

PREPARING 18- TO 36-MONTH OLD CHILDREN TO BECOME
SIBLINGS: A PARENT EDUCATION APPROACH

by

BEVERLY ANN FULBRIGHT
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Approved by:


Major Professor

Approved by:


Major Professor

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TABLE OF CONTENTS

| | Page |
|------------------------------------------------|------|
| Introduction | 1 |
| Review of Literature | 5 |
| Behavior Changes in Firstborns | 5 |
| Gender and Age Differences | 11 |
| Interactions with Mother | 12 |
| Interactions with Father | 14 |
| Existing Sibling Education Programs | 15 |
| Characteristics of Toddlers | 18 |
| Summary | 21 |
| Overview and Rationale | 22 |
| Objectives | 23 |
| Emphasize Parent-Child Relationships | 24 |
| Realistic Expectation of Toddler | 25 |
| Nurture Interest in Babies | 25 |
| Hospital Tour | 26 |
| Program | 27 |
| Parent Education Class | 27 |
| Materials for At-Home Instruction | 30 |
| Hospital Tour | 32 |
| Evaluation | 32 |
| References | 33 |
| Appendices | |
| A. Program Plan | 36 |
| B. Program Handouts | 46 |

Introduction

With the birth of a sibling, a firstborn child's life is irrevocably altered. Dunn and Kendrick (1982), who have done extensive research on the impact of the addition of another child on family relationships, expressed it this way:

The change in the child's social world at this time of a sibling's birth is profound: his relations with his father and mother alter dramatically, and he is faced with someone who is not only a rival for the love and attention of the parents, but who, unlike the adults in his world, is not sensitively tuned to understand and respond to him (p. 2).

They and other researchers have attempted to understand the reaction of the firstborn at the birth of a sibling through various multimeasure testing (Dunn & Kendrick, 1980, 1981, 1982; Field & Reite, 1984; Legg, Sherick & Wadland, 1974; Nadelman & Begun, 1982; Stewart, Mobley, VanTuyl & Salvador, 1987; Taylor & Kogan, 1973; Trause et al., 1981). They all report in a broad outline what we might expect: behavior problems tend to increase but so do various signs of independence. Most commonly reported negative reactions were regression in various areas of functioning, aggression directed toward the mother or baby, and increased efforts to gain attention. Several studies suggest that the behavior disturbance is greater in younger children (Henchie as cited in Legg

et al., 1974; Legg et al., 1974; Nadelman & Begun, 1982). While behavior disturbances are commonly reported in these firstborn, so are signs of independence (Dunn & Kendrick, 1982; Field & Reite, 1984; Nadelman & Begun, 1982; Trause et al., 1981). A number of children were reported to display a spurt in mastery of various developmental skills during the adjustment phase precipitated by the presence of a new sibling.

Changes in the relationship of the firstborn with their parents also occurred when a new child entered the family. Mothers and firstborn were noted to spend less time in joint play and more time in confrontation (Dunn & Kendrick, 1980, 1982) and to express less mutual warmth (Taylor & Kogan, 1973). Firstborn were responsible for initiating more communicative exchanges, with mothers issuing more prohibitive statements (Dunn & Kendrick, 1982). Fathers, on the other hand, were viewed as a potentially important stabilizing force. A warm relationship with the father helped the children better deal with separation from the mother for childbirth (Dunn & Kendrick, 1982; Legg et al., 1974) and seemed to decrease the strain and confrontation often experienced between the mother and child (Dunn & Kendrick, 1982). Fathers tended to increase their interactions with the firstborn to help familial adjustment.

The research appears to support the statement that the birth of a sibling represents a complex adjustment period in the life of a firstborn child. A preparation class for siblings and their parents at this stressful time would seem to be warranted. Ideally, this class would help children develop positive feelings about being new siblings and

also help parents minimize the strain that this new situation places on the entire family. Several researchers have supported the concept of preparation for siblinghood. Dunn and Kendrick (1982) did not analyze child preparation in their study and therefore felt they could not advocate it, but they did include a section on strategies in their book that parents might employ to promote strong parent-child and sibling-sibling bonds. Trause and Irvin (1982), Legg et al. (1974), and Stewart et al. (1987) did advocate parental education and sibling education classes directly aimed at the children.

The registered nurse is part of a service profession that constantly changes to meet both expanding technical knowledge and the needs of the public. Childbirth education has been one of the nursing profession's first and most significant contributions to public education. As direct care-givers to families, nurses saw the need to educate parents for a family-centered childbirth. But children are also a part of the family, and it seemed a natural progression for nurses to become involved in education for young children just beginning a sibling role. Nurses are introducing classes in hospitals across the country to prepare children for the birth of a new baby. These classes usually involve an introduction to the hospital environment where the mother and baby will be, some hands-on practice in simple child care using dolls, basic education in childbirth and the abilities of new babies, and initial exploration of jealous or displaced feelings in the firstborn (Honig, 1986; Johnson & Gaspard, 1984; Sweet, 1979).

Three-year-olds are often the youngest children allowed in these classes. This age cut-off seems quite appropriate because these classes

are geared for a fairly verbal and cognitively sophisticated child. Generally parents have evaluated these programs positively when contacted after the birth of their children. However, one comment parents frequently made was that hospitals should offer something geared to the younger child.

The present project involved the development of a program designed to meet this need. The program was formulated for expectant families who at the time of pregnancy have a child eighteen (18) to thirty-six (36) months of age. This program would be conducted by a trained registered nurse within the hospital setting. Rather than directly dealing with the young children, the nurse educator would present a parent education program and make resources available for parents to use in their personal preparation of the children at home.

Review of Literature

The arrival of a sibling is associated with many changes in the behavior of a child. The following section reviews the available literature related to: 1) observed behavior changes in children, both negative and positive in nature; 2) observed differences related to gender and age of the firstborn; 3) changes in interactions with their mothers; and 4) changes in interactions with fathers. Several existing sibling education programs will be reported and the developmental characteristics of toddlers will be reviewed.

Behavior Changes in Firstborns

Legg, Sherick and Wadland (1974) interviewed the parents of 21 children ranging in age from 1 to 5 during the period of the birth of another child. They reported regressive behavior for most of the children, the most common being restitution of the bottle or pacifier and interference with toilet achievements. Parents also reported that breastfeeding caused jealousy in the older children, displayed through demanding behavior, crying and requests for attention during feeding time. Legg et al. did not advocate assenting to a child's request to try nursing, stating this would lead to a "probable arousal of very exciting fantasies" (p. 31). Most parents in their study stopped breastfeeding or tried to increase attention to the firstborn while continuing to nurse.

Legg et al. (1974) also cite Henchie's 1963 study of sixty-six children. At the birth of a sibling, "overt negative behaviors" were noted in 89% of the children under 3.

A Cleveland group of physicians, Trause, Voos, Rudd, Klaus, Kennell, and Boslett (1981) studied the reactions of firstborn children whose mothers had been hospitalized for the birth of a second child. Of the 31 children, ages 1 to 3 1/2 years, 17 were permitted to see their mothers at least once during the hospital stay while a control group of 14 was not permitted visitation. Observational data were collected 2 to 4 weeks before and 1 to 2 weeks after the hospital stays. Maternal questionnaires were completed before and after birth and videotapes were made of the family reunion upon discharge. Children in both groups showed distress following the separation for childbirth. A 92% increase in behavior problems was reported at the postpartum testing. Sleeping disturbances, an increase in general activity and temper tantrums accounted for the largest number of changes. The visiting experience of the children did affect how they responded to their mothers and babies at hospital discharge. The children who visited were significantly more responsive to their mothers and new siblings. The authors commented that these disturbances seemed to be related to two factors, the maternal separation and the presence of a new sibling in the home.

Field and Reite (1984) also examined preschool children's responses to separation from mother during the birth of a second child. Sixteen children ranging from 22 to 60 months old were studied for both their behavioral and physiological responses before, during, and after their mothers' hospitalization. During these meetings, play sessions were

videotaped and activity levels and heart rates were monitored. Night-time sleeping was time-lapsed videotaped and parents were administered questionnaires regarding changes they had noted in the behavior of their children. During the period of hospitalization, increases in negative affect, activity level, heart rate, night awakenings and crying were observed and were generally characterized by the researchers as agitation. Ten days after their mothers' return, decreases were noted in positive affect, activity level, heart rate and active sleep, all which the researchers defined as suggestive of depression. Field and Reite noted, as Trause et al. did, that it was not clear how much these behavior changes were related to separation from mother versus the arrival of a new sibling and the altered relations within the family.

In Cambridge, England, Dunn and Kendrick (1980, 1981, 1982) conducted a large-scale longitudinal study looking at 40 firstborn children ranging in age from 18 to 43 months. Contact began with each working-class family during the last month of the mother's pregnancy, continuing during the first postpartum month and again when the baby was 8 and 14 months of age. At each of these four times, they conducted two one-hour observations of the child with the mother and sibling within the home and also interviewed the mother. The most common change reported was an increase in demanding behavior toward the mother; this was seen in more than half the children. They also found an increase in tearfulness, withdrawal, and clinging behavior. Regressive behavior was frequent and ranged from milder forms such as baby talk or wanting to be carried to more definite regressive steps in toilet training, with 72% of the 26 children who had been trained having problems. Mothers reported that

the older sibling often irritated the baby by jostling him/her or taking away the pacifier or bottle. Reports of deliberate aggressive behavior against the baby were uncommon, however. Most of these firstborn showed a great deal of interest and affection toward the newborn. And very encouraging was the finding that most of the behavior problems had largely disappeared by the time the baby was 8 months old. Almost all were eager to help care for and talk to the baby. Dunn and Kendrick made some noteworthy observations on these patterns of reactions. They observed that due to the complexity of the adjustment to siblinghood, it would be inappropriate to summarize numerous different reactions in an attempt to determine a single index of "disturbance." For example, a link was noted between clinging, tearfulness and withdrawal, but there was a lack of close association between any other aspects of negative behavior or disturbance. The child who showed sleeping disturbances was not necessarily the one who was demanding. In fact, a child showing disturbance in several areas might also be very loving and attentive toward the baby. Varying aspects of negative behavior were found to have different prognostic implications. For example, increased withdrawal by the firstborn in the early postpartum period was associated with a poor sibling relationship at the fourteen-month observation, while no such association was noted with an increase in negative or demanding behavior. Further, firstborn who imitated their newborn siblings were more likely to share a warm affectionate relationship with them at a later observation. This suggests that the "regressive" behavior some firstborn showed should perhaps have been considered as imitative and positive toward future familial relationships.

Nadelman and Begun (1982) used another multimeasure approach in their study to delineate the behavior changes in new siblings. Data were collected on 53 middle-class families with one child 3 to 4 weeks before and 3 to 4 weeks after the birth of a second child. A control group of 17 families with only one child was included to investigate whether noted changes were related to the events surrounding the birth of a sibling or were merely developmental. Firstborn were observed in a projective doll play session within the home and mothers were interviewed. Children ranged from 2 1/4 to 5 1/2 years of age. In the reviewed article only the responses to mothers' questionnaires were reported. Questions were of two types: 8 were open-ended essay followed by 26 in a multiple response format. Results from the multiple response scale showed low behavioral distress. In fact, some items showed no change or improved mean scores after the birth of a sibling. The mothers' open-ended responses revealed a higher degree of distress than the behavioral scale. For 64% of the children, mothers reported their changes to be negative in nature with 57% of the changes in the area of affect and 60% in demanding attention. Nadelman and Begun interpreted the lack of significant changes from pre- and post-assessments as evidence that the late pregnancy time might be one of great stress, perhaps for some children as much as the early post-partum time. They suggested investigating the family unit earlier in the pregnancy to receive a more accurate information base.

Stewart, Mobley, VanTuyt and Salvador (1987) conducted a longitudinal study of the firstborn's adjustment to the birth of a sibling. They enlisted 41 middle-class families and interviewed them in home

visits one month prepartum and at 1, 4, 8, and 12 months after the birth. Both mother and child were interviewed on these visits and observational data were collected on family interaction during a semistructured play situation.

Their findings and interpretations have contributed a new and intriguing model to any attempt at understanding the behavior changes observed in new siblings. They suggested that the type of response noted in the firstborns varied as a function of time since birth. Their data support other studies which show regressive behavior in firstborns soon after the birth of a new sibling. And they, like Dunn and Kendrick, suggested that these apparent regressive behaviors might better be viewed as a form of imitation and mimicry than regression to an earlier developmental stage. They suggested that the imitative and confronting behaviors they observed at the one-month session were an active search for a strategy to maintain parental attention. The four month observation revealed numerous anxiety reactions while imitation and confrontation decreased. Based on this finding, they suggested that the firstborn has learned that neither imitation nor confrontation with the mother or infant produced the desired attention, but high levels of anxiety existed because they had not learned what to do to resolve the dilemma. Confrontation was again the major problem at 8 and 12 months as the children reported intrusion of the maturing infant into their play materials.

While all the reviewed studies reported that firstborn children commonly exhibit distress after the birth of a sibling, several also defined some positive changes. Such findings support Anna Freud's

(1965) observations that "progressive developmental forces" exist along with regressive tendencies in the immature child so that children sometimes show a growth spurt or mastery after periods of stress. Nadelman and Begun (1982) reported that maternal ratings of many children in their study showed either no change or improvement on some specific behavior areas after the birth of a sibling. Trause et al. (1981) reported significantly improved eating habits in firstborn with new siblings. Over half the mothers in Dunn and Kendrick's (1981) work reported an increased independence in their children. The improvements usually occurred in feeding behaviors, toilet behavior, language ability and independent play, although regression in other areas still occurred. Recently, Field and Reite (1984) detected an increase in fantasy play among children studied before and after the birth of a new sibling. Many of the fantasy play themes displayed aggression toward both the mother and the new baby, but primarily toward the baby. They interpreted this as a therapeutic way of coping with the new situation.

Gender and Age Differences

Several researchers have addressed the issue of child gender and age and have reported a variety of findings. Legg et al. (1974) reported that the younger the age at which the birth of a sibling is experienced, the greater the probability of disturbance. Legg et al. also refer to Henchie (1963) who found negative reactions toward a new sibling in 89% of the children under three years of age, but in only 11% of those over six years. Dunn, Kendrick, and MacNamee (1981) reported younger children to generally increase in clinging behavior. From maternal reports,

Nadelman and Begun (1982) found children under 40 months and boys in particular to show the greatest overall distress as evidenced by an increased use of the pacifier and having an increase of toileting accidents during the day and night. Older children generally showed less distress on all factors except proximity maintenance.

Dunn, Kendrick and MacNamee (1981) found boys displayed more withdrawal from their mothers while Henchie (as cited in Legg et al., 1974) reported that a greater negative effect is possible in both boy and girl firstborns when the infant is male. Stewart et al. (1987) reported an increase in problematic behavior when the siblings were of the same sex. Confrontation was the predominant behavior problem and they proposed that this might stem from a sense of competition for the same type of parental reinforcement and the same type of play-things.

Interactions with Mother

The relationship of the firstborn and the mother would certainly change with the birth of a new child and several researchers have investigated this relationship. Trause et al. (1982) found mothers using more stern and angry commands with their firstborn two to four weeks postpartum than they had before childbirth. Taylor and Kogan (1973) videotaped eight children ranging from 2 1/2 to 3 1/2 years of age involved in play sessions with their mothers. A session was taped one to two months before their mothers delivered a second child and again one to two months postpartum. They observed emotional flatness and a decrease in the expression of warmth in both mothers and

firstborn at the second session. After childbirth the mothers were also noted to be fatigued and to respond with effort to their firstborn.

An extensive portion of Dunn and Kendrick's (1981) work addressed this issue of the changing mother-firstborn relationship and its potential impact on the longterm sibling-sibling relationship. Three striking changes were apparent in their first postpartum observation: 1) confrontation had increased between mother and child, both in verbal and nonverbal measures; 2) mother and child spent less time in joint play and mothers seemed less sensitive to the child; and 3) initiation of interaction shifted from the mother to the child. The child increased conversational openings while mothers decreased, except that mothers increased verbal pronouncements of prohibition. Based on these observations, the researchers then examined how much the time mother spent with the new baby impacted on these changes. Surprisingly, the mothers and firstborn spent more time in joint play and attention when the baby was being fed than when the mother was not with the baby. They spent more time looking at each other and mothers made more child-centered conversation. This, however, was also a time of increased confrontation, prohibition, and mutual hostile looks. The confrontation during feeding time was also mutual. Demanding behavior by the firstborn during feeding rose three times above prepartum behaviors. This, therefore, was not a time when mothers ignored their firstborn, but directed a great deal of attention to them. When mother was not occupied with the baby, her playfulness and attention to the firstborn decreased markedly. According to maternal reports, this early time was also when mothers were often tired and/or depressed.

In families where the mother breastfed, though, the firstborn was less likely to irritate or interfere with the baby during the feeding time. This result is not consistent with Legg et al. (1974) who found increased jealousy in their firstborn when the mother breastfed. Dunn and Kendrick suggested that the breastfeeding mothers provided better distractions for the child before the feeding began, preparing drinks and toys to occupy the child. They also seemed to be more willing than the bottlefeeding mothers to interrupt the feeding to tend to the older child's needs.

Dunn and Kendrick observed families at 1, 8 and 14 months and reported a long-term pattern of association. Some mothers were noted to converse with their firstborn about the new baby as a person. They discussed the baby's needs, likes, wishes and drew the firstborn into the discussions, showing great respect for the child's views and comments. These mothers asked the child for advice and their views on what the baby needed, essentially drawing the children into a sense of mutual responsibility for the new child. At the first postpartum visit, the firstborn was more likely to talk about the baby as a person and by the 14 month visit these siblings mutually displayed a friendly relationship.

Interactions with Father

For so many years the father-child relationship has been overshadowed by the bond between mother and child. Recently the importance of fathers has been recognized, and at no other time is he more vital to a family than at the birth of a new child. Dunn and Kendrick (1982)

as well as Legg et al. (1974) emphasized that the separation from mother for childbirth is much less stressful for children if they can remain with their fathers who share a close relationship with them. Dunn and Kendrick (1982) noted that children were particularly jealous when their father played with or held the baby. In those children described as having a close relationship with their fathers, observers noted less confrontation and less disturbance in joint play with mother than in children who did not have this bond. Dunn and Kendrick suggested two explanations for this: 1) perhaps children who are close to the father feel less upset when mother becomes involved with a new baby; or 2) perhaps the father has effectively assumed extra care for the child to distract any feeling of ill will toward the mother. In their observations of familial interaction during play sessions, Stewart et al. (1987) noted a decrease in mother's playful attention, but no decrease on the father's part. Their results concur with Dunn and Kendrick that perhaps fathers sense the decrease in mother's time and attention and increase their interactions to adjust to the present family needs.

Existing Sibling Education Programs

As the primary caregiver in obstetrics, nurses recognized the need for educating couples for pregnancy and childbirth. Various classes have been designed and now almost all expectant parents have the opportunity to attend prenatal classes that emphasize family-centered childbirth. As researchers documented the stressful effects of siblinghood on young children, nurses became aware that their family-centered education overlooked a vital part of the family, namely the children

already born to the couple. Now nurses working through the hospital system are recognizing that an educational class aimed at new siblings might ease the transitional phase for all members of the family.

The design for a sibling education program used at the University of Minnesota was described by Sweet (1979). Children involved in the education ranged from 2 to 10 years of age and the one-session class was held informally with the family and the nurse in attendance. Using models and a film, the nurse reviewed the prenatal development and birth of the baby. Then she let the child listen to the baby's heartbeat. Parents were given a bibliography covering childbirth, sibling rivalry and development resources. A tour of the maternity department completed the lesson. Classes were evaluated by asking parents to complete two questionnaires, one after the session and one three weeks after the baby's birth. Response indicated that the classes decreased the children's anxiety about mother's hospitalization and helped them feel involved in the pregnancy.

The Prepared Sibling Class at Overlook Hospital in Summit, New Jersey, described by two of the nurse educators (Johnsen & Gaspard, 1984), divided parents and children into two groups, and used the 1 1/2 hour class session for both parent and sibling education. The children were from 3 to 12 years old. First the children dressed up in gowns and caps, practicing donning the apparel they were to wear when they saw the baby after birth. They then toured the maternity ward to become familiar with where their mothers would go, and viewed babies through the nursery window. Returning to classrooms, younger children were read a book dealing with new siblings while older children held a discussion on

their expectations of the new baby. Both groups then practiced holding and caring for a doll. Parents joined the children while they viewed a film dealing with feelings of jealousy and anger after the birth of a new baby. Before leaving, all the children drew a picture of the family with the new baby and then explained their pictures to the instructor. In their own class, parents also toured the maternity unit and had a discussion session in which tips for handling siblings were given. They received a list of suggested books to read to the older children. By mailing questionnaires to the families after birth, the educators received positive support for this type of class. One of the suggestions frequently given by the parents was to institute a class for younger siblings under the age of three.

In the class that she taught at St. Lukes-Roosevelt Hospital in New York City, Judy C. Honig (1986) used three 45-minute sessions, all conducted within a two week period during the last trimester of the mother's pregnancy. The class was intended for 3- to 5-year-olds and parents sat in to observe all the classes. The classes involved the basic elements of the previously discussed courses, with films, practice on dolls, drawing pictures and discussions about the baby. Between sessions, the children were encouraged to cut out pictures of babies and families and to make a collage which they showed to the class. The last class was concluded with a party where all the children received Big Brother/Big Sister shirts.

Characteristics of Toddlers

Before designing a program for 18-to 36-month-old children, the developmental characteristics of this age group need to be considered. Toddlers have come a long way within their short life span and can now communicate linguistically, run, manipulate objects and assert their own will. They are proud of their accomplishments and very confident in themselves. When a task is completed, they proudly say, "Me do it!" or "All done!" At the same time, they become frustrated when unable to do something and may give up easily, aware of their own limitations (Leavitt & Eheart, 1985).

Symbolic Thinking. Piaget (Ginsburg & Opper, 1978) described the 18- to 36-month old child as just exiting the sensorimotor stage. In this phase, children have learned to use their senses to examine materials and the relationship of objects to each other. As they enter a stage that Piaget called preoperational, children gradually learn to experiment less and less on the physical level and more on the mental level. They no longer need to use physical trial and error but mentally think through a problem by using mental symbols to represent absent objects (Ginsburg & Opper, 1978). By using this developing symbolic thought, children can now imitate a model who is no longer present. Their make believe play also stimulates the formation of symbolic thought as they imitate actions they have seen performed before and use objects to symbolically represent the elements of their make believe.

Egocentrism. Toddlers are self-centered and interested in talking about themselves, seeing pictures of themselves and hearing others recount their abilities and escapades (Leavitt & Eheart, 1985). Because

of this egocentrism, toddlers see things only from their point of view and assume that the whole world shares their thoughts and feelings (Pulaski, 1980). Although the egocentrism of toddlers would seem to negate the possibility of empathetic behavior, such is not the case. Toddlers have been shown to have a rudimentary form of empathy and to recognize the feelings of others (Hoffman, 1975; Kagan, 1981; Zahn-Waxler, Radke-Yarrow, & King, 1979). In their Cambridge study, Dunn and Kendrick (1982) reported many instances of toddlers showing empathetic concern for the younger child. They suggested that perhaps children cannot recognize another's affective state as different from their own and, therefore, empathetically respond to distress in a manner that would provide comfort for their personal affective state. While young children, therefore, do not have the experience to formulate an appropriate response to the distress of an adult, they do have experience about responding to the distress of a younger child.

Independence vs. Dependence. Toddlers develop an increasing awareness of the expectations of others around them (Brazelton, 1974). They may be particular that things are kept clean and toys are in their proper place. Brazelton interpreted this as the child's attempt to organize himself. This corresponds with Erikson's second stage of development which will result in the toddler leaning toward autonomy or shame and doubt. As the child strives for more activity-oriented experiences and autonomy, the adult seeks to control the child's willfulness, using a certain degree of shame to maintain that control. An excessive use of shame will result in the child developing shamefulness and self-doubt. Through this stage, the child learns both what his

obligations, privileges, and limitations are, along with self control, self esteem and self expression (Hall, 1978).

As toddlers develop more self control, competencies and language abilities, their independence rises, but their dependence needs remain high. While Erikson characterizes toddlers as battling autonomy vs. shame and doubt, they still need the confirmation of trust from the first stage (i.e., trust vs. mistrust) with mother within reach or within sight (Clunn, 1984).

Burton White (1975) identified three major interests for toddlers: 1) interest in primary caretaker; 2) exploration of the world; and 3) practice of new motor skills. He emphasized that all three of these must be balanced for good early development. Brazelton (1974) characterized the parents as a reassuring base from which the child can venture for exploration and socialization.

Children beginning to seek independence become increasingly negative (Brazelton, 1974; Hall, 1978). This generally begins at about 18 months and is their way of separating themselves from their parents. They assert their control of the situation and then use the stall time they gain with the negative reply to make inner decisions of what to do. Around 2 1/2, when children feel surer of their own independence and limits, the negativism begins to subside.

Language. It is during the toddler years that the child's ability to communicate through language explodes. At 18 months children may have a vocabulary of 50 words which increases to 250 by 2 years and up to about 950 by 3 years (Leavitt & Eheart, 1985). Between 18 and 24 months, most children are putting two words together and between 2 and

3 most children use words in subject-verb-object order (Clunn, 1984). Additionally, toddlers can comprehend many more words and complex sentences than they can express. Toddlers are eager to use and expand their new language abilities because they can now communicate some of their desires and call attention to their accomplishments. However, their language abilities are still quite limited compared to older preschool-age children.

Summary

In summary, the studies show that the birth of a sibling poses a complex period of adjustment for a firstborn child. Relationships with parents can change while both behavioral disturbances and advancements have been documented.

Nurses, already active in childbirth education for expectant couples, have implemented special sibling preparation classes which generally help introduce children to the hospital setting, teach basic baby care and development and explore the feelings of the children toward the expected baby. The majority of these classes serve an age range from about 3 to 12. For children under 3 and their parents, there are generally few educational offerings to support their adjustment through this transitional time. The present project involved the development of such a program, taking into consideration the characteristics of the toddler-aged child.

Overview and Rationale

The program outlined within this paper has been designed to assist parents in the preparation of their 18- to 36-month old child for the birth of a sibling. Using parents as the teachers of their young children is the philosophy of this program. The nurse educator's goal is to help parents formulate strategies to prepare their children for the expected sibling and provide materials for the parents to use as they educate the children within their own homes. Using the parents as teachers seems valid because the 18- to 36-month old child is still so closely attached to the primary caregiver (Brazelton, 1974; White, 1975) and has just emerged from the trust vs. mistrust stage according to Erikson (Berger, 1986). The introduction of a new adult, the nurse, added to the new setting of the hospital classroom might distress the children or at least deplete some of the children's energy level that could be better channeled into learning. Children this age spend much time imitating their parents and are anxious to gain approval from the people who are the most important in their lives (Hall, 1978). This potentially makes parents ideal teachers. Also, while toddlers are developing more language skills every day, they are certainly not fluent speakers and their parents are probably more skilled than anyone at interpreting their communicative efforts. Parents who take the time to attend a class on sibling preparation are obviously interested in their

children and tuned into the potential needs that they will experience over the next few months.

Based on the concept of assisting parents to teach their toddler-aged children, a three-component program has been designed. Initially parents will attend a class conducted by the nurse educator. Using small groups of parents in each class session, open discussion and sharing will be encouraged as the nurse presents suggestions for dealing with family and sibling adjustments to a new baby. Normal development of toddlers will also be reviewed. At this session parents will be introduced to materials (books and videotapes) that they may use to prepare their young children for the birth of a sibling. In the second component, parents utilize these books and videotapes as tools to help them begin teaching their children about the expected baby. Activities for parents and toddlers are included with each videotape to assist parents in expanding on the ideas presented in the tapes. The last component is an individual family tour of the obstetrics department, conducted so the toddler can mentally visualize where the mother has gone for childbirth.

Objectives

The following objectives have been formulated for this program:

- 1) Parents will develop realistic expectations of their toddler-age children.
- 2) Parents will begin to formulate strategies for decreasing family stress during the adjustment to a new family member.

- 3) Toddler-age siblings will begin to display an increased interest in babies.
- 4) Toddler-age siblings will begin to develop realistic expectations of a newborn sibling.
- 5) Toddler-age siblings will display decreased stress during separation from mothers for childbirth.

To achieve the objectives chosen for this program, emphasis has been placed on several issues: maintaining parent-child relationships, developing realistic expectations of toddlers, nurturing an interest in babies, and acquainting toddlers with the hospital setting.

Emphasize Parent-Child Relationships

The research findings discussed in the review of literature suggest that to optimally adjust to the birth of a new sibling, a child must be assured of a stable parent-child relationship (Dunn & Kendrick, 1980, 1982; Legg et al., 1974; Stewart et al., 1987). Rather than directing all preparation energies toward the child, it would seem appropriate to also educate and support parents as they strive to maintain an open and loving relationship with the older child. This is especially important for 18- to 36-month old children whose lives are still centered around the primary caretaker (Brazelton, 1974; White, 1975). They have only just emerged from Erikson's trust vs. mistrust stage of development during which they need the presence of a significant caretaker as a confirmation of trust that basic needs will be met (Berger, 1986).

Realistic Expectation of Toddler

It is important for parents to recognize the developmental needs and interests of their toddler-age children. They need to realize that negativism and self-centeredness are normal for this age group and that the best parent intervention plan or preparations will not alter all this behavior. The present project includes a discussion on normal toddler development to help parents view their older child realistically so they will not expect unattainable behavior in the child or become discouraged when negative reactions do occur.

Nurture Interest in Babies

Dunn and Kendrick (1982) reported that about 95% of the children in their study were eager to help care for the infant, talked to them, entertained and caressed them, and imitated the baby's noises and actions. The children who were frequently warm and affectionate to the baby were often the ones who showed a lot of disturbance at the presence of a new sibling, so no simple association was found between behavior problems and interest in the new baby. However, firstborn who imitated their newborn siblings were found to be more likely to share a warm and affectionate relationship with them at a later observation.

Children 18 to 36 months of age, while not ready to study fetal development in utero or reveal inner feelings in a colored picture, are very ready to discover the new and exciting world of babies. They generally enjoy imitating their parents, playing with and discovering new objects, developing social skills and broadening their experiences.

The innate curiosity of toddlers will certainly make babies an exciting area to explore. Hopefully, nurturing their interest in babies will stimulate curiosity between the sibling pair and perhaps initiate an appreciative and imitative atmosphere such as Dunn and Kendrick reported, which will aid in cementing a strong sibling bond.

Hospital Tour

Toddlers are still quite dependent on their primary caregivers and have been reported to display distress when separated from their mothers during hospitalization for childbirth (Trause et al., 1981). Trause and Irvin (1982) suggested that allowing children to become acquainted with the hospital setting before the birth will help them form a mental picture of where their mothers have gone and will decrease separational stress. This program offers an individual hospital tour for each family. This includes a general view of the hospital, an empty patient room similar to the one the mother might occupy and a look in the nursery window. Hopefully, the toddler will be able to return to this familiar setting after birth to visit the mother and new sibling.

Program

Parent Education Class

Local obstetricians will be asked to provide the names of their patients who have a child at home between 18 and 36 months and who intend to deliver at the hospital offering the class. Then at the beginning of the third trimester, each husband and wife will be invited by mail to attend a free hospital-sponsored class dealing with sibling preparation for the birth of a new baby. The invitation will explain that this class is especially designed for families who have a child between 18 and 36 months, and while the initial class is for parents only, materials and instruction will be made available for parents to use with their children following the session. Also, a personal hospital tour will be offered to the family. The class coordinator will ideally be a nurse especially trained in Maternal-Child Health. As interest in this type of education increases, she might train other interested nurses so that more and more nurses working in the field of Maternal-Child Health might become sensitive to the needs of the expanding family. Parents will be asked to call the obstetrics department if they are interested in attending so class size can be controlled. The frequency of classes will depend on response. Groups of three to four couples will be organized to take best advantage of the instructor's time. Also, as a secondary advantage, the interaction

among couples could prove valuable as they see other families dealing with similar situations.

The class will begin with a general discussion session. Opening the class in this manner can serve a dual purpose by allowing participants to become familiar with each other as they communicate about their common interests--toddlers and new babies. The nurse's role in this discussion will primarily be to keep the conversation on track. She should lead the participants through two main questions: 1) how do they feel about the baby and expect the firstborn to react; and 2) have they already noted any changes in the firstborn's behavior.

Next, the developmental abilities and limitations of toddlers will be briefly reviewed. Each couple will receive a handout which is included in the appendix. The handout will be reviewed and expanded to emphasize that certain reactions are developmentally normal for a toddler. Parents cannot expect the best preparation or attention to prevent normal negative toddler behavior. This may assist parents in viewing their firstborn with more tolerance and understanding.

In the next 20 minutes, the discussion will involve formulating strategies for dealing with family and sibling adjustment to the baby. Parents will be given a list of suggestions that emphasize the maintenance of a strong parent-child relationship and nurturance of a strong sibling bond. This list is included in the appendix. After reading through the handout and explaining each suggestion more fully, the discussion will move to the implementation of these and other ideas. The intention of this discussion is to offer information and suggestions that parents can then incorporate into their own strategies for handling

family adjustments. Many "tips" or ideas could possibly be used in this section, but only a few can be adequately discussed within the given time frame. The suggestions used in this curriculum were chosen because they came directly from reviewed empirical research and they emphasized nurturing strong family relationships.

Parents will then be introduced to the materials available for use at home with their children. It will be emphasized that these materials are only tools to help them prepare their toddler for the arrival of the baby. They will be given a handout that includes a list of the three videotapes available from the hospital plus an annotated bibliography of books to read to the toddler in preparation for a new baby. Additionally, the bibliography will include child development books that parents might wish to read. The hospital will have a library of all these books which the parents can check out for home use. One of the three videotapes, #2 My Baby, will then be viewed. This tape shows a toddler holding an infant while the mother helps, correctly supporting the head. They find the baby's nose, eyes, ears, etc., and the baby holds the toddler's finger in her hand, a reflex action. Attached to the end of this tape will be an additional four or five minutes of tape showing a mother and father modeling the suggested follow-up teaching activities. They demonstrate using a doll to practice with their own toddler, holding the doll, finding its features and then looking through the toddler's baby book together. The reason for showing the tape of parents performing the follow-up activities is to reinforce in a visual way that the videotapes are only an introduction to the teaching that they will continue. Several copies of each

videotape will be prepared and both the tapes and books will be available in the classroom for parents to check out. After the class session, the tapes and books will be stored in the obstetrics department, so parents can come by the hospital at any time to exchange or return materials.

Concluding the parent education meeting, the nurse educator should emphasize that parents can contact her if they have any questions and should give them phone numbers and directions on how to do this. Arrangements for a later tour of the obstetrics department for the whole family can be made at this time or postponed until a later date.

Materials for At-Home Instruction

Three videotapes will be prepared by the nurse educator for parental use. In larger hospitals, audio-visual technicians will be available to help tape and produce these films, but even unassisted, the nursing education department can make very usable videotapes. They do not need to be professional; modern video cameras owned by many individuals certainly produce good quality results. Many families today own VCR's and machines are available extensively for rental quite inexpensively, so use of this medium seems practical.

These tapes are short and simple, serving only as a starting point for sibling preparation in the home. They introduce simple concepts that parents can then expand on, using the suggested follow-up ideas or some of their own. Their existence is only to support and initiate parent-child interaction about the expected baby.

The first tape shows an animal family with babies, either kittens or lambs. Baby animals are shown playing together and being loved and cared for by their mother. Follow-up suggestions deal with finding young animals for children to handle and love. The second tape shows a mother and toddler holding and exploring all the features of the baby. Using the baby's innate reflexes, the baby sucks and then grasps the toddler's finger, creating an interaction between the two children. This is interpreted to the toddler as a sign that the baby likes having a big brother or sister. This tape attempts to ignite toddlers' curiosity in babies and establish a positive feeling about their ability to relate to babies. The third tape emphasizes the limited capabilities of infants. Since toddlers might expect the new baby to become an instant playmate, newborns are depicted as primarily able to eat, sleep and cry. But the toddlers are reassured that babies grow up quickly and learn to do many things. Eight-month-old babies are then shown crawling and eating from a spoon. Finally, male and female toddlers are shown running and playing. This tape helps toddlers develop realistic expectations of their newborn siblings and also reinforces their pride in their own growth and accomplishments. Suggested follow-up activities for the last two tapes are the same. Parents are encouraged to find babies for their toddlers to explore. Using dolls, they can help the children model the actions they have seen on the tapes and practice gentle baby care. Finally, they might look through the toddlers' baby books so they can see themselves as little babies and discuss their growth into a big boy or girl.

Accompanying each tape is an explanatory note for parents to help direct their use and follow-up of the tape. A more complete description of each tape as well as the accompanying note for the parents are included in the appendix.

Hospital Tour

The last component of the program is a tour of the hospital. Because toddlers are oriented to the present and still have a poor concept of time (Clunn, 1984), they should be introduced to the hospital setting close to the time of delivery. Parents will be encouraged to wait until the last month of pregnancy to schedule this tour. Trause and Irvin (1982) and Johnsen and Gaspard (1984) suggested that separation distress can be lessened if the child can form a mental picture of where the mother has gone. A simple tour would serve this purpose, including a general concept of the hospital, a patient room similar to the one the mother would use and a view of the nursery, complete with babies. This tour would hopefully be conducted by the nurse educator, but it might also be done by any obstetric nurse presently on duty.

Evaluation

The effectiveness of this educational program would be evaluated by asking parents to complete a questionnaire one month after the birth of the baby. This questionnaire would be designed to provide the educator with information in three areas: 1) Did the parents use the provided materials, 2) Did parents feel the parent-education format was appropriate and helpful, and 3) Were the program objectives met by the parents and children.

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Appendix A

Program Plan

Curriculum for Parent Education Class

| Time | Objectives | Content | Methodology |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 20 min | <p>The participants will become acquainted with the nurse educator and other parents, becoming comfortable with sharing situations and problems that have occurred within their families. The group discussion will help parents identify with each other and realize that other families experience similar problems and have tried different solutions.</p> | <p>Introduce teacher, allow each parent to introduce themselves, describe their family constellation and unique situation.</p> <p>Move group discussion through these topics:</p> <ul style="list-style-type: none"> -How they feel about new baby's arrival and how they expect the firstborn to react, concerns. -Changes they have already noted in the firstborn. | <p>Informal discussion, educator to keep topic on course.</p> |
| 10 min | <p>Parents will develop a more realistic concept of developmental abilities and limitations of their toddler.</p> | <p>Review physical, emotional, social, and intellectual development.</p> | <p>Handout for each parent to take home.</p> |

| Time | Objectives | Content | Methodology |
|--------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 20 min | Parents will begin to formulate strategies for preparing their children for the adjustment to a new child. | Present suggestions for supporting family relationships and handling sibling problems; discuss plausibility of these actions for individual families. | Handout which each parent can take home; encourage class questions and discussion. |
| 25 min | Parents will become acquainted with educational aids available for their use. | <p>Introduce concept of programmed-style teaching which will be available for them to do at home with their children.</p> <p>-Give list of the three programmed lessons they can use.</p> <p>-Give annotated bibliography of books that are available to borrow from the lending library. (It includes books to read to toddlers and child development books.)</p> | Handout--annotated bibliography. |
| cont. | Parents will view videotape and will model the good skills they have seen as they work with their children. | Show one of the videotapes they can check out, followed by a taped session of a parent properly leading into play with the child with a doll; baby book, etc. | Show videotape. |

| Time | Objectives | Content | Methodology |
|--------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 5 min | Parents will be made aware of resource person available for support. | Give parents phone number of the nurse educator, ways to contact her for further questions of support. | Include numbers on handouts. |
| 10 min | Toddlers will be assisted in forming a concept of where mother has gone for childbirth. | Schedule time for parents to return for tour of the maternity ward with the child. (Or give phone number to arrange a visit at a later time.) | |

Tape #1 Animal Family

This five-minute videotape will show a family of animals, either lambs or kittens, with at least two babies in the family. The mother will be shown caring for them, licking them, feeding them, and gently nudging them into compliance of her wishes. The playfulness and interest of the babies in each other will also be taped.

Dialogue. This would vary with the activities of the animals. For this example, a cat family will be used.

"Look at all the baby kittens. Let's count them; one, two, three, four. Some are boys and some are girls. They are brothers and sisters. See how little they are. Their mother licks them to keep them clean. She loves all of them. Now look, she's feeding the little black one. Oh, the gray one wants to eat right at the same place. They are fighting a little, aren't they? That's okay. Their Mommy has enough milk for both of them. She loves both of them. See those two gray ones play? Look, they are rolling on top of each other. I think they like having brothers and sisters. Soon they will have to sleep. Their Mommy will help them lay down and keep warm. She loves all of her little babies. She will keep loving them when they grow up to be big!"

Suggested follow-up. -Find baby animals!

-Try to visit a kiddie zoo, or pet store.

Allow children to hold and pet animals.

-Emphasize the animals' small size, fragility, their love for each other, and the mothers' love for all of them.

(Legg et al., 1974; Weiss, 1981)

Tape #2 My Baby

The videotape will show a newborn with a toddler and will be five minutes in length. The toddler will be shown how to hold the baby and how to support the head. The mother sits beside the toddler as they find the baby's mouth, nose, eyes, arms, legs and other attributes. Mother directs the toddler to put a finger gently into the baby's mouth to be sucked, and then to put a finger in the baby's hand to be gripped.

Dialogue. For this example the infant will be assumed female and the toddler male.

"Let's sit down so you can hold the baby. Only hold the baby when Mommy or Daddy is helping you. And you need to sit down to hold the baby. Babies' necks are very weak. Keep your strong arm under her neck like this. I think she likes being on her brother's lap. Can you find the baby's eyes? Good, how many eyes does she have? ...mouth...nose...Put one finger in her mouth. Be very soft now. Look, she is sucking on your finger! Now, put your finger in her hand. She is holding on to you so tight! Oh, I can tell she likes her big brother already. She is your baby sister. You are her very own big brother!"

Tape #3 Helpless Babies

This five-minute videotape will utilize several children of varying ages. Beginning first with the newborns, three infants will be filmed. The choice was made to use a variety of babies so toddlers would not expect their babies to be a particular sex or look like a certain infant (Legg et al., 1974; Weiss, 1981). The newborns will be shown crying, sleeping, and eating (both breast and bottle). Their small size and helplessness will be emphasized, pointing out small legs that cannot walk, inability to talk, sit up or eat foods other than milk. Next, 8-month-old babies will be shown smiling, crawling, and eating food from a spoon. Finally, toddlers around two will be taped while talking, running and playing.

Dialogue. "Babies are very small and helpless. Look at these babies. See how they cry? They can't talk yet like big boys and girls. All they know how to do is cry. They sleep a whole lot too. They like to eat, but only milk. Did you know that little babies don't have any teeth? Their little legs kick a lot. But they aren't strong enough to walk. You, Mommy and Daddy will love your little baby. They loved you when you were very little. But babies are not very good to play with yet. But do you know what? Babies grow up fast. They grow strong and can crawl. They grow teeth and can eat soft food from a spoon. They smile. They like to watch their big brother or sister. They think their big brother or sister is just great. Some day they will be a big boy or girl just like you are."

Suggested follow-up for Tapes #2 & #3.

- Obtain a doll so the child can imitate actions on the film.
- Help the child find features on the doll.
- Practice holding the doll.
- Try to visit friends who have newborns (the younger the better).
Emphasize that the baby cannot play yet.
- Look through baby book/pictures of the toddler as a baby.
Emphasize that the toddler was little once and could not do much, but has grown and is big now!

(Legg et al., 1974; Segal & Adcock, 1985; Trause & Irvin, 1982; Weiss, 1981).

Hospital Tour

Purpose. A tour of the hospital, arranged to include the child and both parents, will be the final component of the program. Exposure to the hospital will help the toddler form a mental picture of where the mother has gone for childbirth, thereby decreasing separation distress.

Scheduling. To schedule a hospital tour, parents will call either the nurse educator or the obstetrics department. In the absence of the nurse educator, all nurses should be prepared to give families a simple tour of the facilities. When a family calls requesting a tour, the nurse should inquire about the expected date of delivery and suggest the family come in the last month of pregnancy. Toddlers have a poor concept of time and are present-oriented, so it is better to introduce them to the hospital setting close to the time of delivery. It will be suggested that families call the obstetrics department before leaving home for their tours. On very busy days, tours might be rescheduled so that toddlers are not confronted with a potentially hectic and frightening introduction to the hospital.

Tour Highlights

1. Main entrance. Families will be shown the hospital's main entrance to help children establish a mental picture of "hospital."
2. An empty obstetrics room. Children will be told that their mothers will stay in a room like this one. Point out the bed, telephone, and bathroom.

3. Obstetrics floor. While walking through the area, various aspects of the obstetrics department will be pointed out. These might include the nurses' station, the door into labor and delivery, or interesting decorations on the walls. A tour of labor and delivery is not suggested for this age group who might be disturbed by the equipment, sights and sounds of labor.
4. Nursery. Children will look in the nursery window to see all the babies. A nursery nurse will hold up a baby for a close view. Families can count the babies, speculate on the sex of the babies, etc.

Appendix B

Program Handouts

Development of the 18- to 36-Month Old Child

Social-Emotional

1. Have developed a sense of self, separate from others and their surroundings, want to be independent.
 - a. Says "no."
 - b. Works to be more self-sufficient--"Do it myself."
 - c. Expresses preferences strongly.
 - d. Independent--wants to feed self, dress self.
 - e. Possessive of own property.
2. Has more and more confidence in self and accomplishments; self pride.
3. Egocentric--views things only from his own perspective.
4. Imitates parents; enjoys doing small household chores.
5. Still dependent on adults; needs a strong attachment to parents.
6. Can follow simple directions; increasingly learns to respect and obey rules.
7. Shows some aggressive tendencies (hits, slaps, bites); eventually learns to channel these more constructively.
8. Becomes frustrated easily.

Intellectual

1. Curious, eager to learn by doing (sensorimotor experiences).
2. Still oriented to present.
3. Objects have permanence (they have learned things and people exist, even if they cannot see them).
4. Progressively able to express desires, emotions through language, enjoys story books, can follow simple instructions.

Play

1. Majority of play centered around manipulating objects, practicing motor skills.
2. Increasing amount of pretend play.
3. Enjoys playing alone, or play with another child nearby, although no interaction yet.
4. Play often with dolls, themes relating to household tasks.

Physical

1. Very active, but tires easily.
2. Needs 12 hours of sleep at night, plus naps.
3. Increasingly developing large and fine muscles.
4. Establishing handedness.
5. Interested in own body.
6. Walks, runs, throws, kicks ball.
7. Walks up and down stairs with support or rail.
8. By two, tries to dress self.

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- Kaplan, P. S. (1986). A child's odyssey: Child and adolescent development. St. Paul, MN: West.

Suggestions for Helping Your Toddler Adjust to the Baby

1. Be prepared! Most new siblings have some adjustment problems; maybe demanding attention, or regressing in some newly-gained skills.
2. Don't rush your toddler into development that he's not ready for just because a baby is coming, eg. toilet training, big bed, giving up bottle or pacifier.
3. Change any sleeping arrangements for the toddler well before the baby comes so he does not feel displaced.

Maintain a Good Parent-Child Relationship

1. Arrange for your child to stay at home or in a home he's familiar with while Mom is in the hospital. Dad--you are your child's stable base now.
2. Visit Mother in the hospital, if possible.
3. Try to get help at home for a couple of weeks.
4. Dad--after Mom and the baby come home, spend special time with the older child.
5. Plan things for the child to do before starting feedings and baths, eg. set up snacks, drinks and toys near you.
6. Your toddler may express negative feelings toward the baby. Accept those feelings and remain sensitive and open.

Help Start a Good Sibling Bond

1. Talk to your toddler about the baby as a person--let him/her help you plan care, help you determine what the baby needs.

2. What we see as "regression" (wanting the pacifier, bottle, crib once again) can be viewed as positive imitation of the baby. Children who imitate each other tend to get along better.
3. A good start between siblings usually continues. But a rocky start will improve with time.

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- Weiss, J. S. (1981). Your second child. New York: Summit.

Instructions for Use of Videotapes

The main intention of this tape is to nurture the interest and curiosity of your toddler in babies. It is provided only to help you begin talking to your child about the new baby. You are the best person to help prepare your child for the new baby. Your child wants to please you and loves doing things with you, so try to expand on this tape by using some of the suggested follow-up activities or some of your own.

1. Watch the tape with your child.
2. Play it as many times as your child enjoys it.
3. Participate with the toddler in all the follow-up activities.

Follow-up Suggestions:

Tape #1 Animal Family

1. Find baby animals.
2. Try to visit a kiddie zoo, or pet store; allow your child to hold and pet animals.
3. Emphasize animals' small size, fragility, their love for each other, mother's love for all of them.

Tapes #2 & #3

1. Obtain a doll so child can model actions seen on the film.
 - Help child find features on the doll.
 - Practice holding the doll.
2. Try to visit friends who have newborns. Emphasize their smallness, and that babies mainly eat, sleep and cry in contrast to the wonderful things the toddler can do.

3. Look through baby book/pictures of the toddler as a baby.
Emphasize that your toddler was little once and could not do much, but has grown and now is so big!

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- Weiss, J. S. (1981). Your second child. New York: Summit.

Materials Available to Parents

Videotapes

Tape #1 Animal Family

Tape #2 My Baby

Tape #3 Helpless Babies

Annotated Bibliography of Books for Toddler-Aged Siblings

Source: Honig, J. C. (1986). Preparing preschool-aged children to be siblings. Maternal-Child Nursing, 11, 37-43.

Alexander, Martha. Nobody Asked Me If I Wanted a Baby Sister. New York: Dial Books for Young Readers, 1977.

Oliver, who is jealous of his baby sister, Bonnie, tries to give her away. When he finds someone who will take her, she cries and cries. Oliver is the only person who can console her. He decides that she is smarter than he thought, and he happily takes her home.

Alexander, Martha. When the New Baby Comes, I'm Moving Out. New York: Dial Books for Young Readers, 1981.

In this companion book for Nobody Asked Me If I Wanted a Baby Sister, Oliver sees that many of his old things such as his crib are being given to his new sibling. He is upset because he was not asked, and he feels displaced. After trying to throw his mother away, he decides to run away. When his mother tells him how special it is to be a "big brother," Oliver decides to stay home.

Andry, Andrew C., and Kratka, S. C. Hi, New Baby! A Book to Help Your Child Learn About the New Baby. New York: Simon & Schuster, 1970.

The child in this story is reminded that he was once a very small and helpless baby whose parents needed to do everything for him. He is told that when the new baby grows up, he will have a friend and playmate. The child is encouraged to help his new sibling "grow up."

Berenstain, Stanley, and Berenstain, Janice. The New Baby. New York: Random House, 1974.

This simple story shows that one very important advantage of having a new baby is being a big sibling. The child bear is just getting ready to move into his new bed when the baby arrives.

Hoban, Russell. A Baby Sister for Frances. New York: Harper & Row Publishers, 1976.

Frances, who is jealous of her new sister Gloria, "runs away" by hiding under the dining room table. Her mother and father miss her and talk about the specialness of being a "big sister." Frances returns to her family a happier sibling.

Keats, Ezra J. Peter's Chair. New York: Harper & Row Publishers, 1983.

Peter believes that all of his possessions are being taken away and given to his baby sister. He takes his baby chair and runs away. Surprised to find out that he is too big for his chair, he begins to accept his new role as big brother by helping his father paint the chair bright pink for his sister.

Schick, Eleanor. Peggy's New Brother. New York: Macmillan Co., 1970.

Peggy is too young to care for her baby brother. When she tries to help, it does not work. One day, the baby is crying, and Peggy dances around. The baby laughs, and Peggy realizes that she has a special role with her brother.

Scott, Ann H. On Mother's Lap. New York: McGraw-Hill Co., 1972.

This book discusses a special place, mother's lap, that can make room for everyone. A special place for big brothers and the new baby reassures the child that he remains as important and as loved as always.

Watts, Bernadette. David's Waiting Day. Englewood Cliffs, NJ: Prentice-Hall, 1977.

A young child waits for his new sister and mother to come home from the hospital. Anticipation, the unknown and separation are discussed. The illustrations are beautiful.

Wolde, Gunilla. Betsy's Baby Brother. New York: Random House, 1982.

This short story is simply written with very colorful and uncomplicated pictures. The book describes Betsy's reaction to her baby brother, including anger, jealousy, and fantasies about being a baby. She begins to realize that she can do many things that her baby brother cannot.

Child Development Books

Brazelton, T. B. (1974). Toddlers and parents. New York: Delta.

Leach, P. (1985). Your baby and child from birth to age five.
New York: A. A. Knopf.

Spock, B. & Rothenburg, M. B. (1985). Baby and child care. New York:
E. P. Dutton.

Weiss, J. S. (1981). Your second child. New York: Summit.

White, B. L. (1975). The first three years of life. Englewood Cliffs,
NJ: Prentice-Hall.

PREPARING 18- TO 36-MONTH OLD CHILDREN TO BECOME
SIBLINGS: A PARENT EDUCATION APPROACH

by

Beverly Ann Fulbright

B.S., Harding University, 1978

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Abstract

A program was designed to assist parents in the preparation of their 18- to 36-month old child for the birth of a sibling. The content was based on current research findings dealing with toddlers' reaction to a new sibling. The studies showed that the birth of a sibling poses a complex period of adjustment for a firstborn child. Prepared specifically for use by nurses in the field of Maternal-Child Health, this program utilizes parents as teachers of their 18- to 36-month old children. The nurse educator functions to educate and support parents as they formulate strategies to prepare their children for the expected sibling. Initially, the nurse educator conducts a parent education class which covers normal toddler development, suggestions for facilitating family and sibling adjustment to the new baby and the use of specially prepared videotapes. These tapes attempt to nurture toddlers' interest in babies and are available for parents to use in the preparation of their children for siblinghood. Accompanying each of the three tapes are suggestions for family activities which reinforce and expand on the themes presented in the tapes. Finally, the program offers each family an individual hospital tour to help the child form a mental picture of where the mother has gone for childbirth.