come on out of there.”
C: “Okay.” (Unintelligible)
E: “We’ll all go and you too?”
C: “Yeah.”
E: “Does Grandma or Bob go?”
C: “Bob go and me too.”
E: “Oh Bob goes. (Puts all dolls in the car.) Okay? And all of us?” “They’re all going
together.
C: Yeah, yeah. (Child stands up.)
E: You did so nice. How do they feel when they are together?
C: Happy.
(Jamal, 3:2, Disruptive Behavior Disorder NOS, lives with his retired grandmother after being removed from his mother’s care and custody.)

E: Mom and dad are sitting on the couch together. Mom and dad are sitting on the couch right now and mom and would like some time alone right now. “Mom and dad would like some time alone with dad George, will you go up to your room and play with your toys? Please be quiet”
C: This is his room.
E: (Examiner puts mom and dad dolls together close on the couch.) Show me what happens now.
C: (Child grabs mom and George doll and puts them on couch and they kiss.)
E: Oh, mom and George are kissing now.
C: (Child has both George and Bob dolls hit dad doll.) Then they hit the dad.
E: Then they hit the dad?
C: Then the mom hits George.
E: Then the mom hits George? Oh. “George. We asked for time alone now.”
C: Give me a blankie.
E: “We ask for time alone right now.” How come George is so angry with mom and dad?
C: Let me lie down. I don’t know. (Child grabs all dolls and squeezes them together.)
(Zach, 3:1, Oppositional Defiant Disorder, lives with mother who works as a waitress, Zach's father is incarcerated.)

We learn that when young preschool boys are made to take responsibility for their parent’s pain they themselves become parentified and overwhelmed by feelings of guilt and anxiety. These young children have not yet developed sufficiently the coping mechanisms to process and deal with adult feelings, and when confronted with the stress, confusion, and abuse in their caretaking environments, they come to behave in self-destructive ways.

Maltreated children in this study often went outside the narrative frame and enacted something altogether different from the story line and their own play representations shifted and their narratives evolved into bizarre and disturbing stories; stories that became vengeful, toxic, and
full of death. A mixture of sad, punitive and sexualized behaviors was also enacted. These boys represented the child figures as aggressive, powerless, and detached from their parent figures. And when the parent figures were represented as conciliatory, the child figures withdrew from their reparatory attempts. The boy’s affect and behavior suggests a dysregulation of emotions which is indicative of their perceiving themselves as ineffective and emotionally insolent. The boy’s narratives appeared heavily influenced by their own family history of abuse and helplessness and they demonstrated an emotional apathy towards the figures.

And thus it is that children are avid observers and as they observe they process, imitate, and incorporate what they see, hear, and experience into their routines and play. These children’s representations are an internalization as well as reflection of their caretaking experiences: parental values, behaviors, and moral standards combined with experiences of abuse and lack of appropriate care condition the child in the context of the parent-child relationship.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND CLINICAL IMPLICATIONS

The findings from this study represent the voices of maltreated preschool boys, using their own words and from their own perspectives. Their narratives proved to be of value offering meaning, depth and insight into the early development of family dysfunction, a better understanding of children’s thinking, and rich description of the emotional wounds of maltreatment.

The combined strengths of narrative inquiry and qualitative methodologies was also realized and allowed this writer to develop the emotionally conflicted world of the child informants. The children’s representational responses supported (a) existing psychological and developmental theories, and (b) prior quantitative research, which suggests a solid methodological foundation and a high degree of reliability and accuracy in the analysis of the data. In the literature review, maltreatment and its consequences with regards to children’s cognitive and socioemotional development were reviewed. The findings of this study including, (a) children as victim-victimizer, (b) negative attributions of caretaking and negative parent and self-representations, and (c) bizarre and controlling responses, provide evidence of the utility and power of the representational approach. To the degree that the representational approach informs the reader about the actual caretaking experience of the participants, the preschool children in this study characterized their close relationships as unpredictable, cruel and violent. Furthermore, it is evident from this study that even the youngest of children inform researchers in a way that is clear, meaningful and rational. These findings add breath
and depth to the existing body of representational literature and in the final analysis, this research sends a strong and positive message for early intervention.

Theoretical Literature

The psychological and developmental literature suggests that preoperational skilled children have the emotional capacity and cognitive maturity to inform us about their caregiving experiences (Toth et al., 1997). Piaget taught that such children can use their emerging representational and symbolic abilities to organize and act upon their world. The young boys in this study drew upon their own experiences, and assuming that others see the world just as they do, interpreted the narratives with little concern for what the examiner might think as evidenced in their engaging and quick responses to the writer’s presentation of the story-stems.

The children in this study also demonstrated their conforming to and internalization of their family culture’s rules and expectations. The clinical and demographic data support this, and from what was known about the male children, it appears that their early socialization had a powerful influence on their moral judgments and expectations as expressed in their narratives. Hoffman (1970) and Maccoby’s (1992) research showed that children’s moral sense of conscience and empathy develop during the early childhood years as a result of strong parental identification—and the current study bears this out—affirming that parental values and attitudes are associated with the quality of children’s moral reasoning. Parental warmth, a de-emphasis on power assertion, and democratic decision-making appear to contribute to high levels of prosocial behavior whereas neglect, retaliatory punishment,
parental aggression and authoritarian rule, as well as varying forms of neglect and abuse, appear to contribute to lower levels of moral reasoning (Maccoby). How early is the foundation laid for moral reasoning? The results of this study show that the early foundation for moral reasoning is constructed at a very young age, and such reasoning is embedded in early feelings about the self and children’s own self-love through their wish to preserve connections, feelings of trust, and the security established in the early parent-infant relationship (Kohut, 1971; Mahler, 1963). It appears that maltreated boys in this study learned at an early age to care for their own emotional needs given the absence of appropriate care, thus they have to care for themselves. Can they care for themselves, without having developed an internal working model that guides their care for self or for others? Do they see themselves as worthy of care if others do not see them as worthy? And if they do not see themselves as worthy, can they become loving and caring of others in their own adulthood when they become parents? The findings in this study suggest that maltreated preschool boys at a very early age begin to perceive themselves as less competent and insecure, as reflected in the eyes of their caretaking environment.

Moral development involves learning and internalizing appropriate rules and principles. It includes early reciprocal, appropriate, and loving care and over time fosters the development of conscience and empathy. The children in this study appeared to lack empathy, caring, and connection with family as repeatedly expressed in narrative character representations that were violent and fearful (Emde, et al., 1991, Hoffman, 1970). The boys in this study also expressed little distress when asked to complete stories that included role-play
of stressful events. Developmentally they were not able to fully consider the internal state of the play figures although they were able to discriminate emotional expression in the play scenarios and react in fashion that would suggest they understood the figure’s distress (Martin & Clark, 1982; Meltzoff & Moore, 1977; Sagi & Hoffman, 1976).

Samooff’s (1993) transactional model of child development argues that connections exists between the capacities of the child and the stresses and supports in the child’s environment while Bretherton’s (1985) internal working model was formulated as a set of rules for organizing social information and working representation of children’s relational view of themselves (Bretherton, 1985; Cassidy, 1990). During the interviews the boys in this study took the time to think through the dilemmas presented to them and it appears they processed and assimilated the story-stems into stories from their own life experience. They evaluated, integrated and generated a plan that was based upon their prior social and caretaking experiences. This speaks to the issue that children are active shapers of their experience, and co-organizers with their caretakers, other individuals, and systems, and these work together to produce patterns of adaptive or maladaptive functioning. In such cases of maladaptive parenting and child maltreatment, these boys represented the figures often as negative and cruel and over time the abnormal becomes the normal.

Some children’s responses were also found to be positive and affirming, and although these were limited in number, these children could represent a subgroup of boys with changing internal models of caregiving. This subgroup of children who displayed a greater number of positive and disciplining representations lived in environments where there was reported
structure and warm caretaking experiences. The experience of these two children in particular, one adopted at a very early age by a two-parent family and another being raised by his grandmother, may be an example of children adapting to their new environments, and to the degree that they are experiencing love, limits, and respect as a group, these boys internalize this more sensitive caretaking and over time experience healing. Evidence of this lies in their representations. A large proportion of their responses contain evidence of prosocial behavior, sharing, communicating using their words, and evidence of kindness and empathy among the family members, which suggests that narrative thought is shaped by conversations about events, and this can change the structure of children’s representations.

Nelson (1999) theorized that narrative thought is shaped during children’s early conversations with his parents about past, present, and future events. The preschool boys in this study were at the lower age limits (36 to 47 months), however, they demonstrated the ability to share their ideas and stories in a coherent manner, both linguistically and from the standpoint of play skills. This is no small task for a young child. The idea that children are sharing their family narrative is an interesting one. Parents "scaffold" young children’s contributions into the family, and each have an active role in weaving into the family narrative their own values, beliefs, and behavior (Oppenheim et al., 1997; Vygotsky, 1978). These narratives are joint creations of parents and children. Over time parents symbolically express their own feelings and motivations and it is through these experiences that children come to understand who they are for better or worse.
The preschooler’s themes in this research also correspond with existing research, which added validity to the findings. This is seen in the first theme that revolves around maltreated children’s attributions of hostility and their representations of interfamilial violence and aggression. Price and Glad (2003) studied the hostile attributional tendencies of maltreated versus nonmaltreated school-aged children and the role of children's hostile attributions and of their parents in mediating the relation between maltreatment and children's hostile attributions towards peers. Their finding indicated that physically abused boys were more likely to attribute hostile intentions to a variety of relationship figures. A positive relationship also was also found between the frequency of maltreatment and hostile attributional tendencies among males. The preschool boys in this study appear to have attributed and represented their parent object as acting aggressively towards them and retaliated in what was observed as defensive aggression. As well, these maltreated preschoolers often rejected care when it was offered which supports the attribution theory. These child informants viewed themselves as victims, and in turn victimized others. This supports the notion that parental abuse negatively alters children’s working models of caretaking relationships and emotional-behavioral regulation.

Results of the present study tend to support maltreated children’s representations of play figures as having a relatively rigid, closed, and negative working model of themselves and others in significant relationships. Research literature indicates that maltreated children demonstrated more negative maternal and self-representations and portray more grandiose self-representations than narratives of nonmaltreated children (Toth, et al., 1997). The
findings in this study are consistent with this line of research. Oppenheim et al. (1996) found that nonmaltreated children had narrative constructions associated with parental supervision and warmth, greater caregiver attentiveness was associated with more narrative coherence and more discipline and prosocial themes, and positive maternal representations was associated with higher child vocabulary scores, fewer externalizing behavior problems, and parental reports showing less psychological distress. Children with more negative representations also had higher externalizing behavior problems. This further evidence is consistent with earlier research showing that children who represented mother figures as less positive, more negative, and less disciplinary had more behavior problems over time. Moreover, representation studies show that such reflects enduring and relatively stable features of children’s socioemotional development which is also consistent with children’s representations of the figures in their play. Our findings demonstrate that maltreated boys who experienced more chronic maltreatment were found to have significantly poorer skills in initiating interactions with peers and maintaining self-control, as well as a greater number of problem behaviors when compared with children who experienced maltreatment less often. The themes that emerged in this study among other findings appear to support the finding that the experience of maltreatment has a negative and comprehensive, although not necessarily irreversible, impact on children's developing interpersonal skills. This is above and beyond the influence of socioeconomic status and other environmental stressors.

Finally, Main and Solomon (1986) worked with younger infants and toddlers who’s maladaptive behaviors were classified as disorganized/controlling as seen in theme three.
These children lacked organized strategies for dealing with stress demonstrating behaviors included freezing, dazing, aggression, and depressed affect. This is consistent with the current study wherein children demonstrated bizarre, fearful, and cruel parent-child representations. Among the possible mechanisms speculated to contribute to this disorganized style is the early experience of fear which compromise the child’s ability to self-regulate (Cicchetti, 1996; Main & Hesse, 1990), which accelerates the development of hard wiring of negative affect pathways of the brain, reinforcing the development of negative processing of events.

These representations of the parent-child relationship form children’s expectations of the world, information about social experiences and the self in relation to social transactions. The children’s negative expectations of others, in turn, contribute to their maladaptive relational representation in the narratives. These representational models are theorized to be employed as a defense mechanism to protect children from having to deal with negative and angry affects that are characteristic of their family interactions (Howes & Hamilton, 1992). In an effort to protect themselves, boys in this study appeared to internalize rigid cognitive schemas; defensive, and aggressive in nature. It may also be that maltreated boys in this study utilized a closed representational model when interpreting the stories which allowed them room to cope and insulated them from the effects of negative caretaking.

Implications for Clinicians

The present study was designed with the goal of gaining insight into the early development of family dysfunction and to better understand the social transactions that form the beginnings of emotional and behavioral problems for maltreated preschool boys. The
qualitative methodology allowed for a more in-depth understanding into the meanings and contexts of maltreated children, and the similarities between selected findings of this study and prior narrative research suggests that the results of this study may be inferred to a larger group of maltreated young children. This study had as its purpose to understand children’s behavioral and emotional problems through the lens of their representational narratives. The findings show that these young children make significant and meaningful connections as they experience caretaking in their families, and in reaction to abuses they develop behavioral and emotional dysfunction.

Children who experience maltreatment present with multiple emotional and behavioral problems, including internalizing and externalizing symptomology. Those who internalize the abuse show signs of depression and are often withdrawn. They demonstrate behaviors such as self-destructive acting out, depression, suicidal gestures, social withdrawal, are likely to suffer from low self esteem, feelings of guilt, loneliness, rejection, and perceive themselves as unworthy and others as hostile (Erickson, et al., 1985). Maltreated externalizing children suffer from nightmares, somatic complaints, and anxiety and their families often first seek help from a daycare provider or pediatrician. These boys may act out by mistreating animals, physically or emotionally hurting younger siblings, and may act in unpredictable ways, including being violent, destructive, and impulsive, anxious, aggressive, and hostile, much like the boys in this study projected into their narratives.

There is also evidence that preschool boys’ adaptive behaviors and negative representations are amenable to early intervention therapeutic intervention. Tremblay et al.
(2004) showed that a high percentage of all children initiate the use of physical aggression during their preschool years, and while learning to regulate the use of physical aggression during their formative preschool years, most intervention programs designed to prevent children’s behavioral problems target school-age children. It makes sense that if most children learn to regulate their aggressive impulses during the preschool years, then one should expect that interventions that target young children who are at high risk of chronic physical aggression would have a greater impact than interventions that come much later, when physical aggression has become a way of life.

In a broader context, what could early childhood educators and parents glean from this study to enhance their interactions with children? Four of the eight children in this study attended either a federally funded early childhood education program, Head Start, or another educationally based preschool program. What are the implications from this methodology for early intervention in the educational setting in the emotional, cognitive, and physical areas of development? In several cases, boys were referred to the early intervention program by their preschools. Their teachers recognized that the children had unmet needs and could possibly benefit from therapeutic services due to their aggressive and externalizing behaviors. Making an early referral is important, and is more likely to happen when care centers have an established relationship with an early intervention professional and direct access to these services. The preschool via the teachers becomes an important part of the feedback loop. Several steps could lead to more positive outcomes including, (a) communicating the results of the MSSB assessment, (b) discussing the treatment focus including the detection of
possible maltreatment and therapeutic strategies to support the child and family, and (c) soliciting teachers help and modeling appropriate intervention strategies to assist the child to interact more appropriately with his peers. Cooperatively, the child is much more likely, in this writer’s experience, to make concrete gains more quickly and at an earlier age. Additionally, parents, when participating in the abuse of their young children, are unlikely to be reliable informants about their child. Having said this, their participation is crucial to successful and holistic treatment. It is necessary to build partnerships with parents, child care centers, pediatricians and social service agencies, to intervene early and in a big way as this has the greatest potential for positive outcomes.

Clinically, graduate students may choose to specialize in providing clinical care to a population of young children while in graduate school, and agencies are encouraged to offer outreach services that would serve low income and poor or minority children and their families, who often live in high stress, violent neighborhoods.

Finally, the use of the MSSB as a systemic clinical tool in assessing young children’s behavior problems or in evaluating effectiveness of interventions could be of significant benefit to the clinician and family. This methodology allows clinicians to assess for maltreatment without bias or leading the child. It could also be utilized as a play therapy intervention technique in term of its benefits to young children who do not have the symbolic or abstract reasoning skills to participate in treatment using more traditional play therapy models. The measure works well as an assessment or as an intervention method. The MSSB as an outcome measure could also assist administrators in evaluating the effectiveness of an early intervention
Limitations and Directions for Future Research

Assessment of young children’s thoughts, feelings, and strategies for coping requires researchers to be creative in obtaining data. Developmental limitations aside, young children are socialized to give the right answer, which could present as a barrier to the gathering of reliable data. The MSSB as a non intrusive play-based assessment method that is fun for children and easy to use, which can result in a more detailed and comprehensive understanding of children’s experiences. While critics of the narrative story-completion method have argued that children’s play representations involve a combination of fantasies and representations of actual experience, resulting in decreased correspondence between narratives and other external measures (Oppenheim & Emde, 1996), the results of this study however, show otherwise. Parent report information regarding actual events in these children’s lives correspond in many instances with children’s MSSB representations of parent and child figures. Emde, et al. (2003) support these findings showing that children’s play narratives bear a systematic relationship to children’s realities without being copies of those realities.

There were also limitations in this research, the first of which was the use of a homogeneous and purposeful sample of preschool boys. By design, no corresponding group of preschool girls were studied. The sample was centered on 3-year-old children, which could also be viewed as a limitation due to the age range of the participants.

The nature of qualitative inquiry includes in-depth understanding and analysis of relatively small groups of children. In this study the findings were generated from eight
participants. Given the nature of the research these results are not generalizable through inferential methods. However, the researcher sought to know how applicable the research findings of this study were to other possible groups or contexts. It was not this researcher’s intent to develop “truth statements” that have general applicability, rather, I was content with the children’s statements as descriptive or interpretive of a given context. (Guba, 1981). Additionally, the associations between these children and the study’s findings are not causal. Therefore, longitudinal research could be a logical next step in examining the developmental processes and representations of maltreated preschoolers over time.

This study’s significance comes from its use of a multicultural, racially diverse, and high risk group of clinic based maltreated children. Cultural and/or ethnic differences may also influence children’s narratives in a variety of ways and there may be benefits from further investigation of this area.

Additional research is also needed to validate the clinical impressions in this study and to further clinical application of the MSSB with preschool children. Future research could focus on the associations between children’s experience maltreatment, signs of confusion and disorganization in their relationships with their caregivers, and their avoidance and withdrawal (Buchsbaum et al., 1992). Further, research could include addressing more specific clinical problems. For example, the link between early psychopathology in preschool children and troubled parent-child relationships, children’s exposure to domestic and media violence, absent male role models including fathers and father figures, or gender differences. It will be important for future research to include associations between multiple and differentiated
constructs to better clarify what types of narrative responses are associated with what child outcomes (Warren, 2003).
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Zahn-Waxler, C., Cole, P. M., Richardson, D. T., Friedman, R. J. Michel, M. K., & Becloa,

APPENDIX A

CHILD BEHAVIOR CHECKLIST MEASURE (CBCL)

CHILD BEHAVIOR CHECKLIST FOR AGES 2-3

<table>
<thead>
<tr>
<th>Item</th>
<th>0 = Not True</th>
<th>1 = Somewhat or Sometimes True</th>
<th>2 = Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>33. Feelings are easily hurt</td>
<td>24. Gets hurt a lot, accident-prone</td>
<td>5. Gets in many fights</td>
</tr>
<tr>
<td>2.</td>
<td>34. Can't concentrate, can't stay attention for long</td>
<td>35. Hits others</td>
<td>6. Can't do things that aren't enjoyable</td>
</tr>
<tr>
<td>3.</td>
<td>36. Can't be left alone</td>
<td>37. Has trouble getting to sleep</td>
<td>7. Has headaches (without medical cause)</td>
</tr>
<tr>
<td>4.</td>
<td>38. Can't be left alone</td>
<td>39. Hits others</td>
<td>8. Has trouble getting to sleep</td>
</tr>
<tr>
<td>5.</td>
<td>40. Can't be left alone</td>
<td>41. Has trouble getting to sleep</td>
<td>9. ...</td>
</tr>
<tr>
<td>6.</td>
<td>42. Can't be left alone</td>
<td>43. ...</td>
<td>10. ...</td>
</tr>
<tr>
<td>7.</td>
<td>44. Can't be left alone</td>
<td>45. ...</td>
<td>11. ...</td>
</tr>
<tr>
<td>8.</td>
<td>46. Can't be left alone</td>
<td>47. ...</td>
<td>12. ...</td>
</tr>
<tr>
<td>9.</td>
<td>48. Can't be left alone</td>
<td>49. ...</td>
<td>13. ...</td>
</tr>
<tr>
<td>10.</td>
<td>50. Can't be left alone</td>
<td>51. ...</td>
<td>14. ...</td>
</tr>
<tr>
<td>11.</td>
<td>52. Can't be left alone</td>
<td>53. ...</td>
<td>15. ...</td>
</tr>
<tr>
<td>12.</td>
<td>54. Can't be left alone</td>
<td>55. ...</td>
<td>16. ...</td>
</tr>
<tr>
<td>13.</td>
<td>56. Can't be left alone</td>
<td>57. ...</td>
<td>17. ...</td>
</tr>
<tr>
<td>14.</td>
<td>58. Can't be left alone</td>
<td>59. ...</td>
<td>18. ...</td>
</tr>
<tr>
<td>15.</td>
<td>60. Can't be left alone</td>
<td>61. ...</td>
<td>19. ...</td>
</tr>
<tr>
<td>16.</td>
<td>62. Can't be left alone</td>
<td>63. ...</td>
<td>20. ...</td>
</tr>
<tr>
<td>17.</td>
<td>64. Can't be left alone</td>
<td>65. ...</td>
<td>21. ...</td>
</tr>
</tbody>
</table>

(Continued on next page...)

Please see other slide.
<table>
<thead>
<tr>
<th>0 = Not True (as far as you know)</th>
<th>1 = Somewhat or Sometimes True</th>
<th>2 = Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>0  1  2  65. Resists toilet training (describe):</td>
<td>0  1  2  62. Sudden changes in mood or feelings</td>
<td>0  1  2  63. Sucks a lot</td>
</tr>
<tr>
<td>0  1  2  66. Screams a lot</td>
<td>0  1  2  64. Talks or cries out in sleep</td>
<td>0  1  2  65. Temper tantrums or hot temper</td>
</tr>
<tr>
<td>0  1  2  67. Seems unresponsive or affection</td>
<td>0  1  2  68. Too concerned with neatness or cleanliness</td>
<td>0  1  2  69. Selfish or won't share</td>
</tr>
<tr>
<td>0  1  2  68. Self-conscious or easily embarrassed</td>
<td>0  1  2  70. Shows little affection toward people</td>
<td>0  1  2  71. Underactive, slow moving, or lacks energy</td>
</tr>
<tr>
<td>0  1  2  69. Sad and or tired</td>
<td>0  1  2  71. Shows little interest in things around him/her</td>
<td>0  1  2  72. Unusually loud</td>
</tr>
<tr>
<td>0  1  2  70. Shows little affection toward people</td>
<td>0  1  2  72. Shows too little fear of getting hurt</td>
<td>0  1  2  73. Unusually loud</td>
</tr>
<tr>
<td>0  1  2  71. Shows little interest in things around him/her</td>
<td>0  1  2  73. Too shy or timid</td>
<td>0  1  2  74. Unusually loud</td>
</tr>
<tr>
<td>0  1  2  72. Shows too little fear of getting hurt</td>
<td>0  1  2  74. Shows less than most children during day and/or night (describe):</td>
<td>0  1  2  75. Smears or plays with bowel movements</td>
</tr>
<tr>
<td>0  1  2  73. Too shy or timid</td>
<td>0  1  2  75. Smears or plays with bowel movements</td>
<td>0  1  2  76. Speech problem (describe):</td>
</tr>
<tr>
<td>0  1  2  74. Shows less than most children during day and/or night (describe):</td>
<td>0  1  2  76. Speech problem (describe):</td>
<td>0  1  2  77. Stares into space or seems preoccupied</td>
</tr>
<tr>
<td>0  1  2  75. Smears or plays with bowel movements</td>
<td>0  1  2  77. Stares into space or seems preoccupied</td>
<td>0  1  2  78. Stomachaches or cramps without medical cause</td>
</tr>
<tr>
<td>0  1  2  76. Speech problem (describe):</td>
<td>0  1  2  78. Stomachaches or cramps without medical cause</td>
<td>0  1  2  79. Shows up many things he/she doesn't need (describe):</td>
</tr>
<tr>
<td>0  1  2  77. Stares into space or seems preoccupied</td>
<td>0  1  2  79. Shows up many things he/she doesn't need (describe):</td>
<td>0  1  2  80. Strange behavior (describe):</td>
</tr>
<tr>
<td>0  1  2  78. Stomachaches or cramps without medical cause</td>
<td>0  1  2  80. Strange behavior (describe):</td>
<td>0  1  2  81. Stubborn, sullen, or irritable</td>
</tr>
<tr>
<td>0  1  2  79. Shows up many things he/she doesn't need (describe):</td>
<td>0  1  2  81. Stubborn, sullen, or irritable</td>
<td>0  1  2  82. Sudden changes in mood or feelings</td>
</tr>
<tr>
<td>0  1  2  80. Strange behavior (describe):</td>
<td>0  1  2  82. Sudden changes in mood or feelings</td>
<td>0  1  2  83. Sucks a lot</td>
</tr>
</tbody>
</table>

Please be sure you have answered all items. Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)?  □ No □ Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:
APPENDIX B

MACARTHUR STORY STEM PROTOCOL

MACARTHUR STORY-STEM BATTERY

developed by
Inge Bretherton, David Oppenheim

and the MacArthur Narrative Working Group

September, 1999

This battery of story stems was developed with funds from the MacArthur Research Network for Early-Childhood Transitions.
Stories in order of presentation:

1. Warm-up: Susan/George's birthday $d \sim (c,e)\text{rIf} <i$
2. Barney lost/Reunion with Barney
3. Mom's headache

4. Gift giving
5. Three's a crowd
6. Cooking story/ Hot gravy
7. Lost keys
8. Candy S---jJHJ/ "J" --- - - -dl) jmtmm tlylMiiJ r

9. Departure/Reunion on H\ 0 "",')+1.Jf .. ..

10. Bathroom shelf
11. Outing to the park/rock
12. Exclusion
13. Cookie dilemma
14. Family Fun) /
INTRODUCTION OF FIGURES

Note: Protagonist is always the same sex of the child
C1 - Big brother/sister, main protagonist
C2 - little brother/sister
C3 - Friend

E: Look who we have here (bring out the family). Here's our family.
This is grandma, this is mom, this is dad, this is the big sister/brother and her/his name is Susan/George and this is the little sister/brother and her/his name is Jane/Bob and this is their dog and his name is Barney. (Show them to the subject as you name them.)

E: Who do we have here? (get child to name each family member, with help if necessary).

WARM-UP: SUSAN/GEORGE'S BIRTHDAY

Story Theme: Introduction; Modeling of narration with family figures
Props: Table, birthday cake
Characters: All the characters

E: You know what, it is Susan/George's birthday and Mom made her/him this beautiful cake (bring out cake). It is time for the party.

M: "Come on grandma and dad, Jane/Bob and Susan/George it is time to celebrate Susan/George's birthday."

E: Will you get the family ready at the table?

Subject

Table M D G C1 C2

Examiner

Show me and tell me what happens now.
(Let the subject play with the figures or tell a story yourself if the subject is in need of help. Really show the subject how the figures can move and talk; lots of verbalizing and actions).

IDEAS for INQS:
1. If the child wants to sing "happy Birthday" join him/her and sing along.
2. Show me how they eat the cake.
3. What might Susan/George say about her/his beautiful cake?
General comments about the warm-up.

The purpose of the warm-up story is to bring the child into a playful, dramatic frame. Specifically, the children need to exhibit three of the following criteria by the end of the warm-up. If they do not, the rest of their performance may be so skewed that it may be hard to interpret the narratives. The criteria are:

1) Talking with the examiner.
2) Manipulating the dolls.
3) Talking through the characters.
4) Saying something that relates to the birthday story.
#1 SPILLED JUICE

Theme: Parental responses to transgression
Props: Table, pitcher
Characters: Mom, Dad, C1, C2

Subject

C1
Table
C1

Examiner

E: The family is thirsty and they are going to have some juice. Now put the family around the table so they can have some juice until the figures are placed.

E: Here's the family drinking their juice. Susan/George gets up and reaches across the table and Uh-oh! s/he spilled her/his juice all over the floor. (Make child spill the pitcher onto the floor so that it is visible to the subject.)

E: Show me and tell me what happens now.

INQ 1: (If nothing is done about the juice)

E: What happens about Susan/George spilling the juice? Who cleans up?
#2a LOOKING FOR BARNEY (THE DOG)

Story Theme: Loss
Props: The dog
Characters: Child 1, Mom stands off to the side.

E: * Susan/George has been thinking about playing with her/his favorite puppy Barney ever since she woke up this morning.

SUBJECT

EXAMINER

C: "Mom, I am going out into the backyard to play with Barney."

M: "OK Susan/George."

E: So Susan/George go out to the yard.

C: "Oh no!! Barney's gone!! (worried voice)"

E: Show me and tell me what happens now.

Note: Children frequently run to the prop box and ask for Barney. If they do, say: You will get Barney later, but now, show me what George does in the story.

#2b BARNEY RETURNS

Story Theme: Reunion
Props: Dog
Characters: CI (same sex as the subject), Mom off to the side.

SUBJECT

EXAMINER

(Bring back Barney and place on the edge of table) Look who's back
(in an excited tone).

Show me and tell what happens now.
GIFT GIVING

Story Theme: Pride/Parental Preference
Props: None
Characters: Mom, dad, Child 1.

E: Susan/George worked very hard at preschool today. Do you know what he/she made? (pause) She made a beautiful picture.

Here's Susan/George coming home from preschool. (walk CI towards Mom and Dad).

Subject

Examiner
CI: Hi, look at the picture I made at school today. (in excited tone)
Wait for a response, if none forthcoming ask:
E: What do mom and dad say?
Wait for a response, then continue:
E: How does Susan/George give the picture to, Mom or Dad, Dad or Mom?

INQ. 1: (If picture is given to Dad)
E: I wonder how Mom feels about Susan/George giving the picture to Dad? How come?

INQ. 2: (If picture is given to Mom).
E: I wonder how Dad feels about Susan/George giving the picture to Mom? How come?

INQ. 3: If child responds "both mom and dad!",
CI: ul have only one picture, but I want to give one to both Mom and Dad!...
#194

#5 THREE'S A CROWD

Story: Theme: Dilemma of loyalty to friend versus sibling, empathy
Props: Ball
Characters: Child1, Child2, Child3 (All same sex as subject).

E: Mom and dad are talking to the neighbors. Susan/George is playing
her/his friend Laura/Dave and her/his new ball (place figures and
ball as seen below.)

E: Show me how they play with the ball.

Subject
C1 C3

C2 in house

E: They're playing with Laura's/Dave's new ball.

E: Jane/Bob, the little brother/sister, runs out of the house and
says: Can I play with you?

C1: Sure.

C3: No way! If you let your sister/brother play, I won't be your
friend anymore!

E: Show me and tell me what happens next.

INQ 1: (If Susan/George doesn't come to Jane's/Bob's defense)
C3: But Susan/George, I'm your sister/brother!

INQ 2: (If C2 (sib) is included by C1)
C3: But I said I don't want to play with your little
sister/brother. I'm leaving! (angrily).
#6 HOT GRAVY

Story Theme: Transgression/Parental Empathy versus Authority
Props: Pan, stove
Characters: Mom, Dad, C1 & C2

E: Mom and Susan/George are at the stove. Dad and Jane/Bob are sitting at the table.

Subject

DM Stove
C2 CI

Examiner

If We're going to have a good supper but it's not ready yet. Don't get too close to the stove. I'll mouth, that looks good. I don't want to wait. I'd like some now.

(Susan/George knocks the pot of soup off the stove).

C1: HOW! I've burned my hand! It hurts!

E: Show me and tell me what happens now.

INQ.

1: (If no one helps child) What about Susan/George?
   (If no response) What do they do about the burnt hand?

INQ. 2: Does anyone do anything about the spilled gravy?
#7 THE LOST KEYS

Story Theme: Parental conflict
Props: None
Characters: Mom, Dad, CI

Setting: Mom and Dad are facing each other in glare positions; child is observing.

E:.:.K: Susan/George comes into the room and sees Mom and Dad looking at each other like this. Look at my face (show angry expression).

Subject
M - -.e - - - -.D

C!

Examiner
M: (Angrily) "You lost my keys!"

D: (Angrily) "I did not!"

M: "Yes you did, you always lose my Keys!"

D: "I did not lose them this time."

E: Show me and tell me what happens now.

-----

INQ 1: (If child does not enact end or resolutions of conflict) "What’s going to happen about Mom and Dad’s argument?"


Story Theme: Transgression/getting caught/shame
Props: Checkout counter
Characters: Storekeeper, Mom, Child

E: Here we have the store clerk, an over here we have a shelf. I know what's on the shelf? Candy.

Subject

H
C: Checkout SK.
Examiner
E: Here come Hom and Susan/George.
C: Uh, candy. Can I have some?
M: No, you already had one today. Let's go home.
(Mom walks away, Susan/George takes a candy bar and walks away)
SK: "Hey, what are you doing there?"
(Mom turns around to look)
E: Show me and tell me what happens now.

------------------------------------------------------------

INQ. 1: (If no response to the stealing)
SK: Hey, you took a candy bar!

INQ. 2: (If still no response to the stealing)
M: I told you not to take candy and you did.
#9 DEPARTURE STORY

Story Theme: Separation from Parents
Props: Car
Characters: Mom, Dad, Grandma, C1 and C2

E: Jane, Bob and Susan/George go outside to play. (place figures as seen below.)

Subject.

C1
C2

H D

Car

GH (out of view)

Examiner

E: You know what it looks like to me? It looks like Mommy and Daddy are going on a trip. The car is parked in front of the house (bring out car).

M: *OK girls/boys, your Dad and I are leaving on our trip now. See you tomorrow, Grandma will stay with you!* (bring out the Grandma)

E: Show me and tell what happens now.

--------

IMPORTANT: E should let the subject put the figures in the car and make them drive off. Only intervene if subject seems unable to make the car drive off. If the subject puts the children in the car say: *No, only the Mom and Dad are going. After the subject (or if necessary, the Examiner) makes the car drive off, then E puts the car under the table, out of sight. If the subject wants to retrieve the car, E replies: *No, they’re not coming back yet.*

E: And away they go! (as the car is moved under the table.) E prompt if subject does not spontaneously mention.

: *What are the children doing while the parents are away? Use other prompts to clarify actions, or actors and to ask subject to act what is being described.*
REUNION STORY

Story Theme: Attachment
Props: Car
Characters: Grandma, Child and Child2, Mom, Dad

Bring the car with the two parents back out from under the table, and set it on the table at a DISTANCE from the family (i.e. keep it near E, so the subject has to reach for it and make it drive "home"). If the subject has put the children and grandmother figures in the middle of the table during the previous story, put them back close to the subject to create distance between the returning car and the child figures, see below.

Subject

C1

C2

G

H

Examiner: Car-

E: Prompt the car. What do they do now that the Horn and the figures out of the home? of

H: In a fairly neutral voice say:

It's the next day and Grandma looks out the window, it looks like she is so happy, I think yes Horn and Dad are home, I think I can see their car. U

H: (Bring out car from under the table. Do not move it toward the subject!) Show me and tell me what happens next.

Examiner: Car-

E: Prompt if subject does not spontaneously take the car.
THE BATHROOM SHELF

Story Theme: Dilemma of obedience versus empathy
Props: Bathroom shelf
Characters: Mom, Child1 and Child2

E: Let's pretend Dad has to go on an errand. Lay out bathroom shelf to
and say: This is the bathroom shelf, where monkey keeps the band-
aids.

M: Girls/boys, I have to go next door to the neighbor's to return some things, but I'll be right back. Don't touch anything on the bathroom shelf, okay? (Put Mom under the table.)

C#2: "OKay mom!" (Mom goes to the neighbors).

E: Anne Bob and Susan/George play some more. (Susan/George jumps up).

C2: Ooo, I cut my finger, I need a band-aid! - Oh I do? J
C1: But Mom said not to touch anything on the bathroom shelf. u

C2: UBut my finger's bleeding! U
E: Show me and tell me what happens next.

-----

INQ 1: (If George/Susan get a band-aid)
M: Hello boys, I'm back. U

[ - child does not refer to the band-aid]

├ What's that on your finger? B

[ - child still does not refer to band-aid]
M: "Why that's a band-aid - I said not to touch the bathroom shelf!"

INQ 2: (If George/Susan doesn't get a band-aid)
C2: My owie is bleeding!! U

Intervention: (If bandaid is gotten from another room)
E: There are only band-aids on the shelf in the bathroom.

NOTE: Prior to beginning the next story, use the most appropriate response to The Moral Dilemma.

E: (If they get the bandaid) "That last story was a difficult one. Sometimes you just have to get band-aid when someone's owie is bleeding, don't you?"
E: (If they listened) don't get the band-aid, to me and stayed off the bathroom shelf... I'm glad you
#1 OUTING TO THE PARK

Story Theme: Mastery/Pride
Props: Rock (sponge)
Characters: Mom, dad, child 1&2

Subject

--- Rock

Examines

The family goes together to the park. When the family gets to the park, Susan/George sees the high rock.

(Walk Susan/George towards the rock)

Cl: Oh look! See that high rock, I am going to climb right up to the very top.

Cl: Oh, really! Be very careful!" (slightly shamed voice)

M: Show me and tell me what happens now.
THE EXCLUSION STORY

Story Theme: Exclusion from the Parental Relationship
Props: Couch
Characters: Mom, Dad, Child 1

Subject

Mom/Dad

Examiner

E: Mom and Dad are sitting on the couch talking.

Note: For girls have mother ask the child to leave, and for boys have father ask the child to leave.

M/F "Mom/Dad and I would like some time alone. Will you go up to your room and play with your toys. Please shut your door so it is quiet."

(allow the subject to move Susan/George. If child does not, say Show me how Susan/George goes to his/her room)

After the subject moves Susan/George Mom and Dad kiss.

Show me and tell what happens now.

[If child goes to his parents have same-sex parent say]

M/F We asked for some time alone, didn't we?" (in mildly irritated voice).

INQ 2: E: How does Susan/George feel? How come?

Is Susan/George angry with anyone? How come?

If child complies with parent's request, complete story by having M & D say: OK Susan/George. Thanks for letting us have some time alone.
THE COOKIE DILEMMA

Story Theme: Conflict between loyalty to parent and loyalty to sibling.
Props: Table.
Characters: Mom, C1, C2

E: *susan/George and Jane/Bob are in the kitchen. Jane/Bob sees the cookie jar and takes a cookie.

Subject:
C1
Table
C2

C1: *Mom and NO cookie!!!

Don't tell Mom and Dad about it! (firm, voice)

You know what, HERE COME MOM AND DAD!! (with emotion in voice)

Now me and tell me what happens now.

---

INQ 1: If nothing is said about the cookie that was taken, have the Mom/Dad say, "Who ate those cookies?" (emotion in voice).

INQ 2: If Susan/George tattle on Jane/Bob, C2: ut won't be your friends.

INQ 3: If Susan/George does not tattle M&D say, M&D: But we know someone ate those cookies.!!
# 4 FAMILY FUN

Story Theme: Family fun
Props: Table and whatever else the subject requests
Characters: Mom, Dad, Cl, C2

Subject
M
C2 Table C1

Examiner
Here's the family in the kitchen after eating their breakfast.
(Happily to Dad) Today is your day off, let's do something together?

Yeah, let's do something that would be fun for the whole family.

(Mom and Dad turn to the children)

M/D: Girls/boys, what would you like to do today?

Cl-2: Let's go to the park!

E: Show me and tell what happens now.

At this point the examiner can become more involved, if necessary, to help the child describe a fun time together. The examiner can suggest activities, if the child is not able to do so, such as playing in the park or having a picnic.
APPENDIX C

HUMAN SUBJECTS

IOWA STATE UNIVERSITY

Date: October 27, 2005
TO: Jeffrey Cheney
FROM: Human Subject Research Compliance Office

PROJECT TITLE: Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct and Antisocial Disorders
RE: IRB ID No.: 05-397
APPROVAL DATE: October 26, 2005  REVIEW DATE: October 26, 2005
LENGTH OF APPROVAL: One year  CONTINUING REVIEW DATE: October 24, 2006
TYPE OF APPLICATION: ☑ New Project ☐ Continuing Review

Your human subjects research project application, as indicated above, has been approved by the Iowa State University IRB #1 for recruitment of subjects not to exceed the number indicated on the application form. All research for this study must be conducted according to the proposal that was approved by the IRB. If written informed consent is required, the IRB-stamped and dated Informed Consent Document(s), approved by the IRB for this project only are attached. Please make copies from the attached "masters" for subjects to sign upon agreeing to participate. The original signed Informed Consent Document should be placed in your study files. A copy of the Informed Consent Document should be given to the subject.

The IRB must conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year. Renewal is the PI’s responsibility, but as a reminder, you will receive notices at least 60 days and 30 days prior to the next review. Please note the continuing review date for your study.

Any modification of this research project must be submitted to the IRB for review and approval, prior to implementation. Modifications include but are not limited to: changing the protocol or study procedures, changing investigators or sponsors (funding sources), including additional key personnel, changing the Informed Consent Document, an increase in the total number of subjects anticipated, or adding new materials (e.g., letters, advertisements, questionnaires). Any future correspondence should include the IRB identification number provided and the study title.

HSKO/OCR 8/02
Approval letter
Page 2
Cheney

You must promptly report any of the following to the IRB: (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.

Your research records may be audited at any time during or after the implementation of your study. Federal and University policy require that all research records be maintained for a period of three (3) years following the close of the research protocol. If the principal investigator terminates association with the University before that time, the signed informed consent documents should be given to the Departmental Executive Officer to be maintained.

Research investigators are expected to comply with the University's Federal Wide Assurance, the Belmont Report, 45 CFR 46 and other applicable regulations prior to conducting the research. These documents are on the Human Subjects Research Office website or are available by calling (515) 294-4566.

Upon completion of the project, a Project Closure Form will need to be submitted to the Human Subjects Research Office to officially close the project.

C:  HDFS
    Sedahlia Crase
DATE: 2 November 2006

TO: Jeffrey Cheney
3628 Stockdale Hwy, Bakersfield, CA 93309

CC: Dr. Societalia Crase
2361 C Palmer

FROM: Jan Cauny, IRB Administrator
Office of Research Assurances

SUBJECT: IRB ID 05-397

Approval Date: 27 October 2006  Date for Continuing Review: 26 October 2007

The Co-Chair of Institutional Review Board of Iowa State University has conducted the annual continuing review of the protocol entitled: “Examining the Narrative Representations of Maltreated Pre-school Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct and Antisocial Disorders.” Your study has been approved for a period of one year. The continuing review date for this study is no later than 26 October 2007.

Federal regulations require continuing review of ongoing projects. Please submit the form with sufficient time (i.e. three to four weeks) for the IRB to review and approve continuation of the study, prior to the continuing review date.

Failure to complete and submit the continuing review form will result in expiration of IRB approval on the continuing review date and the file will be administratively closed. All research related activities involving the participants must stop on the continuing review date, until approval can be re-established, except when necessary to eliminate immediate hazard to research participants. As a courtesy to you, we will send a reminder of the approaching review prior to this date.

Any changes in the protocol or consent form should not be implemented without prior IRB review and approval, using the “Continuing Review and/or Modification” form. These documents are located on the Office of Research Assurances website or available by calling (515) 294-4566, www.compliance.iastate.edu.

You must promptly report any of the following to the IRB: (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.

Upon completion of the project, please submit a Project Closure Form to the Office of Research Assurances, 1138 Pearson Hall, to officially close the project.
ISU HUMAN SUBJECTS CONTINUING REVIEW AND/OR MODIFICATION FORM

TYPE OF SUBMISSION:  X  Continuing Review  □  Modification  □  Continuing Review and Modification

Principal Investigator: Jeffrey Chen
Phone: 661 322-1021

Degree: MS
Correspondence Address: 3628 Stockdale Hwy, Bakersfield, CA 93309

Department: Human Development & Family Studies
E-mail Address: jeffe@bvmecs.org; jwcheney@lastate.edu

Project Title: Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct Antisocial Disorders.
IRB ID: 05-397

Date of Last Continuing Review: N/A

IF STUDENT PROJECT
Name of Major Professor: Sedahila Cרופא, PhD
Phone: 515 394-6135

Department: Human Development & Family Studies
Campus Address: 2361C Palmer Building
E-mail Address: sedahila@lastate.edu

FUNDING INFORMATION:

☐ External Grant/Contract  □ Internal Support (no specific funding source) or Internal Grant (Indicate name below)

Name of Funding Source: None
OSPA Record ID on Gold Sheet:

☐ Part of Training, Center, Program Project Grant - Director: Overall IRB ID No.

CONFLICT OF INTEREST

The proposed project or relationship with the sponsor require the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved with this project. By signing this form, all investigators certify that they have read and understand ISU's Conflict of Interest policy as addressed by the ISU Faculty Handbook and made all disclosures required by it. (http://www.provost.iastate.edu/faculty)

Do you or any member of your research team have a conflict of interest?  ☐ Yes  ☑ No
If yes, has the appropriate disclosure form been completed?  ☐ Yes  ☑ No

ASSURANCE

I certify that the information provided in this application is complete and accurate and consistent with proposal(s) submitted to external funding agencies. I agree to provide proper surveillance of this project to assure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the IRB for review. I agree that modifications to the originally approved project will not take place without prior review and approval by the Institutional Review Board, and that all activities will be performed in accordance with state and federal regulations and the Iowa State University Federal Wide Assurance.

Signature of Principal Investigator: [Redacted]
Date: 10/25/06

Student Projects: Faculty signature indicates that this application has been reviewed and is recommended for IRB review.

Signature of Supervising Faculty: [Redacted]
Date: 10/25/06

IRB Approval Signature: [Redacted]
Date: 10/25/06
Please answer each question. If the question does not pertain to this study, please type not applicable (N/A).

SECTION I: KEY PERSONNEL

☐ Yes ☒ No Have there been any personnel/staff changes since the last IRB approval was granted?
If yes, complete the following sections (Additions/Deletions) as appropriate.

<table>
<thead>
<tr>
<th>Add</th>
<th>Delete</th>
<th>Last Name</th>
<th>First Name</th>
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<tbody>
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</tbody>
</table>

Add New Row

List all members and relevant experiences of the project personnel. This information is intended to inform the committee of the training and background of the investigators and key personnel.

<table>
<thead>
<tr>
<th>NAME &amp; DEGREE(S)</th>
<th>POSITION AT ISU &amp; ROLE ON PROJECT</th>
<th>TRAINING &amp; DATE OF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Cheney, M.S.</td>
<td>Student, Interviewing, data analysis</td>
<td>ISU Human Subjects Tuing: 4/30/05</td>
</tr>
<tr>
<td>Sedahhia Crase, Ph.D.</td>
<td>Professor, Advisor, Project review</td>
<td>ISU Human Subjects Tuing: 9/9/00</td>
</tr>
</tbody>
</table>

Add New Row

SECTION II: CONTINUING REVIEW

In addition to completing Section I: Key Personnel, please complete Section II if this is an application for Continuing Review. If this is an application for continuing review and you will be modifying your project in the future, please complete all sections of the form. If this application is only to request approval for a modification or change to your study, please complete Section I: Key Personnel and Section III: Proposed Modifications or Changes.

1. ☒ Yes ☐ No Is the research permanently closed to the enrollment of new subjects?
2. ☒ Yes ☐ No Have all subjects completed all research-related interventions?
3. ☐ Yes ☒ No Does research remain active only for long-term follow-up of subjects?
4. ☒ Yes ☐ No Are the remaining research activities limited to data analysis?
5. ☐ Yes ☒ No Subject enrollment has not begun and no additional risks have been identified.

Part A: Enrollment Status

<table>
<thead>
<tr>
<th>Number of Subjects Approved by IRB: 8</th>
<th>Number of Subjects Consented to Date: 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Subjects Consented Since Last Continuing Review: Total: N/A Males: Females:</td>
<td></td>
</tr>
<tr>
<td>Number of Subjects Screened: 9</td>
<td>Number of Subjects Lost to Follow-up: 1</td>
</tr>
<tr>
<td>Check if any enrolled subjects are:</td>
<td>Check below if this project involves either:</td>
</tr>
<tr>
<td>☒ Minors (under 18)</td>
<td>☒ Existing Data/Records</td>
</tr>
<tr>
<td>☐ Pregnant Women/Fetuses</td>
<td>☐ Secondary Analysis</td>
</tr>
<tr>
<td>☐ Cognitively Impaired</td>
<td>☐ Pathology/Diagnostic Specimens</td>
</tr>
<tr>
<td>☐ Prisoners</td>
<td></td>
</tr>
</tbody>
</table>

List Estimated Percent of the Total Enrolled That Are Minorities Below

| American Indians: 0 | Alaskan Native: 0 |
| Asian or Pacific Islander: 0 | African American: 25 |
| Black (Not of Hispanic Origin): 0 | Hispanic: 37.5 |
1. Yes □ No  Have any subjects withdrawn or have you asked any subjects to withdraw from the study?

List number for each and reason for withdrawal:

During the interview one subject asked to go back and see his mother. Due to his separation anxiety it was no longer appropriate to continue with the assessment.

Part B: Protocol Summary – Please use the amount of space needed to adequately address the questions.

1. Please provide a concise summary of the purpose and main procedures of the study.

The purpose of this study was to examine young children's attitudes toward their caretaking environments and the role of the family in the early development of disruptive and aggressive behavior in young children. I am exploring how young children process their day to day experiences in their family and what meaning they attribute to parents, self, and others' actions. I hope to know more about the emotional impact of abuse on children's early perceptions and expectations of caregiving and the coping strategies used by preschool children who have experienced abuse.

Children were recruited from a pool of children who present for treatment at the Henrietta Weil Memorial Child Guidance Clinic, Early Intervention Program, in Bakersfield, CA, and who were assessed and found to qualify for a major Axis I DSM IV diagnosis, and also had experienced at least one form of maltreatment in the past 12 months.

During the child’s initial assessment a parent and/or guardian of the child was invited to participate in a study investigating children's attitudes towards their home life. A purposeful sampling procedure was employed where the parents of the first eight children who give their consent to have their children participate in the study during the initial assessment or first contact with the family were chosen to participate. Several parents declined to participate, and other children were invited but eight children total consented to participate. No payment and no advertising was employed and written consent was obtained from the child’s parents. The research protocol included an one-hour interview/play session.

2. Please provide a summary of how the study is progressing (e.g., progress to date in terms of the overall study plan, success or problems encountered, reasons enrollment has not begun, etc.)

Eight mothers and their children completed the study with one participant requesting to leave the assessment and return to see his mother. Those who completed the study protocol were three children identified as Caucasian, three as Hispanic, and two African American. The study assessment protocol went as outlined, including an one-hour interview/play session and a written parent report. No problems were reported by either the study participants or their parents other than the one participant where the assessment was not fully completed. The videos of the participants have now been transcribed and the data analysis is in its preliminary stages. No themes or analysis has been developed at this time.

3. Is there any new information (positive or negative) from this study (e.g., interim analysis) or elsewhere (e.g., current literature) that might affect someone’s willingness to enroll or continue in the study? It is especially important for the investigator to notify the IRB of literature or information that’s relevant to the risks participants in the study.

No information is available at this time.

4. Please provide a summary of amendments or modifications since last IRB review.

IRSCRC/03/03/03
Part C: Adverse Events and Unforeseen Problems

1. ☐ Yes ☒ No  Have there been any adverse events or unanticipated problems involving risks to subjects or other people?
   If yes, please give them numbers and describe.

   If yes, was it reported to the IRB? Date reported.
   If report was not submitted, please explain why.

2. ☐ Yes ☒ No  Have there been any subject complaints?
   If yes, please describe.

   Attach any reports submitted to NIH or a Data and Safety Monitoring Board. ☐ Attached  ☒ N/A

Part D: Informed Consent

1. ☒ Yes ☐ No  If a signed Informed Consent Form was required, was Informed Consent obtained from all subjects?
   If no, please explain.

2. ☐ Yes ☒ No  Are all signed Informed Consent Forms on file with the PI?
   If no, please explain.

3. ☒ Attached  ☐ N/A  Submit copy of currently approved Informed Consent Form and an original unstamped copy.
   (if stamped). If changes have been made please submit the original, a copy with the highlighted changes, and a copy to be stamped with IRB approval.

   ☒ Attached  ☐ N/A  Submit currently approved informational letter.
SECTION III: PROPOSED MODIFICATIONS OR CHANGES

If this application is to request approval for modification or changes to your project, please complete Section I: Key Personnel and Section III.

The submission of a modification form is required whenever changes are made to an approved project. This includes but is not limited to a title change, changes in investigators, resubmission of a grant proposal involving changes to the original proposal, changes in the funding source, changes in an instrument, advertisements, reports from a data safety and monitoring board, addition of a test instrument, etc. NOTE: All changes must be submitted and approved by the IRB prior to their implementation, unless the change is necessary to protect the safety of subjects.

1. Does your project require approval from another institution, please attach letters of approval?
   □ Yes  □ No

2. The following modification(s) are being made (check all that apply):
   □ Change in protocol.
   □ Change in type or total number of subjects. New anticipated total:
   □ Change in informed consent document.
   □ Change in co-investigator(s). New co-PI name:

       Signature of new Co-PI:

   □ Change in funding source/sponsor. Please attach copy of grant proposal sent to new funding agency.
   □ Other (e.g., change in project title, adding new materials, adding advertisement, etc.)

   NOTE: If the change involves a new Principal Investigator, a new Human Subjects Review form must be submitted.

3. Describe the modification(s) indicated above in sufficient detail for evaluation independent of any other documents. If the change is to the informed consent document, submit a copy of the currently approved document, one clean copy of the new informed consent document, and a copy of the new informed consent document with changes highlighted.
ISU NEW HUMAN SUBJECTS RESEARCH FORM

SECTION I: GENERAL INFORMATION

Principal Investigator (PI): Jeffrey Cheney  Phone: 661 322-1021  Fax: 661 322-7334
Degrees: MS  Correspondence Address: 3028 Stockdale Hwy, Bakersfield, CA 93309
Department: Human Development & Family Studies  Email Address: jeflc@hawngec.org; jwcheney@iastate.edu
Center/Institute:  College: Human Sciences
PI Level: □ Faculty  □ Staff  □ Postdoctoral  □ Graduate Student  □ Undergraduate Student

Title of Project: Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct and Antisocial Disorders.

Project Period (Include Start and End Date): [mm/dd/yy] (09/01/03) to [mm/dd/yy] (08/31/06)

FOR STUDENT PROJECTS

Name of Major Professor/Supervising Faculty: Sedahlia Jasper-Cease  Signature of Major Professor/Supervising Faculty: [signature]
Phone: 515 294-6125  Campus Address: 2501 E Palmer Bulding
Department: Human Development & Family Studies  Email Address: sedahlia@iastate.edu
Type of Project (check all that apply)
☒ Research  ☐ Thesis  ☐ Dissertation  ☐ Class project
☐ Independent Study (490, 590, Honors project)  □ Other. Please specify:

KEY PERSONNEL

List all members and relevant experience of the project personnel. This information is intended to inform the committee of the training and background related to the specific procedures that each person will perform on the project.

<table>
<thead>
<tr>
<th>NAME &amp; DEGREE(S)</th>
<th>SPECIFIC DUTIES ON PROJECT</th>
<th>TRAINING &amp; EXPERIENCE RELATED TO PROCEDURES PERFORMED, DATE OF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Cheney, M.S.</td>
<td>interviewing, coding</td>
<td>ISU Human Subjects Trng, 4/30/05</td>
</tr>
<tr>
<td>Sedahlia Jasper-Cease, Ph.D.</td>
<td>advisor, project review</td>
<td>ISU Human Subjects Trng, 9/9/00</td>
</tr>
</tbody>
</table>

Add New Row

FUNDING INFORMATION

Internally funded, please provide account number: N/A
Externally funded, please provide funding source and account number: N/A
Funding is pending please provide OSPA Record ID on GoldSheet: N/A

Research Compliance: 04/16/03
Title on GoldSheet if Different Than Above: N/A
Other: e.g., funding will be applied for later. N/A

SCIENTIFIC REVIEW

Although the compliance committees are not intended to conduct peer review of research proposals, the federal regulations include language such as “consistent with sound research design,” “rationale for involving animals or humans” and “scientifically valuable research,” which requires that the committees consider in their review the general scientific relevance of a research study. Proposals that do not meet these basic tests are not justifiable and cannot be approved. If a compliance review committee(s) has concerns about the scientific merit of a project and the project was not competitively funded by peer review or was funded by corporate sponsors, the project may be referred to a scientific review committee. The scientific review committee will be ad hoc and will consist of your ISU peers and outside experts as needed. If this situation arises, the PI will be contacted and given the option of agreeing that a consultant may be contacted or withdrawing the proposal from consideration.

☒ Yes ☐ No Has or will this project receive peer review?

If the answer is “yes,” please indicate who did or will conduct the review: This writer’s Program of Study (POS) committee examined the written proposal and completed an oral interview with this writer dated 4/4/05.

If a review was conducted, please indicate the outcome of the review: Approved, 4/4/05

NOTE: RESPONSE CELLS WILL EXPAND AS YOU TYPE AND PROVIDE SUFFICIENT SPACE FOR YOUR RESPONSE.

COLLECTION OR RECEIPT OF SAMPLES

Will you be: (Please check all that apply.)

☐ Yes ☒ No Receiving samples from outside of ISU? See examples below.
☐ Yes ☒ No Sending samples outside of ISU? See examples below.

Examples include: genetically modified organisms, body fluids, tissue samples, blood samples, pathogens.

If you will be receiving samples from or sending samples outside of ISU, please identify the name of the outside organization(s) and the identity of the samples you will be sending or receiving outside of ISU:

N/A

Please note that some samples may require a USDA Animal Plant Health Inspection Service (APHIS) permit, a USPIS Centers for Disease Control and Prevention (CDC) Import Permit for Etiologic Agents, a Registration for Select Agents, High Consequence Livestock Pathogens and Toxins or Listed Plant Pathogens, or a Material Transfer Agreement (MTA) (http://www.ews.iastate.edu/bs/shipping.htm).

SECTION II: APPLICATION FOR INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

☒ Yes ☐ No Does this project involve human research participants? If the answer “no” is checked, you will automatically move to a question regarding the involvement of radiation producing devices in your project.

SECTION III: ENVIRONMENTAL HEALTH AND SAFETY INFORMATION (EH&S)

☐ Yes ☒ No Does this project involve laboratory chemicals, human cell lines or tissue culture (primary or immortalized), or human blood components, body fluid or tissues? If the answer is “no” is checked you...
will automatically move to a question regarding the involvement of human research participants in your project.

ASSURANCE

- I certify that the information provided in this application is complete and accurate and consistent with any proposal(s) submitted to external funding agencies.
- I agree to provide proper surveillance of this project to ensure that the rights and welfare of the human subject or welfare of animal subjects are protected. I will report any problems to the appropriate compliance review committee(s).
- I agree that I will not begin this project until receipt of official approval from all appropriate committee(s).
- I agree that modifications to the originally approved project will not take place without prior review and approval by the appropriate committee(s), and that all activities will be performed in accordance with all applicable federal, state, local and Iowa State University policies.

CONFLICT OF INTEREST

A conflict of interest can be defined as a set of conditions in which an investigator’s or key personnel’s judgment regarding a project (including human or animal subject welfare, integrity of the research) may be influenced by a secondary interest (e.g., the proposed project and/or a relationship with the sponsor). ISU’s Conflict of Interest Policy requires that investigators and key personnel disclose any significant financial interests or relationships that may present an actual or potential conflict of interest. By signing this form below, you are certifying that all members of the research team, including yourself, have read and understand ISU’s Conflict of Interest policy as addressed by the ISU Faculty Handbook (http://www.provost.iastate.edu/faculty/) and have made all required disclosures.

☐ Yes ☐ No  Do you or any member of your research team have an actual or potential conflict of interest?
☐ Yes ☐ No  If yes, have the appropriate disclosure form(s) been completed?

SIGNATURES

Signature of Principal Investigator: ___________________________ Date: 9-4-05

Signature of Department Chair: ___________________________ Date: 9-13-05

PLEASE NOTE: Any changes to an approved protocol must be submitted to the appropriate committee(s) before the changes may be implemented.

Please proceed to SECTION II.
SECTION II: IRB SECTION - STUDY SPECIFIC INFORMATION

STUDY OBJECTIVES

Briefly explain in language understandable to a layperson the specific aim(s) of the study.

The purpose of this study is to examine young children's attitudes towards their caretaking environments and the role of the family in the early development of disruptive and aggressive behavior in young children. I hope to explore how young children process their day to day experiences in their family and what meaning they attribute to parents, self, and others' actions. I would like to know more about the emotional impact of abuse on children's early perceptions and expectations of caregiving and the coping strategies used by preschool children who have experienced abuse.

BENEFIT

Explain in language understandable to a layperson how the information gained in this study will benefit participants or the advancement of knowledge, and/or serve the good of society.

Knowledge gained in this study may serve to improve the early assessment and diagnosis of preschool children who seek treatment for behavioral disorders and who have also experienced abuse. The information gained in this study may serve to improve services for children with challenges related to their early relationships, education and learning, and mental and physical health.

PART A: PROJECT INVOLVEMENT

1) ☑ Yes ☒ No Is this project part of a Training, Center, Program Project Grant?
   Director Name: Overall IRB ID:

2) ☐ Yes ☒ No Is the purpose of this project to develop survey instruments?
3) ☐ Yes ☒ No Does this project involve an investigational new drug (IND)? Number:
4) ☐ Yes ☒ No Does this project involve an investigational device exemption (IDE)? Number:
5) ☐ Yes ☒ No Does this project involve existing data or records?
6) ☐ Yes ☒ No Does this project involve secondary analysis?
7) ☐ Yes ☒ No Does this project involve pathology or diagnostic specimens?
8) ☒ Yes ☐ No Does this project require approval from another institution? Please attach letters of approval.
9) ☐ Yes ☒ No Does this project involve DEXA/CT scans or X-rays?

PART B: MEDICAL HEALTH INFORMATION OR RECORDS

1) ☐ Yes ☒ No Does your project require the use of a health care provider's records concerning past, present, or future physical, dental, or mental health information about a subject? The Health Insurance Portability and Accountability Act established the conditions under which protected health information may be used or disclosed for research purposes. If your project will involve the use of any past or present clinical information about someone, or if you will add clinical information to someone's treatment record (electronic or paper) during the study you must complete and submit the Application for Use of Protected Health Information.

PART C: ANTICIPATED ENROLLMENT
Estimated number of subjects contacted to reach required enrollment: 12

<table>
<thead>
<tr>
<th>Number of subjects to be enrolled in the study</th>
<th>Total: 8</th>
<th>Males: 8</th>
<th>Females: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if any enrolled subjects are:</td>
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</tr>
<tr>
<td>☒ Minors (Under 18)</td>
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<tr>
<td>☐ Age Range of Minors: 3-4 yrs</td>
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<tr>
<td>☐ Pregnant Women/Fetuses</td>
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<td>☐ Cognitively Impaired</td>
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<td>☐ Prisoners</td>
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<tr>
<td>Check below if this project involves either:</td>
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<tr>
<td>☐ Adults, non-students</td>
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</tr>
<tr>
<td>☐ Minor ISU students</td>
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<tr>
<td>☐ ISU students 18 and older</td>
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<tr>
<td>☐ Other (explain)</td>
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</tbody>
</table>

List estimated percent of the anticipated enrollment that will be minorities if known:
- American Indian: 3%
- Asian or Pacific Islander: 2%
- Latino or Hispanic: 2%
- Black or African American: 2%

PART D: SUBJECT SELECTION

Please use additional space as necessary to adequately answer each question.

11. Explain the procedures for selecting subjects including any inclusion/exclusion criteria (i.e., Where will the names come from? Will a sample be purchased, will ads, flyers, word of mouth, email list, etc. be used?).

Children will be recruited from a pool of children who present for treatment at the Henrietta Weil Memorial Child Guidance Clinic, Early Intervention Program, in Bakersfield, CA, and who have been both assessed and found to qualify for a major Axis I DSM IV diagnosis, and also have experienced at least one form of maltreatment in the past 12 months.

During the child’s initial assessment a parent and/or guardian of the child will be invited to participate in a study investigating children’s attitudes towards their home life. A purposeful sampling procedure will be employed where the parents of the first eight children who give their consent to have their children participate in the study during the initial assessment or first contact with the family will be chosen to participate. To the extent that some parents do not agree to participate, other children will be contacted until eight children total have consented to participate. No payment and no advertising will be employed. Following written consent from the child’s parents the researcher will schedule the one-hour interview/play session.

12. Attach a copy of any recruitment telephone scripts or materials such as ad, flyers, e-mail messages, etc. Recruitment material must include a statement of the voluntary and confidential nature of the research. Do not include the amount of compensation, e.g., compensation available.

Note: Please answer each question. If the question does not pertain to this study, please type not applicable (N/A).

PART E: RESEARCH PLAN

Include sufficient detail for IRB review of this project independent of the grant, protocol, or other documents.

13. Describe the flow of events used in this research protocol. Include information from the first contact with the volunteers to the end of the study. Use a diagram or flow chart if appropriate. Also, include a description of the study procedures or tasks that participants will be exposed to or asked to complete. This information is intended to inform the committee of the procedures used in the study and their potential risk. Please do not respond with “see attached” or “not applicable.”

During a mental health assessment children who met the criteria for a mental health diagnosis and who have been identified as experiencing a form of abuse will be invited to participate in the study. This writer will educate prospective participants regarding the study, answer the candidate’s questions, and after receiving written consent from the child’s parents this researcher will then mail an initial instrument, the Child Behavioral Checklist (CBCL).
to the parent's home address. Instructions on how to complete the instrument will be included. The CBCL will be completed by the child's parents at their home and returned to this writer by mail or given to this writer during the administration of the MacArthur Story Stem Battery at the next appointment. Children will be administered the narrative story stems contained in the MSSB in an individual session that will last at or under sixty minutes. Parents of participant children will be given the opportunity to discuss the administration of the MSSB for that day and will then return to the lobby during the actual administration of the MSSB. The clinical interview will be video taped through a one-way mirror.

The MSSB includes twelve story stems that are used to elicit children's narrative completion to emotionally laden stories. The MSSB will begin by the researcher telling the child that the researcher and child are going to play with some toys together and have fun. Each session will begin with a practice story where the evaluator will familiarize the child with the procedure and establish rapport. A play family will be presented consisting of a mother, father, older child, younger child, grandmother and a family dog. Each character will be named and the child story character will be the same sex as the subject child. Children will be asked to enter the narrative and complete the story, where stems will be presented in an animated fashion to facilitate the child's participation. For example, an invitation may sound like this, "Show me and tell me what happens next!" The MSSB also has several standardized probes designed to explore a variety of specific issues as the interview progresses. In the protocol the evaluator will move from one story stem to the next after a child addresses the main issue in that particular story stem and brings the narrative to an end. Following the completion of the MSSB stories, a reunion of the child and parent will take place where the child's parents will reunited with their child.

The researcher will provide a debriefing with the family. During the debriefing the child can enjoy juice and a snack of their choosing while the researcher will discuss the story stems and answer any questions the parents might have regarding the child's reactions to the evaluation. After all questions are answered the family will be thanked for their participation in this study.

14. For studies involving pathology/diagnostic specimens, indicate whether specimens will be collected prospectively and/or already exist "on the shelf" at the time of submission of this review form. If prospective, describe specimen procurement procedures; indicate whether any additional medical information about the subject is being gathered, and whether specimens are linked at any time by code number to the subject's identity. If this question is not applicable, please type N/A in the response cell.

N/A

15. For studies involving deception, please justify the deception and indicate the debriefing procedure, including the timing and information to be presented to subjects. If this question is not applicable, please type N/A in the response cell.

N/A

PART F: CONSENT PROCESS

16. Describe the consent process for participants who are age 18 and older. If the consent process does not include documented consent, a waiver of documentation of consent must be requested.

N/A

17. If your study involves minors, please explain how parental consent will be obtained prior to enrollment of the minor(s).

During initial contact with the family this writer will invite prospective participants to participate in the study. This writer will educate parents regarding the study, answering questions, explaining and taking time to read the consent document and discuss the risks and potential benefits to participant children, and where parents agree to their child...
18. Please explain how assent will be obtained from minors (younger than 18 years of age), prior to their enrollment. Also, please explain if the assent process will be documented (e.g., a simplified version of the consent form, combined with the parental informed consent document). According to the federal regulations, assent “...means a child’s affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent.”

The child will be invited to participate in some games in a play room and encouraged to interact with the examiner and the props as presented in the MSSB. These children are 3 years of age and cannot sign an assent form. Therefore, we will not use an assent form in this particular study.

PART G: DATA ANALYSIS

19. Describe how the data will be analyzed (e.g., statistical methodology, statistical evaluation, statistical measures used to evaluate results)

After participating in the assessment protocol with the subjects and gathering the data, I will transcribe and review the children’s narratives to develop a set of emergent themes. The grounded theory methodology will be used in this study where great attention will be given to the children’s family context, situational setting, and relational interdependency, and where the researcher focuses on the totality and complexities of the child’s personal experiences as well as the data gathered. Data analysis will take several steps, including (a) reviewing the data, (b) grouping responses into logical clusters of information, and (c) further examining and developing emerging content themes. Transcripts will include all speech in children’s story completions as well as careful records of nonverbal descriptions used by and/or represented in children’s behaviors. All children’s descriptions of story material will be grouped according to their similarity, with a special emphasis on the emotional meaning of children’s behaviors. Grouping together like answers from different children or analyzing different perspectives of children on central issues will be of great importance in this study. Careful attention will be paid to the responses given by participant children to illustrate the similarities and differences in representational themes between the groups as presented.

20. If applicable, please indicate the anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

12/31/06 Month/Day/Year

PART H: BENEFITS

21. Describe the benefit to the volunteer from participating in this study, if any, and the benefit to society that will be gained from the study. Please note that monetary compensation is not considered a benefit.

Procedures to identify subjects and information gained during the course of this study will benefit the advancement of knowledge and serve the good of society by contributing to the development of tools needed to assess and diagnose young children who seek treatment for disruptive and aggressive disorders. Volunteering for participating in this study will contribute to the development of sorely needed early intervention programming.

PART I: RISKS

The concept of risk goes beyond physical risk and includes risks to subjects' dignity and self-respect as well as psychological, emotional, legal, social, or financial risk.
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22. ☐ Yes ☒ No Is the probability of the harm or discomfort anticipated in the proposed research greater than that encountered ordinarily in daily life or during the performance of routine physical or psychological examinations or tests?

23. ☐ Yes ☒ No Is the magnitude of the harm or discomfort greater than that encountered ordinarily in daily life, or during the performance of routine physical or psychological examinations or tests?

24. Describe any risks or discomforts to the subjects and how they will be minimized and precautions taken. Do not respond with N/A. If you believe that there will not be risk or discomfort to subjects you must explain why.

I believe there will be little if any risk for children; the only potential risk could be the possibility that MSSB story stems, which are emotionally sensitive in nature, may evoke feelings such as sadness, confusion, or anger in some children. Should this occur, the researcher will immediately move into a therapeutic mode and discontinue the session as a research session.

25. If this study involves vulnerable populations, including minors, pregnant women, prisoners, educationally or economically disadvantaged, what additional protections will be provided to minimize risks?

N/A

PART J: COMPENSATION

26. ☐ Yes ☒ No Will subjects receive compensation for their participation? If yes, please explain.

Do not make the payment an inducement, only a compensation for expenses and inconvenience. If a person is to receive money or another token of appreciation for their participation, explain when it will be given and any conditions of full or partial payment. (E.g., volunteers will receive $5.00 for each of the five visits in the study or a total of $25.00 if he/she completes the study. If a participant withdraws from participation, they will receive $5.00 for each of the visits completed.) It is considered undue influence to make completion of the study the basis for compensation.

N/A

PART K: CONFIDENTIALITY

27. Describe below the methods that will be used to ensure the confidentiality of data obtained. For example, who has access to the data, where the data will be stored, security measures for web-based surveys and computer storage, how long data (specimens) will be retained, etc.

The records of this study will be kept private and strictly confidential. Questionnaires will include coding to ensure that identification of the participants is impossible. Consent forms, video tapes, and other private information will be kept secure in a double locked file cabinet, away from campus, for one and one-half years.

PART L: REGISTRY PROJECTS

To be considered a registry: (1) the individuals must have a common condition or demonstrate common responses to questions; (2) the individuals in the registry might be contacted in the future; and (3) the names/data of the individuals in the registry might be used by investigators other than the one maintaining the registry.

☐ Yes ☒ No Does this project establish a registry?

If “Yes,” please provide the registry name below.

Research Compliance 04/10/03
Checklist for Attachments

The following are attached (please check ones that are applicable):

☐ A copy of the informed consent document OR ☑ Letter of introduction to subjects containing the elements of consent
☐ A copy of the assent form if minors will be enrolled
☐ Letter of approval from cooperating organizations or institutions allowing you to conduct research at their facility
☐ Data-gathering instruments (including surveys)
☐ Recruitment fliers, phone scripts, or any other documents or materials the subjects will see

Two sets of materials should be submitted for each project — the original signed copy of the application form and one copy and two sets of accompanying materials. Federal regulations require that one copy of the grant application or proposal be submitted for comparison with the application for approval.

FOR IRB USE ONLY:

Initial action by the Institutional Review Board (IRB):

☑ Project approved. Date: 10-25-05
☐ Pending further review. Date: 
☐ Project not approved. Date: 

Follow-up action by the IRB:

IRB Approval Signature: ___________________________ Date: 10-25-05

SECTION III: ENVIRONMENTAL HEALTH AND SAFETY INFORMATION

☐ Yes ☑ No Does this project involve human cell or tissue cultures (primary OR immortalized), or human blood components, body fluids or tissues? If the answer is "no", please proceed to SECTION III: APPLICATION FOR IRB APPROVAL. If the answer is "yes," please proceed to Part A: Human Cell Lines.

PART A: HUMAN CELL LINES

☐ Yes ☑ No Does this project involve human cell or tissue cultures (primary OR immortalized cell lines/strains) that have been documented to be free of bloodborne pathogens? If the answer is "yes," please attach copies of the documentation. If the answer is "no," please answer question 1 below.

1) Please list the specific cell lines/strains to be used, their source and description of use.

<table>
<thead>
<tr>
<th>CELL LINE</th>
<th>SOURCE</th>
<th>DESCRIPTION OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Research Compliance 04/10/03
Add New Row

2) Please refer to the ISU "Bloodborne Pathogens Manual," which contains the requirements of the OSHA Bloodborne Pathogens Standard. Please list the specific precautions to be followed for this project below (e.g., retractable needles used for blood draws):

| N/A |

Anyone working with human cell lines/strains that have not been documented to be free of bloodborne pathogens is required to have Bloodborne Pathogen Training annually. Current Bloodborne Pathogen Training dates must be listed in Section I for all Key Personnel. Please contact Environmental Health and Safety (294-5359) if you need to sign up for training and/or to get a copy of the Bloodborne Pathogens Manual (http://www.chs.iastate.edu/bs/bbp.htm).

PART B: HUMAN BLOOD COMPONENTS, BODY FLUIDS OR TISSUES

☐ Yes ☒ No Does this project involve human blood components, body fluids or tissues? If "yes", please answer all of the questions in the "Human Blood Components, Body Fluids or Tissues" section.

1) Please list the specific human substances used, their source, amount and description of use.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>SOURCE</th>
<th>AMOUNT</th>
<th>DESCRIPTION OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g., Blood</td>
<td>Normal healthy volunteers</td>
<td>2 ml</td>
<td>Approximate quantity, assays to be done.</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add New Row

2) Please refer to the ISU "Bloodborne Pathogens Manual," which contains the requirements of the OSHA Bloodborne Pathogens Standard. Specific sections to be followed for this project are:

| N/A |

Anyone working with human blood components, body fluids or tissues is required to have Bloodborne Pathogen Training annually. Current Bloodborne Pathogen Training dates must be listed in Section I for all Key Personnel. Please contact Environmental Health and Safety (294-5359) if you need to sign up for training and/or to get a copy of the Bloodborne Pathogens Manual (http://www.chs.iastate.edu/bs/bbp.htm).

FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY

______________________________  ____________________
Signature of Biological Safety Officer       Date

Research Compliance 04/10/03
October 24, 2005

Department of Human Development and Family Studies
The Palmer Building
Iowa State University
Ames, IA 50011

Institutional Review Board
1138 Pearson Hall
Iowa State University
Ames, IA 50011

Re: Response #2, IRB ID 05-397 “Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems…”

Dear Institutional Review Board Members:

I thank you again for your review of my proposal and I respectfully submit the additional information as you requested.

1) Please add in the Risk Section of the Parent Informed Consent Document “Behaviors and information given by the child may make you uncomfortable.”

In the Risk Section of the Informed Consent Document: Child, I have added: “Behaviors and information given by the child may also make you feel uncomfortable.”

2) Please change in the Benefits Section of the Parent Informed Consent Document, line 6, second word. The word “will” needs to be deleted and the word “may” needs to be inserted instead.

In the Benefits Section of the Informed Consent Document: Parent, line 6, I have deleted the word “will” and added the word “may.” In addition, with the Board’s permission, I made the same change in the Child Informed Consent Document as in the Parent, although it was not requested.

3) Please include a statement in the Informed Consent Document, Confidentiality Section that: “If you see or hear that there is an indication of harming a child you will need to report this to the authorities (Mandatory Reporter).”

In the Informed Consent Document, in the Confidentiality Section, I have added: “Additionally, as a mandated reporter and as required by California law, if there is a reasonable suspicion that a child is being harmed this information will be reported to the local child protection agency.”

Thank you once again for your further consideration of this research proposal.

Sincerely,

Jeffrey Cheney
October 12, 2005

Department of Human Development and Family Studies
The Palmer Building
Iowa State University
Ames, IA 50011

Institutional Review Board
1136 Pearson Hall
Iowa State University
Ames, IA 50011

Re: IRB ID 05-397 "Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems...."

Dear Institutional Review Board Members:

I thank you for your recent review of my proposal for my doctoral dissertation research entitled, "Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct and Antisocial Disorders." I respectfully submit the following information as requested in the 13 questions that I received on Monday, October 10, 2005. I have copied each question and written my response to each. Please note that I have consistently used the pronoun "his" rather than "her" since the proposed subjects currently are males. If you decide against all male subjects then I will make the necessary changes to reflect both genders.

1. Please submit a parent consent document for the adult participant and parent consent document for the child. The three to four-year-olds are not old enough to assent.

Two consent documents have been written and are attached for your review. The first consent document is titled “Informed Consent Document: Parent” and is written to the parent. It provides information regarding the parent’s participation including the parent’s completion of the Child-Behavior Checklist (CBCL). It also provides a detailed description of the requirements for the child’s participation. The second consent letter, titled “Informed Consent Document: Child,” discusses what the child will do while participating in the study and includes a section outlining specifically what the researcher will read and say to the child to obtain the child’s consent in the actual research setting. The parent will sign both of these documents since the child is too young to sign.

2) Please explain why you are only enrolling male subjects.
This study has been designed as a qualitative study. It has been designed using the grounded theory methodology where my primary purpose will be the inductive gathering of information and organizing the information into a set of hypotheses about young children and their representations of their home environments (Strauss & Corbin, 1990). I am interested in developing a theory about young males from this data, and as a result, designed the study to examine male’s responses to the MSSB items. The possibility of developing a theory with great “conceptual density” is much more likely with a focus on a homogenous group of children. I could have used all females, and if the committee prefers a more heterogeneous and representative sample of males and females I would do that without any deep concern.

3) Please explain how you will have access to the respondents and to the diagnosis.

I work as a mental health therapist at the Henrietta Wall Memorial Child Guidance Clinic, Early Intervention Program. Our program serves families with young children from a broad range of social and economic conditions and provides services regardless of income or ability to pay. We provide services to families with MediCal insurance as well as private or no insurance at all. For families with no insurance or ability to pay we can provide services based upon a California Proposition 10 Grant, which the clinic has held continuously since 2000. I have worked with hundreds of children over the past six years and have found many successes in my work with young children and their parents.

Families with young children often hear about our services from their child’s preschool or daycare provider, pediatrician, or our county social services agency. When a family contacts our clinic they are asked to complete an intake interview via phone with a trained clinical staff member which includes gathering demographic data and assessing and prioritizing the family’s needs and the nature and seriousness of the issues presented. This step, which I will call step 1, is performed by another staff member, not by me. The second step in this process is to provide a comprehensive mental health assessment for the child. Following the intake interview, the parent makes an appointment for this assessment. During the assessment interview, which I do, I discuss the facts and perceptions of the child’s caretaker and work with the child to determine the child’s needs and assess the child’s abilities and deficits, including impulse control, speech and language and general developmental ability, and social-emotional development, and determine what therapy might be helpful in meeting the needs of the child and family. After careful consideration and a better understanding of the presenting problem as well as a detailed review of the child’s family, medical, psychiatric and developmental histories, I then determine if the child meets criteria for a mental health diagnosis using the Diagnostic and Statistical Manual of Mental Disorder’s, Vol IV-TR. If the child does qualify for a diagnosis and meets medical necessity we then enroll the child in our program and offer to provide therapeutic services, with these services comprising step 3 in this process. It is at this point that the parent whose child qualifies for a diagnosis and meets medical necessity and has experienced at least one form of maltreatment in the last 12 months, would be asked to participate in the study (see descriptions of that process in 4A below). Therapeutic
services are provided by all therapists on staff (of which I am one) at the clinic, but for those who agree to be in the study, I would become the child’s primary therapist. The services we provide to these families consist of weekly family therapy sessions and 1-6 hours of group services weekly, depending upon the child’s age and developmental level. I have written more about my family therapy and common diagnoses below; however, we provide group services for our 3-5 year olds where we focus on four basic feelings: sad, glad, mad, and scared (using our “feelings flower” puppet, picture puzzles, music and movement, dramatic play, and art). We spend time on self-awareness including name, family, and the “play of the day” and we also focus on skills such as cause and effect reasoning, listening and following through with staff directives, and safe play with peers. In our child-centered family therapy sessions home visits include setting up a behaviorally based reward system to encourage young children to follow through with tasks at home. Our clinic also offers psychiatric and psychological evaluations if the need presents itself (in rare cases of severe developmental delay or suspected psychosis) but these are not performed by me.

During the time of my data collection, after a male child has completed steps 1 and 2, with me performing step 2, the parent will then be given the two consent forms if the child meets criteria for a mental health diagnosis and currently has experience at least one form of maltreatment in the last 12 months. If I need to include males and females, that gender criteria for inclusion would be dropped, if the parent agrees to participate and have the child participate, then at the first scheduled appointment, the child will be administered the interview described in Section II Part E, question #13 and the parent would complete the questionnaire described in the same section of the ISU New Human Subjects Research Form previously submitted.

4) Please describe your therapeutic relationship in the study and your credentials.

A. The child whose parent agrees to participate in the study and to have the child participate in this study would be given information about the study at the end of the assessment interview (step 2) as described in question #3 above. I would work as the child’s primary therapist providing child-centered family therapy to address the child’s needs as determined in the assessment session.

B. Regarding my qualifications, I hold a bachelor's degree in psychology from the University of Utah (1992), and a masters degree in Marriage and Family Therapy from Loma Linda University Medical Center (1996). I attended Iowa State University from 1996-1999, having completed my doctoral course work and passed the required preliminary examination. Since 1999 I have completed supervised hours as a Marriage, Family and Child Therapist-Intern while employed full-time by a private, not-for-profit, children's mental health outpatient facility, The Henrietta Weil Memorial Child Guidance Clinic, Early Intervention Program, in California. I completed my state board exams (California Board of Behavioral Sciences) and have been licensed by the state of California to practice family and child psychotherapy since 2004. My dissertation research proposal was approved in spring 2005 by my program of study committee in the Department of Human Development and Family Studies at Iowa State University.
I provide attachment and behavioral based mental health treatment services to children aged 0-5. Treatment includes family therapy as well as optional therapeutic preschool group; consultation with the child’s pediatrician, daycare or preschool staff; and inhome work. I utilize several therapeutic models in therapy with children and parents, including Theraplay and other attachment therapies; Wait, Watch and Wonder; and a behavioral based therapy, Parent-Child Interaction Therapy. Depending upon the child’s age and developmental level I also use symbolic play therapies with the children, as well as other educational and experiential therapies. Common diagnoses we see include Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), Reactive Attachment Disorder of Infancy or Early Childhood (RAD), and also Post Traumatic Stress Disorder, even in children as young as three years of age. We also provide treatment to children who have experienced sexual and/or physical abuse; parental neglect; or present with sleep or feeding problems, temperament or interactional problems, and other unspecified mood and anxiety disorders. Also, I have presented at local area and professional conferences in the area of Reactive Attachment Disorder, Attachment, and the mental health needs of troubled preschool children.

Additionally, prior to my work here in California I was employed with Children and Families of Iowa, working with older children and adolescents diagnosed with a mental and/or emotional condition and a co-occurring substance use disorder, and prior to my time in Iowa I worked with the Riverside Family Service Association, in California providing mental health services to children aged 4-12 and their families which also included situations involving child abuse, divorce, and/or domestic violence.

5) Please list Cathy Monsibias as Key Personnel and she will need to take the assurance training.

I had removed Cathy Monsibias from the key personnel as she has been assigned other administrative duties outside the main office and time will not permit her to be involved in this study at this time. The fact that her name remained on one form and not another was an oversight on my part. I certainly apologize and ask that her name be removed from the study at this time.

6) The person videotaping will need to be listed as Key Personnel and take the assurance training (if this person is not Cathy Monsibias).

The video camera will not be attended to during this study since taping will be automated; I will begin taping when my client and I start the play session and I will stop the tape after the interview concludes. The video taping system will be operating from behind a locked door through a one-way mirror.

7) Please submit an introductory script to the parent referred to the study.
Following the assessment and prior to the time I make the appointment for the child’s first therapy session I would say the following to the parent:

(Parent’s name), I am conducting a study that is taking a look at young children’s problem behaviors. We want to know more about why a certain group of children behave in the ways they do. For instance (use child’s name and review some of the behaviors as stated by the parent). We want to talk directly to children, check out their ideas and ask them about their attitudes towards their home and family life. To do this we will use a specific type of play therapy. We would like to better understand what role the family might play in the early development of problem behaviors. We do know that some children who develop problem behaviors process their day to day experiences in their family differently from children who don’t develop these problem behaviors. However, we would like to know more about how this happens and specifically how some children’s experience of abuse affects their perceptions and expectations of you as his caregiver, even at this young age. I would like to invite you and your child to participate in this study, however, if for whatever reason you can not at this time that is okay and we could schedule your child’s first appointment. Either way, your child’s therapy will not be affected and you will not be penalized if you decide not to participate.

Depending upon the parents response I would either review the study in more detail as requested by the parent and as outlined in the Informed Consent Documents or simply thank the parent for considering the study and schedule the child’s first appointment for therapy.

8) **Please provide the date when the videotapes will be destroyed.**

The videotapes will be destroyed one year from the time the data are collected. If I receive permission in October to collect my data during the months of November-February, the videotapes will be destroyed no later than February 2007. If I am able to complete my dissertation by Spring 2006, then I can destroy the tapes at that time (May, 2006).

9) **Please include and explain in the consent document for the child that they can stop participating in the study and it’s okay to stop that nobody is going to be mad at them if they do not want to continue.**

The paragraph below has been taken from the second consent document as indicated in question #1 above. Please see question #1 above for the complete response.

(Say child’s name), during our playtime today we are going to play with some toys and have fun! I have a playhouse and some new toys I want to show you. I am going to ask you some questions and I need your help to answer these questions. If at any time you want to stop doing this no one will get mad at you. You may stop our playtime any time you wish just by saying, “Stop.” Do you understand that you may tell me to stop at any time? Do you have any questions for me? Remember the magic word, if you feel like
you want to stop, the magic word is, "Stop." I will always listen to you and we can go back and see your mom any time you want. Okay, let's begin!

10) **Please explain why you are enrolling only male children.**

Please refer to my response to question #2 above.

11) **Please provide better clarification of how you will select the subjects and provide justification.**

Parts of this section come from Part D: Subject Selection, Section II, question #11 in the "ISU New Human Subjects Review Form" submitted earlier to the IRB.

Children will be recruited from a pool of children who present for treatment at the Henrietta Weill Memorial Child Guidance Clinic, Early Intervention Program, in Bakersfield, CA, and who have been both assessed and found to qualify for a major Axis I DSM IV diagnosis, and who also have experienced at least one form of maltreatment in the past 12 months. Currently, only male children will be recruited. See question #3 above for a more indepth description of that process.

During the child's initial assessment interview (following an intake interview [step 1] with the parent or guardian described in question #3 above), if the child has been found to qualify for a major Axis I DSM IV diagnosis and if the child has also experienced at least one form of maltreatment in the past 12 months (and currently if the child is male), a parent and/or guardian of the child will be invited to participate in a study investigating male children's attitudes towards their home life. A purposeful sampling procedure will be employed where the parents of the first eight children who give their consent to have their child participate in the study immediately following the initial assessment interview (my first contact with the family) will be invited to participate. To the extent that some parents do not agree to participate, children will continue to be invited to participate until eight children total have consented to participate. No payment and no advertising will be employed and the parents will be told that they are under absolutely no obligation to participate in the study and participation or lack of participation in the study will in no way impact the services that they and their child will receive from our agency.

Following written consent from the child's parent, the researcher will schedule the one-hour interview/play session. If the parent decided not to be apart of my research I will schedule the child's first therapy appointment.

In response to the part of this question asking for justification for subject selection, I will describe why I am using the particular subjects that I propose to use. Researchers who study children who have been diagnosed as specified in the current study criteria have administered and scored the MacArthur Story Stem Battery (MSSB) (the assessment tool that will be used in this proposed study) utilizing a quantitative coding system, including factor analysis where both thematic and performance themes were used to create higher order constructs. I am proposing to use the MSSB but rather than coding
for statistical analysis, the themes will be analyzed using a content qualitative analysis. Therefore, in order to understand the outcomes of this research, subjects who have a diagnosis similar to children previously tested but scored using quantitative analysis need to be interviewed.

12) Please provide justification in the Risk and Benefit Sections needs to be expanded and clarified.

Parts of this section come from Part H: Benefits, Section II, question #21 in the "ISU New Human Subjects Review Form" submitted earlier to the IRB.

Information gained during the course of this study will benefit the advancement of knowledge and serve the good of society by contributing to the development of tools needed to assess and diagnose young children who seek treatment for disruptive and aggressive disorders. Early assessment tools are needed in my profession. Better developed tools could enhance our ability to more concretely assess a child’s verbal narratives, where group or clusters of specific types of narratives could lead to an earlier and better understanding of a child’s experience of his environment, and consequently more meaningful and efficacious treatments. Volunteering for participating in this study will contribute to the development of sorely needed early intervention assessment and programming.

Parts of this section come from Part I: Risks, Section II, question #24 in the "ISU New Human Subjects Review Form" submitted earlier to the IRB.

I believe there will be little if any risk for children; the only potential risk could be the possibility that MSSB story stems, which are emotionally sensitive in nature, may evoke feelings such as sadness, confusion, or trigger anger in some children. Should this occur, I will immediately move into a therapeutic mode and discontinue the session as a research session. If the child were to experience these emotions and as is sometimes the case throw a toy to express that anger, I would immediately mirror that emotion back to the child. If we were discussing the story stem about "Lost Dog" and the child threw a toy or expressed an intense feeling I might say, "You feel really mad when your dog gets lost! That is okay to feel mad." or, "This story might remind you of your dog, What was your dog’s name?" In providing a reflective context for the child’s anger a child often feels safer and can better regulate his angry feelings and then move to use coping skills that are more functional than anger. For instance a child could better use his words to express what he is feeling, I would redirect the child to use words to express the felt fear or anger and might provide a pillow for the child to “take a break” and talk about his experience with a lost dog, or where ever our conversation takes us. I would also ask the child if he would like to stop the play time and return to his mother. If the child were to indicate either verbally or non verbally “yes” I would take the child to his mother and then continue with a debriefing session to inform the parent about our session. I would offer the child something to eat during this time. Young children often associate this control with safety and the snack could possibly help resolve his initial feelings and he might be more likely to return to the clinic for our regular therapy.
sessions having had a positive experience with expressing his emotions and resolving the issue with a safe figure, his mother. This experience would also reinforce that I am someone he could trust in the future.

13) Please provide additional information regarding the analyses of the data.

Parts of this section come from Part G: Data Analysis, Section II, question #19 in the "ISU New Human Subjects Review Form" submitted earlier to the IRB.

After participating in the assessment protocol with the subjects and gathering the data I will transcribe and review the children’s narratives to develop a set of emergent themes. The grounded theory methodology will be used in this study where great attention will be given to the children’s family context, situational setting, and relational interdependency, and where I will focus on the totality and complexities of the child’s personal experiences as well as the data gathered. Data analysis will take several steps, including (a) reviewing the data, (b) grouping responses into logical clusters of information, and (c) further examining and developing emerging content themes. Typed transcriptions will include all speech in children’s story completions as well as careful records of nonverbal descriptions used by and/or represented in children’s behaviors. All children’s descriptions of story material will be grouped according to their similarity, with a special emphasis on the emotional meaning of children’s behaviors. Grouping together like answers from different children or analyzing different perspectives of children on central issues will be of great importance in this study. Careful attention will be paid to the responses given by participant children to illustrate the similarities and differences in representational themes between the groups as presented. Following the grouping of responses into themes, I will confer with two early intervention colleagues who will examine the typed responses and place them into their own logical clusters based on their understanding of the responses. Then the researcher and the two colleagues will come together, compare the clusters and the responses contained in each, and we will negotiate until clear categories have been found, and label the categories as themes.

Thank you for your further consideration of this research proposal for approval by your board. I look forward to hearing from you.

Best regards,

Jeffrey Choney
Dear Iowa State University Institutional Review Board:

The Henrietta Weil Memorial Child Guidance Clinic understands that Jeffrey Cheney will be investigating young children's experiences of their caregiving environment and agrees to his conducting the doctoral dissertation research at this agency. The title of the dissertation is, "Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Regulatory Dysfunction, and Conduct and Antisocial Disorders," and is being conducted under the direction of Dr. Sedaehia Crase and the Iowa State University.

I understand that during the course of routine treatment Mr. Cheney will be contacting agency families. He will answer all questions posed by parents and where a parent volunteers to participate in the research project these parents would then complete consent documents. These documents will meet all federal, institutional, and agency guidelines for research. I understand that Mr. Cheney will administer the Child Behavior Checklist 2-3 (CBCL) and will utilize an assessment protocol as described in the MacArthur Story Stem Battery (MSSB) at the clinic. I understand that participant children's assessment interviews will be videotaped and all information, including tapes, will be kept secure in a locked file cabinet. Videotapes will be erased within approximately 18 months time to allow Mr. Cheney to complete his analysis of the taped information.

I have met with Jeff Cheney and also talked to Dr. Crase and we have discussed the details of this research project. I have been informed about the study and have been provided with a description of the goals and purpose of the research including the written proposal for research. I understand that if I have any future questions I could discuss these with Jeff and/or contact his PhD major professor, Sedaehia Crase at 515-294-6135, sedaehia@iastate.edu. If I have questions I could also contact Ginny Austin Eason, the ISU IRB Administrator, 515-294-4586, gaeason@iastate.edu, or Diane Ament, Research Compliance Officer, 515-294-3116, dament@iastate.edu.

Sincerely,
April 18, 2005

Dear Linda,

I would like to request your permission to pursue a research project with children selected from the Clinic's Early Intervention Program. Over the past year my doctoral committee and I have developed a written proposal for research which I have attached to this letter for your reference. The research will be overseen by a five member interdisciplinary committee as well as the Internal Review Board (IRB) at Iowa State, and represents a final hurdle to my completing a doctoral degree in the department of Human Development and Family Studies at the university. The university goes to great lengths to educate researchers regarding ethical standards and the need to provide informed consent. Providing full disclosure to all involved, including the Clinic, parents, and children is very important. The human subjects review process actually includes two steps, 1) seeking permission from the Clinic to proceed with the proposed research, with any modifications as recommended, and 2) evaluation of the project by the Institutional Research Board (IRB) at Iowa State University. I hope you can help me!

Overall, I would like to take a look at the role of the caregiving environment in shaping at-risk preschool children's self representations. The project would examine behavioral problems in young children including their responses to a single structured play therapy session using the MacArthur Story Stem Battery (MSSB) assessment method. I am proposing having 8 children participate in the assessment during the months of July-August of this year. The children would participate in a one-hour play assessment session and during the appointment their parent will complete the Child Behavior Checklist (CBCL). From a clinical standpoint, I have been using this assessment method in therapy since 2001 and have found it very helpful.

The research could offer insight into the early development of family dysfunction and its effects on children's emotional developmental processes, and may further our understanding of the role and nature of the family in children's developing psychopathology. Questions for the project include:

1) How does a young child process their parenting experiences and what meaning does a preschooler attribute to parents, self, and others?
2) What is the emotional impact of maltreatment on a child's early perceptions and expectations of caregiving?
3) What are the coping strategies used by maltreated preschool children?

I sure appreciate your patience with me and my projects over the years and thank you for taking time to consider this important research project. If you have any additional questions please let me know. You are also more than welcome to contact my major professor, Dr. Sedahlia Crase, at 515-294-6135.

Best Regards,

Jeff
APPENDIX D
INFORMANT CONSENT DOCUMENTS

INFORMED CONSENT: CHILD

Title of Study: Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct and Antisocial Disorders.

Investigators: Jeffrey Cheney, M.S., principle investigator; Sedalia Jasper Crase, Ph.D. project supervisor, Program of Study Committee Chair.

This is a research study specifically designed for young children. Please take your time in deciding if you would like your child to participate and feel free to ask questions at any time.

Introduction

Dear Parent:

The purpose of this study is to examine young children’s attitudes towards their caregiving environments and the role of the family in the early development of disruptive and aggressive behavior disorders. We would like to explore how young children process their day to day experiences in their family and what meaning they attribute to parents’, self, and others’ actions. We would also like to know more about the emotional impact of abuse on children’s early perceptions and expectations of caregiving and the coping strategies used by preschool children who have experienced abuse. You and your child are being invited to participate in this study because your child has been identified as meeting at least one of the above criteria.

Description of Procedures

The following procedures will be followed:

1. On the day of the study your child will be seen at the clinic and will participate in a play therapy session as previously discussed. This play session will be based upon the MacArthur Story Stem Battery (MSSB) and your child will be given the opportunity to discuss any questions he may have regarding the play session. The MSSB will begin with the researcher telling your child that the researcher and child are going to play with some toys together and have fun. The researcher will discuss the study with your child and will read the following to your child prior to the start of the play session:

(Child's Name), during our playtime today we are going to play with some toys and have fun! I have a playhouse and some new toys I want to show you. I am going to ask you some questions and I need your help to answer these questions. If at any time you want to stop doing this no one will get mad at you. You can stop our playtime any time you wish just by saying, "Stop." Do you understand that you may tell me to stop at any time? Do you have any questions for me? Remember our magic word if you feel like you want to stop is "Stop." I will
always listen to you and we can go back and see your mom any time you want. Okay, let’s begin!

2. Following the completion of twelve MSSB story stems, the evaluator will bring your child back to the lobby and will provide you with feedback about the play session and will meet with you and your child to answer any questions you might have regarding your child’s participation in the study.

Risks

There are no foreseeable physical risks from participating in this study. It is possible that the story stems, which are emotionally sensitive in nature, may evoke strong feelings (sadness, anger) in some children. Should the child’s reaction to any story stem include his feeling scared or sad, or mad, the session would end as a research session and the child’s feelings would be attended to in a sensitive and understanding way by the researcher.

Benefits

If you decide to allow your child to participate in this study there may not be a direct benefit to you or your child [A benefit is defined as a “desired outcome or advantage.”] It is hoped that the information gained in this study will benefit the advancement of knowledge and serve the good of society by contributing to the development of measures needed to assess and diagnose young children who seek treatment for disruptive and aggressive disorders. Volunteering for participation in this study may contribute to the development of sorely needed early intervention programming.

Costs and Compensation

You will not incur any costs from participating in this study and you will not be financially compensated for participating in this study.

Participant Rights

Your child’s participation in this study is completely voluntary and you may refuse to allow your child to participate in the study at any time. If you decide to not participate in the study or your child leaves the study early, it will not result in any penalty or loss of benefits to which you or your child are otherwise entitled including clinical and/or other therapeutic family services.

Confidentiality

All records identifying participants, be they written, video or audiotape, will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, including HIPAA and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information. To ensure confidentiality to the extent permitted by
law, the following measures will be taken. Subjects will be assigned a unique code and letter and will be used on forms instead of personal identifying information. Identifiers will not be kept with the data. Those who will have access to study records, be they written or taped, will keep such records confidential, including in a double locked filing cabinet and/or password protected computer files. Data collected will be retained for approximately one year and will then be erased or destroyed and if the results are published, your identity will always remain completely confidential. Additionally, as a mandated reporter and as required by California law, if there is a reasonable suspicion that a child is being harmed this information will be reported to the local child protection agency.

Questions or Problems

You are encouraged to ask questions at any time during this study.

- For further information about the study contact the principal investigator, Jeffrey Cheney, (661) 322-1021, jwcheney@lascstate.edu, or the study’s supervising professor, Sedahnia Crase, (515) 294-7135, sedahnia@lascate.edu.

- Additionally, if you have any questions about the rights of research subjects or research-related injury, please contact Ginny Austin Eason, IRB Administrator, (515) 294-4566, austingr@lascate.edu, or Diane Ament, Research Compliance Officer (515) 294-3115, dament@lascate.edu.

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Subject Signature

Your signature indicates that you voluntarily agree for your child to participate in this study, that the study has been explained to you, that you have been given the time to read the document, that your questions have been satisfactorily answered, and your child will also be told that he can decide not to participate or to stop participation at any time without anybody getting mad at him. You will receive a copy of the signed and dated written informed consent prior to your participation in the study.

Child’s Name (printed) ___________________________

(Parent’s Signature) ____________________________ (Date) ____________________________

(Signature of Parent/Guardian or Legally Authorized Representative) ____________________________ (Date) ____________________________

ORC 05/06 3
INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

(Signature of Person Obtaining Informed Consent)  (Date)
INFORMED CONSENT: PARENT

Title of Study: Examining the Narrative Representations of Maltreated Preschool Children Diagnosed with Disruptive Behavior, Attentional Problems, and Conduct and Antisocial Disorders.

Investigators: Jeffrey Cheney, M.S., principle investigator; Sedalia Jasper Crase, Ph.D, project supervisor, Program of Study Committee Chair.

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

Introduction

Dear Parent:

The purpose of this study is to examine young children's attitudes towards their caretaking environments and the role of the family in the early development of disruptive and aggressive behavior disorders. We would like to explore how young children process their day to day experiences in their family and what meaning they attribute to parents', self, and others' actions. We would also like to know more about the emotional impact of abuse on children's early perceptions and expectations of caregiving and the coping strategies used by preschool children who have experienced abuse. You and your child are being invited to participate in this study because your child has been identified as meeting at least one of the above criteria.

Description of Procedures

If you agree to participate in this study, your participation will include completing a checklist about a range of child behaviors, which will take approximately fifteen minutes. You may expect the following:

1. Prior to your participation you will be educated regarding the purpose and procedures of the study and your questions will be answered.

2. After giving consent for you and your child to participate in the study you will be asked to complete the Child Behavioral Checklist (CBCL) with full instructions on how to complete the checklist. You may skip any questions on the CBCL that you do not wish to answer or that make you feel uncomfortable. The CBCL will be completed at your home and returned by mail or at your child's appointment.

Your child's participation will include a single one-hour visit to our office. During this visit you may expect the following:

1. On the day of the study your child will be seen at the clinic and will participate in a play therapy session based upon the MacArthur Story Stem Battery (MSSB). You will be given the opportunity to discuss any questions you may have regarding the
administration of the MSSB for that day and during the testing you will have the
option of waiting at the clinic. Your child’s interview will be video taped through a
one-way mirror.

2. The MSSB will begin with the researcher telling the child that the researcher and
child are going to play with some toys together and have fun. In a tone of
encouragement the researcher will say, “Let’s play with the play-house today! I have
some new toys to show you.” A consent letter will be read to the child and the child
will be assured that it is okay to stop the play time any time he wishes. Following
receiving the child’s consent, a practice story will be delivered where a play family
will be presented consisting of a mother, father, older child, younger child,
grandmother and a family dog. Each family member is named and the child story
character will be the same sex as the child. Children will be asked to enter the
narrative and complete the story. For example, an invitation may sound like this,
“Show me and tell me what happens next!” In the protocol the researcher will move
from one story stem to the next after a child addresses the main issue in that particular
story and brings the narrative to an end.

3. Following the completion of twelve MSSB story stems, the evaluator will bring your
child back to the lobby where you will be waiting. The researcher will also provide
you with feedback about the play session. During this consultation the child will be
offered juice and a snack of his choosing while the researcher will discuss the story
stems and answer any questions you might have regarding your child’s participation
in the study.

Risks

Although no risks are anticipated, it is possible that the story stems, which are emotionally
sensitive in nature, may evoke strong feelings (sadness, anger) in some children. Should this
happen, the session would end as a research session and the child’s feelings would be attended to
in a sensitive and understanding way by the researcher. Behaviors and information given by the
child may also make you feel uncomfortable. There are no foreseeable physical risks from
participating in this study.

Benefits

If you decide to participate in this study there may not be a direct benefit to you or your child [A
benefit is defined as a “desired outcome or advantage.”] It is hoped that the information gained
in this study will benefit the advancement of knowledge and serve the good of society by
contributing to the development of measures needed to assess and diagnose young children who
seek treatment for disruptive and aggressive disorders. Volunteering for participation in this
study may contribute to the development of sorely needed early intervention programming.

Costs and Compensation

You will not incur any costs from participating in this study and you will not be financially
compensated for participating in this study.
Participant Rights

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled including clinical and/or other therapeutic family services.

Confidentiality

All records identifying participants, be they written, video or audiotape, will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, including HIPAA and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information. To ensure confidentiality to the extent permitted by law, the following measures will be taken. Subjects will be assigned a unique code and letter that will be used on forms instead of personal identifying information. Identifiers will not be kept with the data. Those who will have access to study records, be they written or taped, will keep such records confidential, including in a double locked filing cabinet and/or password protected computer files. Data collected will be retained for approximately one year and will then be erased or destroyed and if the results are published, your identity will always remain completely confidential. Additionally, as a mandated reporter and as required by California law, if there is a reasonable suspicion that a child is being harmed this information will be reported to the local child protection agency.

Questions or Problems

You are encouraged to ask questions at any time during this study.

- For further information about the study contact the principal investigator, Jeffrey Cheney, (661) 322-1021, jwcheney@iastate.edu, or the study’s supervising professor, Sodahlia Crase, (515) 294-7135, sodahlia@iastate.edu.

- Additionally, if you have any questions about the rights of research subjects or research-related injury, please contact Ginny Austin Eason, IRB Administrator, (515) 294-4566, austinge@iastate.edu, or Diane Ament, Research Compliance Officer (515) 294-3115, dament@iastate.edu.

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Subject Signature

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. You will receive a copy of the signed and dated
written informed consent prior to your participation in the study.

Subject's Name (printed)

(Subject's Signature) (Date)
INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

(Signature of Person Obtaining Informed Consent)  (Date)
RESEARCH AND MEDIA RELEASE

The Henrietta Weill Memorial Child Guidance Clinic promotes research into the mental health of children and families. In order to conduct such research it is necessary to gather and present information on treatment progress and outcome, often using photos, drawings, videotapes, and/or audiotapes. The following release will allow us to use information from your child's treatment to further understand the mental health issues of families and children. We would like your permission to create and share media in which you, or a member of your family, appear. This consent can be withdrawn by the undersigned at any time. The media will be used in the project described below:

Project description (including types of media to be created):

________________________________________________________________________

________________________________________________________________________

I give permission to allow our counseling sessions to be videotaped/audiotaped/observed. I further give my permission to use media in which ________ (Full name of client) ________ (Social Security No.) appears, for use in the project described above. I understand the information will be used by clinical staff for research and education purposes only.

________________________________ (Parent / Guardian) ________________ (Date)

________________________________ (Witness-Staff Representative) ______________ (Date)

Please Print:

Your name

Street address __________ City __________ State ______ Zip ______

CONSENT WITHDRAWN:

Please Print: ___________________________ (Parent / Legal Guardian) 

Signed: ___________________________ (Witness-Staff Representative) 

Date: ______________
APPENDIX E
EXCERPTS FROM DATA

A full transcription of a complete MSSB assessment interview with a preschool child informant is included with the intent of furthering the understanding of the process of interviewing the youngest of preschool children, to ensure transparency, and to give the reader a sense of the structure and content of the interviews and how they were conducted.

E: Today we are going to have fun. Look who I have here. I have grandpa and I have mom and dad. Who is this?
C: Mom.
E: Dad.
C: Dad.
E: You can hold dad. There ya go. And I have grandma.
C: (Points to other dolls) And that a baby (unintelligible)
E: Ah ha. I have a baby boy. This boy’s name is George. Say hi George.
C: Hi George.
E: And this boy over here. His name is Bob.
C: Oh.
E: Yeah. That’s his little brother. (Child starts to play with dolls)
E: Okay I’m gonna have to you put those back. Put your hands in your lap. (Child puts hands in lap) Good. That’s the way. And Javier, today, is George’s birthday. Today is his birthday. Okay, I’m gonna have you hold dad, and hold mom. I’ll hold mom. You hold George. (Child holds dad doll and George doll) Who is this?
C: George.
E: Warm-up: The “Birthday Party” Stem.
George and that’s dad. And I’ll hold baby brother and I’ll hold mom. Today is George’s birthday and mom made him a beautiful birthday cake. “Come on Grandma. Come on dad come on George come on mom. Its time to celebrate George’s birthday. Okay we are all at the birthday table. Show me what happened at the birthday party? What happens next?
C: He had to blow it like this. (Child blows)
E: Okay. Make George blow the birthday candle out.
C: But he got like this. (Child points to birthday table with cake on it)
E: Oh okay. Jump up George. You can do it. (Child blows out candle) Wow! He did it! Good job George. What does daddy say to George on his birthday?
C: Thank you.
E: (Points to doll) Have daddy say it.
C: Thank you.
E: Oh great. Do they want to sing happy birthday.
C: Yes.
E: Okay. Let’s sing together. Oops, there’s the little brother.
C: And the baby does to say happy birthday either.
E: Does the baby want to sing happy birthday?
C: No. Baby can’t sing it.
E: Oh he doesn’t sing it?
C: No.
E: Does George sing it?
C: Yes.
E: Yea, and mom and Dad will and Grandma. Okay, let’s sing, “Happy Birthday...” Sing
with me. “Happy Birthday to…”
C: We gonna watch. He jumped.
E: Oh he jumped up.
C: Yeah.
E: “Happy Birthday to you. Happy Birthday dear George..”
C: What’s right there? Aw, what’s that?
E: Sing with me. Sing with me. “Happy Birthday to…you.” What does George say about
his beautiful cake? What does he want to do?
C: He does (child puts doll face into cake) Like that.
E: He puts his face in it?
C: Yeah.
E: Oh.
C: And I got my birthday too and I put my face in it.
E: Yeah.
C: I got my …birthday.
E: You got a birthday too and you put your face in it?
C: Yes.
E: How Fun. I’m gonna show you another adventure. (Puts more items on table) Okay. We have mom and who is this?
C: Dad.
E: Hi dad. And this is this?
C: Grandma.
E: Grandma.
C: I have a one good grandma and grandma J. and grandma B.
E: You have a grandma too?
C: Yes.
E: The “Spilt Juice” Stem.
Today this family is thirsty. And they are going to have…look over here. Over here
Javier, right here Javier. We are going to have to put the family around the table so
they can have something to drink. Here’s the family drinking their juice.
C: And drink, oh juice.
E: Oh no, look what happened?
C: What?
E: George spilled the juice all over the floor. George spilled the juice Javier, all over the floor. Look at the big mess he made. And here comes mom. What’s mom going to do. Show me.
C: She’s gonna hit him.
E: Show me.
C: She’s gonna hit him and he’s not gonna behave.
E: Show me. He’s not going to behave? Mom will hit him? Show me what mom does? (Child shows with doll that doll runs away) Aw and George runs away.
C: Yes.
E: What’s does mom do? Where did she hit him at?
C: In his leg.
E: Aw, owiee. And what does George do?
C: He has to. (Child uses doll to demonstrate, George hitting mom and mom falling down)
E: And George hits mom?
C: Yes.
E: And what does mom say when George hits her? What does mom say?
C: He said he dead.
E: His dad’s dead?
C: No. This lady is dead.
E: Oh the mommy is dead?
C: Yes.
E: Who killed her?
C: He did.
E: Why did he kill her?
C: Because. He…George. (Child knocks over dolls)
E: Oh. He knocks everything over again?
C: Yes.
E: Why did George make her dead?
C: Because he spill juice.
E: Oh, because the juice spilled?
C: yes.
E: Did he feel mad or happy that mom was dead?
C: He was happy that she was dead.
E: He was happy that she was dead?
C: Yes.
E: Oh. So who cleans up the juice now?
C: He does.
E: Oh George cleans it up?
C: yes.
E: Show me. Show me what he does?
C: He got a towel and cleaned it up.
E: He got a towel and cleaned it up?
C: Yes. Like this.
E: Oh, good job George.
C: Like that.
E: Nice work George. I really like the way you are cleaning up. Will grandma help him?
C: Yes. And there are juice over there.
E: The “Family Dog Lost” Stem.
Yes. There might be more. Okay, let’s get on with the next one. George is so excited today. He’s going to look and play with his favorite puppy, Barney. He’s been thinking about it. Look at my eyes. He’s been thinking about playing with Barney the dog ever since he woke up this morning.
C: And he trying to go to the park too?
E: On your bottom. Remember my rules. “Mom. I’m gonna go outside and play with Barney the dog. Okay George.” George goes out to the yard. “Oh no. Barney’s gone” Tell me now what happens now that Barney’s gone? What does George do?
C: He (unintelligible)
E: The dog’s gone Javier. What is George gonna do?
C: He’s fast like this?
E: He’s gonna run real fast?
C: Yes. Like this. Like that. And he carries him away.
E: He carries him away?
C: Yes.
E: So he’s gonna look for Barney?
C: Yes.
E: Show me. “Barney.”
C: He thinks he’s still in backyard.
E: Oh. He thinks Barney is still in the backyard?
C: Yes.
E: Can he find him?
C: Yep. And I was in the backyard too.
E: I know. Look around George. George looks around in the backyard and you might find Barney. How does George feel that Barney is gone? Does he feel sad or happy that Barney is gone?
C: He found him right here. I little spot right here. Like that.
E: “Look, it’s Barney the dog! He came home.” Show me what George does to Barney?
C: He kisses him when he come back.
E: Oh, he kisses him. How fun. And what does Barney do to George?
C: He has to….like that
E: What does Barney do to George now that he is home?
C: He goes like this. (George and Bob move closer)
E: Oh, they’re hugging.
C: Yes.
E: How nice. You found Barney. How did you do that George? Did you find him?
C: Yes, he found him right here.
E: Oh, you found him over here on the side of the yard?
C: Yes. And he fell down and he fell.
E: Who fell?
C: He did.
E: Oh, Barney fell down?
C: Yes.
E: Is he better now or is he still hurt?
C: He’s better now.
E: He’s better now, that’s good. Did anything else happen with Barney and the dog?
C: Yes.
E: Okay show me.
C: He grabs him…right there…and he carried him and he think he was a monster.
(Pulling dog doll forward)
E: George thought Barney was a monster?
C: Yes.
E: How did that make him feel?
C: Scared.
E: Scared?
C: Yes.
E: Well who will help him when he’s scared? Show me.
C: He got scared and he…
E: Javier, look at me. Who will help George when he’s scared? Will some of these people help him?
C: Yes.
E: Who will help him?
C: This and that.
E: Oh the daddy will help him?
C: And the grandma.
E: And the grandma. Show me. Show me how they help. Show me what the daddy says first.
C: He goes over there and hides over there.
E: “Daddy I’m scared, help me. Will you help me?”
C: You…
E: “I can help you. What do you need?”
C: I’m playing. Ah, I hurt myself. On my back.
E: On your back.
E: The “Mom’s Headache” Stem.
Okay, you can hold George right now or grandma or dad. And we get set up for the next fun adventure.
C: You’re making a TV?
E: Well you know what?
C: Yes.
E: Guess what? Mom and George are watching television. They are watching television together. What are they watching?
C: Cartoons.
E: Right. And look what mommy says. Mommy says, “George I’ve got such a headache. I have to turn off the TV. I need to lie down. Will you do something quiet for awhile while I go to sleep?”
C: Yes.
C: Yes.
E: “There’s this really neat T.V. show on. Can I come in and watch T.V. with you George?” Show me what happens next?
C: The lady said no. She gotta go..
E: Oh, what does George do?
C: He has to turn it down.
E: “Aw George. I have such a headache. Will you turn the T.V. off?” “Dude, you gotta turn it on. Leave it on. It’s our favorite show, its cool”
C: Cool.
E: “How come?”
C: No, you gotta….you go toot..(Plays with dolls to demonstrate what happens)
E: “How come we can’t turn on the T.V. George?”
C: (Child uses dolls to demonstrate and throws mommy doll off of couch)
E: Oh, George is gonna lay down in place of mom? He kicked her off the couch.
C: Yes.
E: Is she okay or did she get hurt?
C: She got hurt.
E: She got hurt?
C: Yes.
E: And what’s George going to do now?
C: He takes the blankets off.
E: What does he do with the blanket?
C: He hide it like this.
E: Oh, he hides the blanket?
C: Yes.
E: What about mom. She has a headache, her head hurts.
C: I know. But she can’t find it.
E: She can’t find the blanket?
C: No.
E: Is the T.V. on or no?
C: yes.
E: The T.V. is back on?
C: Yes.
E: “Ouch. My head hurts George. Please let me sleep.”
C: No, I got the blanket.
E: “George bring back the blanket my head hurts.
C: No, look it. It’s down there.
E: “Go get it George. Bring back my blanket. All right. I’m going back to sleep. Now you guys leave the T.V. off.” Show me what happens next Javier?
C: He turns it down.
E: He turns it down?
C: Yes. Like this. Like that. And when the baby comes, he’s gonna throw her again.
(Bob hit the mom where she falls off the bed)
E: Ouch. She hurts her head.
C: Yes. “Ouch”
E: What does mom do after she hurts her head? Is she happy or mad?
C: She’s mad.
E: She’s mad?
C: Yeah. She’s mad at the baby.
E: What is she going to do to the baby?
C: She gonna hit her. (Demonstrates with dolls, mom doll hits Bob doll)
E: She hit the baby.
C: Yes and the baby cry.
E: The baby’s crying?
C: Yes.
E: Does George not like the baby crying?
C: No.
E: No. Okay. Let’s go on to the next one. Thank you for playing that with me. That was fun. Okay. I’m going to hold George for a minute. And this is one is going to be with mom and mom and dad. Okay, you hold mom. Do you know what? George worked so hard today at preschool.
C: yes.
E: And he is so happy. Do you know what he made?
C: A blanket.
E: The “Gift to Mom or Dad” Stem.
Close. George came home with a picture. This is the picture he colored today. “Mom, mom, dad. Look what I made today. It’s a picture.” Show me what mom and day say. What does mom say to George?
C: She says thank you.
E: Oh, thank you mom. I love my picture. What does dad say to George?
C: He have to make him cry…
E: I want to give you the picture dad. Oh thank you, son. “That’s so nice.” How does mom feel? She didn’t get the picture?
C: You have to knock him down like this.
E: Oh, mom will knock him down and take it…Oh, dad’s going to take it to the living room?
C: Yes.
E: The “Three’s a Crowd” Stem.
These are two neighbors. And mom and dad are talking to the neighbors. And George and Dave are playing with Dave’s new ball. Good. You’re doing a good job today Javier. Okay, you show me now. How do they play with the ball? Show me?
C: Like this.
E: Dave and George. (Then Bob says) “Hey can I play with you guys?”
C: Yes.
E: “Thank you…..weeee. Oh thank you Dave. Here ya go George” And then look what Dave said. Hold on to the ball. Grab it and come right back and sit down. But Dave says, “George, if you play with your little brother. I won’t be your friend. Show me what happens next?
C: That’s his friend. That’s his friend.
E: These two are the neighbors. Mom and dad are talking to them. But Dave says, “Don’t let the little brother play with the ball George.” But this is George’s little brother.
C: I know.
E: Show me what they do? “Wee….Oh, I want the ball. I want the ball.” Show me George tells Dave?
C: He says he wants. He says he has to but he says somebody …little than him.
E: Somebody has to…”I’ll play with you but can’t let your little brother play. Oh I want to play George, let me play.”
C: No.
E: Oh, the little baby got the ball. What is George gonna do now?
C: He gonna take it away from her.
E: Oh, he took it away from the baby?
C: Yes. The mom will play with him?
E: Oh the mom will play with him too?
C: Yes.
E: Will mom let the baby brother play?
C: No.
E: Show me. What does the mom say to the brother?
C: He says let the baby play.
E: Oh, let the baby play. Okay. Okay. We’re gonna do another story. Javier look at me. Sit down on your bottom okay?
The “Hot Gravy” Stem.
C: Okay. What you making?
E: Okay. Mom is cooking.
C: Yes. They’re making tortillas.
E: They’re making tortillas.
C: Yes.
E: How yummy. And here’s George. Dad’s over here with the baby.
C: And they’re making two…
E: And then mommy tells George, “Hey George, we’re having supper. It’s not ready yet so don’t get close to the stove, okay?”
C: Okay.
E: But you know what? George says, “mmm, that looks good. I don’t want to wait. I want to have some right now. Oh, my hand. I hurt my hand. I hurt my hand mom.” And mom comes running in. Show me what mom says to George? What happens next?
C: She said, “You better not get in there.” She has to…hand like this.
C: Yep. And he does this.
E: This is hot.
C: I know. We got to watch the stove.
E: What happens next?
C: He has to go down…like that. And the baby too.
E: The baby gets on the stove where it’s hot?
C: Yes.
E: Oh, they all get on the stove. The stove is burning hot. If they get on the stove, Javier, they’ll burn themselves.
C: (Child does sound of baby crying, while putting baby Bob doll on the hot stove)
E: Oh, the baby got burned?
C: Yes.
E: What is mommy or daddy gonna do? The baby “Aouwee I got burned.”
C: And he got, and he got burned too.
E: Oh, the mommy got burned.
C: And the dad too.
E: Oh, the daddy got burned.
C: And they all…
E: Oh, they all got burned up.
C: Yes.
E: What happens next?
C: The cup gets on fire.
E: Oh the cup gets on fire? Is it a little or big fire?
C: It’s a big fire like this.
E: Oh, it’s a big fire?
C: Yes. Like that.
E: And what happens to the family?
C: They have to get it out.
E: Oh they have to get it out?
C: Yes. And the police and fireman will get it out.
E: Oh, the fireman and police will get it out? Who will help George? His hand still is hurting. He burned it.
C: He have to go to the doctor.
E: He has to go to the doctor, Javier.
C: Yes.
E: Who takes them to the doctor?
C: Mom and dad.
E: And show me what dad says to him? What does dad say to George?
C: He says you burned your hand.
E: You burned your hand?
C: Yes and the baby too.
E: And the baby too?
C: Yes and the mommy too.
E: The “Lost Keys” Stem.
Okay, thank you for sharing that. Okay. Let’s go on to our next story. Alright, there’s mom and dad. Here comes George. He’s walking into the room. And the baby’s there.
C: And he says George…
E: No. Mr. Jeff will start it. Mr. Jeff will start the story, Javier. Mom and dad are staring at each other. They look mad. “You lost my keys.” “I did not” says dad.
C: Hey, dad.
E: “Yes you did. You lost my keys. You always lose my keys. I didn’t’ lose them this time.”
C: I did. They’re right here.
E: “Oh thank you. You found my keys.” What’s gonna happen to mom and dad? What will mom and dad do? Show me?
C: They’re happy now.
E: They’re happy now. They found the keys.
C: Yes.
E: Show me what George says to mom and dad?
C: He says, “Thank you.”
E: “Thank you.”
C: And the dad says, “You’re welcome.”
E: Oh, thank you for finding the keys, George.
C: He happy now.
E: They’re happy now.
C: And the baby gonna cry. And the baby want the keys.
E: Oh the baby wants the keys? What did mom say about the keys? Show me. What does mommy say to the baby?
C: She says the baby has it.
E: And what does dad say?
C: And the baby says he do.
E: The baby gets the keys?
C: Yes. And the baby drives.
E: Oh really?
C: I broke it.(accidentally breaks a toy)
E: The baby drives? Where does the baby drive to?
C: And the baby take the truck.
E: Oh the baby takes off with the truck?
C: Yes.
E: Does the baby know how to drive or will the baby get hurt?
C: The baby will drive.
E: He drives?
C: Yes.
E: Where does, does he go alone?
C: He takes George to play with.
E: Oh.
C: And he takes friend.
E: Show me.
C: The boy goes right here and the baby drives right here. (Child plays with car on table)
E: Okay, there they go.
C: Like that.
E: Oh the baby took his brother George with him?
C: Yes.
E: What about the mom and dad?
C: He drove it right now.
E: “Honey. Where did the baby go? I don’t know. Where are the keys and the car? Oh no, they are gone.” Show me what the mom says to the baby?
C: They say they ….”Oh here you are” (child plays with car and dolls moving the car to the far end of the table) And the dad. And the mom. And the dad and the baby picks up the dad and the mom.
E: Oh the baby picks up the dad and the mom.
C: Yes.
E: Oh they’re all together again.
C: Yes.
E: The “Candy Store” Stem.
Okay, bring them all back together again, to home. Don’t put that in your mouth it might be dirty. George and mom are at the store.
C: Yes.
E: And this is the store man. He’s there too. And you know what’s on the shelf?
C: Yes. And them in…
E: This is candy.
C: yes.
E: Here comes George. Here comes Mom. “Oh candy. Can I have some mom?” “No, you already had candy today. Let’s go home.” The mom starts to go home. George takes the candy. Mom turns around and sees George. What will she do? Show me?
C: He will get mad.
E: Who got mad? George or the mom?
C: The boy.
E: Why is the boy mad, he has candy?
C: I know cuz he wants to take it.
E: Oh, he wants to take it? Show me what does George say to mom? Make George talk.
C: He says he wants more.
E: Make George talk.
C: “Mom, I want some more candy.”
E: And make mom talk.
C: “No.”
E: And now what happens next?
C: He wants some.
E: Will George get the candy?
C: No. He got the, the mom says he broke the toy….you not gonna get no more candy.
E: “You’re not gonna get no more candy.”
C: (Child has mom doll give candy back to clerk doll)
E: And she gives it back to the store man. “I told you not to steal candy.
C: (Child having George doll making crying sound)
E: You can cry but there’s no stealing candy.” What did George do next now that his mom told him no stealing?
C: He gonna hide it.
E: Oh, no he’s gonna hide the candy.
C: (Child has George doll puts candy on floor concealing it near the counter) Oh, where’s the candy. It’s over there, no. (Mom doll searching for candy then chasing George doll)
E: Oh, the mommy is chasing him and hitting him.
C: He hit his head.
E: He hit his head? Is he dead or alive?
C: He’s alive.
E: Oh, he’s alive. Is he bleeding?
C: No.
E: Oh, okay. He hit his head.
C: Yes.
E: Show me what happens next.
C: I was walking…to my house. And then the fire came into his head and then the dad died.
E: The dad died?
C: Yes. And the fire came into his head.
E: The fire came into his head? How does that make you feel? Scared?
C: No.
E: No?
C: No.
E: The “Bathroom Shelf” Stem.
Okay. Let’s go to the next one. You can touch a little bit but don’t take the cloth out. This is something new. Let’s pretend the dad has to go somewhere. So dad leaves.
C: “Dad. Dad.”
E: And the boys are in their room playing.
C: And the mom is busy too.
E: Right. Mom put band-aids in the bathroom. “Boys, I have to go next door to the neighbors to return something. I’ll be right back. Don’t touch anything.”
C: “That’s okay mom.”
E: “Okay. Don’t touch anything in the bathroom.” So the mom leaves. She goes to the neighbors. Well, George and Bob are playing together.
C: Yes.
C: And the boy gives the baby a band-aid.
E: The boy gives the baby the band-aid?
C: Yes.
E: “Hello boys. I’m back. What’s that? A band-aid?”
C: Yes.
E: “I said not to touch the band-aids, George”
C: “I know but the baby got a bleeding Mom.”
E: The baby was bleeding?
C: Yes.
E: “Well I told you not to touch the band-aids.”
C: “I know mom but the baby got bleeding.”
E: Show me what happens next George. Show me.
C: (Boy acts out screaming of a baby Bob doll) Her says…
E: Oh, the baby. And what does the mom say, because mom said no band-aids. Show me what mom says.
C: (Child motions with the dolls to have the mom doll get cut)
E: Who got cut too?
C: Her.
E: Mom got cut. Who cut her?
C: George did.
E: How come he cut her, Javier? How come George cut his mom?
C: Because. He used the blanket to get bleeding.
E: The mom is bleeding?
C: Yes.
E: Does George feel mad or happy?
C: (Child shows Bob doll jumping on mom doll)
E: Now the baby’s jumping on the mom?
C: Yes.
E: Show me what happens next
C: And the thinks he was a bed.
E: And he jumped on her?
C: The mom is dead.
E: The mom is dead?
C: Yes. Now they want the ball to play with the boy.
E: The boy and George and the baby boy and George want a ball?
C: Yes, to play.
E: What about the mom? How does George feel about mom being dead?
C: (Child takes dad doll and waves it close to George doll) The dad says, go to your room.
E: Oh, the dad sent George to his room?
C: Yes. (Dad hits George doll with a loud bang)
E: Oh, he hit him. Where did dad hit George?
C: Right here.
E: Where is that?
C: Right here on his stomach.
E: Oh, he hit him in his stomach?
C: Yes.
E: Who’s gonna help George now that he is hurt?
C: The doctor. The mom…she is dead. And so dad…and he’s going to go to jail.
E: Where do the kids go? Because mommy is dead. And dad is in jail.
C: (Bob and George look around the table for a house) The mom…of the house.
E: Mommy is dead and daddy is in jail. Where do the boys go? Do they live with someone? Who will take care of them? Who will give them food and put them to bed now that mommy is dead and daddy is in jail?
C: The cop will watch them.
E: Oh, the cops will watch them?
C: Yes.
E: Oh.
C: And they come play with the boys.
E: All right. Well that was a real tough one wasn’t it? Sit down on your bottom. It’s okay to play with band-aids isn’t it if someone gets hurt? You did the good thing.
C: Yeah.

E: The “Climbing the Rock” Stem.
Okay, now they are going to go out to the park.
C: Yes. What park?
E: I’ll show you. The family is going to go to a park today.
C: What park?
E: Do you go to the park sometimes, Javier?
C: Yes.
E: When the family gets to go to the park, George sees a high rock. Oh look at this, he sees a rock up here.
C: yes. And I’m gonna play with this one you know.
E: Thank you. Go ahead and have a seat Javier. George walks right to the walk. Let’s stand them up again. “Oh look. See the high rock. I’m gonna climb the rock all the way up to the top.”
C: And he has rope.
E: He’s gonna climb the rock. “Oh, be careful George. Be careful.” Show me what happens.
C: Oh, aw, aw. (George doll falls off the rock)
E: Oh, George falls down. What does mom and dad do when George falls down? Show me.
C: He says he get a band-aid.
E: Make mom and dad talk. Show me what they say to George.
C: They coming…awwh. Rawwwrrr. (Makes a sound like a tiger)
E: Oh a tiger.
C: (Child has George doll move away from the park)
E: The tiger carried the boy away?
C: Yes.
E: What does mom and dad do?
C: Got bit on their stomach.
E: They got bit on their stomach…? What happens next.
C: Mom and dad are dead.
E: Oh, they died?
C: Yes.
E: How did the boy feel that mom and dad died by the tiger?
C: And they…(unintelligible) mom dad and baby tiger.
E: How does George feel?
C: Happy.
E: Oh, he feels happy and he’s with the tiger?
C: Yes.
E: What’s he doing? Show me.
C: He wants to hold him.
E: He wants to hit the tiger?
C: No. He wants to hold him.
E: Oh. He wants to hold him. Show me. The tiger is his friend?
C: Yes.
E: Show me.
C: He’s gonna tell him... a baby “Oh a baby.”
E: Okay. Let’s do two more then we’ll be all done for today then we can have a snack.
C: Yes.
E: Would you like a snack?
C: Yes.
E: That will be fun too.
C: I want a Batman snack. I like Batman.
E: Okay. We’ll see if we have a Batman.
C: Okay.
E: The “Exclusion” Stem.
Mom and dad are sitting on the couch talking. The mom and dad want time alone and so they tell the boys.
C: And they want to watch TV now.
E: “Boys, I want you to go up to your room and play with your toys. We want some time alone. Please shut your door.”
C: “But mom, I want to watch cartoons.”
E: Okay, show me how George and Bob go up to their room?
C: (Child has George and Bob smack a kiss with dolls)
E: “Go to your room.” Grab the baby and go to the room. They were sad but that’s okay. So show me what happens next with mom and dad?
C: “But mom.” (Child lays with dolls, George doll jumping)
E: “George. Go to your room.”
C: “Oh”
E: How does George feel about going to his room?
C: He feels sad.
E: He feels sad. Okay, George is going back to his room. Show me what mom and dad do.
C: They go to sleep like that.
E: Oh, they go to sleep like that?
C: Yes. And they hide. (puts dolls behind couch)
E: Oh, they hide? What does he see when he is hiding?
C: He says he sees them like that.
E: The mom sees them? What does mom say? Make her talk.
C: He has to … doing wrong. “Oh good..”
E: What does George do?
C: He’s sad.
E: “Alright. Thank you for letting us have some alone time. Come out George and Bob.”
C: “Is cartoons on? Yeah, yeah, yeah. Yeah, cartoons.”
E: “Yeah.”
C: “…and go back outside and play…and baby play with”
E: The “Cookie Jar” Stem.
Okay. I’m going to show you another story here, Javier.
C: And they’re going to have a picnic.
E: No picnic. I’ll show you what’s going to happen. The baby brother is sitting right here around the corner. And Bob is right and George is right here. George is going to climb up in the kitchen and Bob sees George taking a cookie.
C: Yes.
E: “Mom said no cookies George. Don’t tell mom. Don’t tell mom. Here she comes.”
“What’s going on in the kitchen here?”
C: “Mom, but I want some cookies. Alright Here ya go.”
E: “Hey, what’s going on in here? Bob, what did you see?”
C: “I got cookie dad.”
E: “I told you no cookies.”
C: “My mom gave me cookies.”
E: “If you say something. I won’t be your friend baby Bob.”
C: “All right.”
E: “What’s going on in here?” (Dad doll)
C: “We get a candy. Leave him alone he wants a cookie.”
E: “No. He better not be getting cookies. Was he getting cookies baby Bob?”
C: “Yes.”
E: “Hey. I told you not to tell.”
C: “Yes.
E: “Okay. Go to your room.”
C: “No.”
E: Show me what happens next.
C: He says has to keep on doing like that. (George doll knocks down other dolls)
E: And what does George say to the baby because the baby told and he told the baby he wouldn’t be his friend if his friend told on him?
C: “He give me a cookie” “No, give me a cookie.”
E: Oh George hit him?
C: No. The George ate him.
E: He ate him?
C: Yes. (Child uses doll to hit baby Bob)
E: Oh. That hurt baby Bob.
C: He he’s gonna do it again.
E: Oh. He kicked him and dad down.
C: Yes.
E: Here goes George. That hurts the baby.
C: (Child uses George doll to demonstrate)
E: Oh, he kicked mom down.
C: Yes, and he’s gonna kick the dad down. (Child has George doll kick dad other family
dolls down)
E: He kicked the dad down. How come he is hurting everyone?
C: Because he is gonna kick like this. (George doll does a karate kick)
E: Oh, he kicked the cookie jar down?
C: Yes.
E: And it hurt the adults?
C: Yes. And he does them on them.
E: Oh, he jumped on the daddy? Who is alive and who is not alive?
C: And the baby ((The Bob dolls jumps and kicks slowly kicking and hitting other dolls)
E: Oh, the dad almost jumped on him but missed.
C: And he’s gonna do it again.
E: Oh, he did it after he hit the boy.
C: I’m gonna play with this one here.
E: Open Ended: The “Family Fun” Stem.
Okay. Last one. The dad and mom are together and the whole family is around the
family and they say, “Let’s do something fun today.”
C: And they eat cake now.
E: “Dad has the day off. He is home from work today. What do you guys wanna do for
fun today? Let’s go to the park?”
C: “I want to eat the cake.”
E: No cake this morning. It’s breakfast time.
C: “Aw.”
E: Show me what happens next? What do the mom and dad do?
C: (George doll) “Go to your room mom. Aw.”
E: What would you like to do that is fun?
C: I want cake.
E: “What would you like to do? Let’s do something fun today.”
C: “No, I want cake dad.”
E: “No. Let’s not have cake. Let’s go do something fun with the whole family.” “Aw.
Don’t hit me that hurts me.”
C: “I got the cake dad.” (George doll takes cake)
E: Oh, he took the cake and ran and then he jumped on dad?
C: Yes.
E: And then he jumped on baby?
C: Yes. Then he jump on him hard.
E: He’s going to jump on baby hard?
C: Yes. And he jumped way like this.
E: Oh, he jumped on him.
C: And he’s gonna fall.
E: Awiee. That hurts the baby.
C: Yes. And the boy fell down too.
E: The boy fell down too?
C: Yes.
E: How does he feel? Is the boy alive or dead.
C: They dead.
E: They’re dead?
C: Yes. And they gonna drop again.
E: Okay, it’s time to go get mom and go get our snack.
C: I want a banana now.
E: Okay, this way Javier. Let’s go find out what mom is up to. Did you have fun today?
C: Yes.
E: I had fun too. Thanks for playing today.