

RICAP: a description of the intervention

RICAP is a reflective, interactive and practical intervention for children aged 5–10 and their parents. It is designed to be most relevant for children referred with symptoms of oppositional defiant behaviour, conduct disorder and aggressive outbursts, and is a concurrent intervention for parent and child.

From the clinician's point of view, the cause of a child's maladaptive behaviour, as displayed in symptoms of these kinds, could be located either in the child, or in the child's relationships with others, or in the aspects of relationships that become internalised as part of the child.

Each diagnostic focus has different implications for intervention. The first leads to consideration of change within the child (perhaps through an organic or neuro-developmental focus) (Moffitt, 1993). The second could lead to consideration of change within relationships (perhaps through focusing on the parent–child relationship within the context of parenting skills) (Webster-Stratton, 1998). The third focus is more indicative of considering change within the internal representations or working models of the developing relationships (Hill, 1997).

This intervention concentrates on the third diagnostic focus, which informs the therapy undertaken with both parent and child.

▶ RICAP's overall aim

For the child, the overall aim is to facilitate an autonomous capacity to reflect and self-reflect, and then to act appropriately on that reflection.

The parent's task is to understand their *child's* understanding of events and relationships, and to make choices about their interactions within those understandings.

▶ How RICAP draws on three main theoretical stances

RICAP is grounded in an understanding of **attachment** theory, and helping the child and parent make sense of overt behaviours through **reflecting** on the internal states of mind that drive these behaviours. Paradoxically, it has been found that helping child and parent reflect on *meaning* has an effect on *observable behaviour*.

Briefly, attachment is viewed as a biological need. Bowlby (1969, 1980) stressed the importance of the protective functions of the attachment relationship and hypothesised that attachment behaviours developed because of their survival value. Because human infants are incapable of caring for themselves at birth, it is adaptive for them to form an attachment to an adult who can provide food, care and protection from predators. A secure attachment is also essential for the psychological well-being of the child. Ainsworth (1985) summarised five defining characteristics that distinguish attachment relationships from other types of close relationships:

- the child seeks proximity to the caregiver, particularly when frightened or alarmed
- the caregiver provides care and protection (safe haven)
- the caregiver gives a sense of security (secure base)
- threat of separation causes anxiety in the child
- loss of the attachment figure causes grief.

Insecure attachment relationships reflect a history of insensitive care and rejection, especially in the context of clearly expressed need or desire on the part of the infant. The infant develops an internal working model of the parent as unavailable and unresponsive to emotional need. As a result, the infant fails to seek contact as stress is elevated. Reciprocally, this leads to a model of self as isolated, unable to achieve emotional closeness, uncared about and unworthy. The social world is viewed as alien and is treated with anger and hostility. Often this leads to the child behaving in ways that elicit further confirmation of his model. They exhibit negative affect and unprovoked aggression.

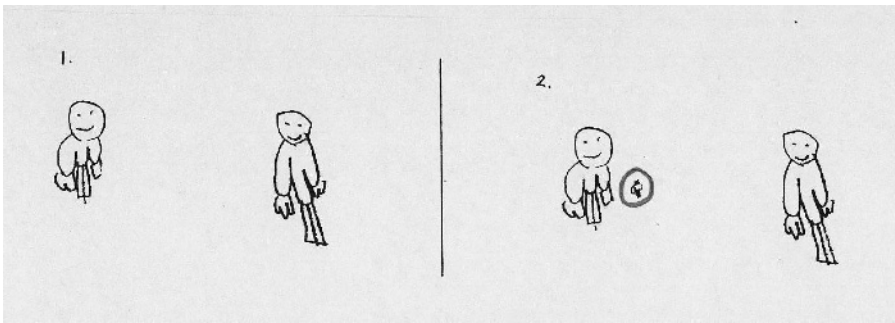


Figure 1.1 Moving closer

In RICAP, childhood aggression is viewed, not as uncontrollable temper, nor as motiveless violence, but as a manifestation of an anxious, avoidant or disorganised attachment.

The following example illustrates this very graphically.

Moving closer (Figure 1.1)

In scene 1 of Figure 1.1, the child has drawn himself and his mother. This was to illustrate how they had been getting on that week. In response to the therapist's comment about the space between them, Gary drew himself nearer in (circled in scene 2). But in so doing, in gaining proximity, which is a prime attachment need, he shows that what getting nearer actually means to him is feeling smaller inside and therefore more distant. So moving close does not achieve attachment aims. Anxiety is not lessened but increased. There is a resulting confusion and apprehension and he becomes vigilant for signs of disapproval, which he expects.

There is the likelihood of a rage reaction when he does not get what he innately believes he is entitled to receive. He may use the defences of projection (splitting off bad aspects of himself and projecting them into Mum) and omnipotent aggressive control (rendering them helpless through aggressive control) to ward off persecuting anxieties that threaten his self.

We see how he and his Mum relate on the basis of power rather than affection; of intrusive invasion rather than the accommodation of give and take; of stasis rather than fluidity; of threat to self rather than support to self. The relationship is characterised by threat and counter threat.

Gary does not dare get close to Mum because of the anxiety engendered. He needs to stay distant and he uses violence to both create and maintain distance. Violence has become a behavioural ploy that is distressing to him and his Mum, but that at a very deep level is resistant to change or modification. The benefit that his violence confers is hidden, and he is consequently denied opportunities to learn more constructive ways of dealing with his anxiety.

Recent research has also indicated the psychological processes that underlie vulnerability in children to severe and persistent aggression (Hill, Maughan & Goodyer, 1999). This research uses the MacArthur Story Stem technique (Emde, Wolf & Oppenheim, 2003.) Using Duplo figures, children are told the first part of a story and asked to show and tell how the story continues. Each story stem contains a dilemma or threat. The research has shown that the combination of escalation of aggression and avoidance identifies a high aggressive group within a sample composed of referred and control children.

Typically, these children display avoidance of the implications of some social interactions, particularly those involving perceived threat to themselves. In so doing, they lower their reflective capacity as a strategic defence against self-threat. (The idea being that what you have made yourself immune to cannot hurt you.) While this may be effective in the immediate moment, a lowered reflective capacity remains a dysfunctional strategy in the long term. The child is left with no operative means of dealing with threat, and no means of discriminating between different types of threat (real, perceived, situational, etc.) They also deny themselves any opportunity of seeking relief and support from other people. As the situation continues, the child will show high emotional arousal combined with poor emotion recognition in both self and others, and proffer high aggression as the solution to the dilemma or threat. Heightened aggression in response to threat or conflict, combined with lowered reflection, or mentalising, in response to inner feelings of fear or distress, makes for a potent mixture of confusion and inability to act effectively.

RICAP is designed to address these maladaptive patterns within the overall aim of facilitating an autonomous capacity to reflect and self-reflect, and for the child then to be able to act appropriately on those reflections. In practice this means addressing the issues of avoidance, cognitively and emotionally, as evinced in a lack of memory, a lack of emotional language and a lack of problem-solving strategies.

The parent is often left wondering what to do about their child's aggressive behaviours. Their first desire can be a wish to eradicate overtly aggressive behaviours. 'If only my child would behave nicely then we would have no worries at all.' The parent does not commonly view aggressive behaviour as a sign or a communication of something internal to the child. They have not considered that there might be underlying meanings or intent in what the child does. Aggressive behaviours are viewed as purely undesirable behaviours that are difficult to deal with, that generate unwelcome feelings of hate or persecution, and that are ultimately very threatening to the parent's own psychic stability.

RICAP is designed to help the parent into a position of understanding their child's behaviour as a communication, of understanding their *child's* understanding of himself and his internal world of thoughts, feelings, beliefs and desires. It is intended that the parent will be able to enter into a relationship with their child, which allows them to reflect on their *own* responses and interactions as well as their child's interactions and responses. There is an emphasis on generating multiple meanings and complexity, rather than the simple (and inevitably unattainable), one final solution.

Therapy directed towards change needs to take place within a relationship that consciously disconfirms existing representations, a relationship which is consistent, and which is emotionally significant. **RICAP** is different from other therapies in that the therapist is proactive, responsive and creative, rather than neutral, creating with the child different experiences on which to reflect.

RICAP parental sessions aim to keep the parent firmly in central position in relation to understanding their child. There is an emphasis on the task of understanding their child as being the *long-term parental task*, and the one that will enable coping with change in the future. The behavioural components are there to help the parent and child feel in control of practical positive change during the course of therapy, as well as to set the context for a willingness to commit to the harder task of persisting in the struggle for meaning and understanding.

► RICAP Structure

The intervention consists of 14 weekly sessions. In each case there needs to be a therapist whose main work is with the child and another therapist whose main work is with the parent(s). A preparatory session

and a review session frame 12 weekly individual sessions for the child and six individual fortnightly sessions for the parent.

▶ RICAP Method: Child

The method is one where the child and therapist co-create a book of drawings and narrative. The child provides drawings, writings and conversation, and the therapist provides conversation, reflections and summary writing. The therapist compiles the book in between sessions from the content of the session, and the child checks over and verifies the book at the beginning of the next session, with complete freedom to challenge, discuss or alter anything he disagrees with. There are five main topics for the child to think about and draw. Each time the therapist says: 'Tell me about your drawing.'

The last directive (draw what is on your mind) becomes the substance of the majority of the sessions, although in time, and often surprisingly quickly, the child will come knowing what they are going to draw and talk about. An important piece of learning for the therapist is not to minimise or trivialise, grow bored with or wish for something more ostensibly productive, but to receive what the child offers, take it seriously and ponder with them what it is about. That way there is no 'right' or 'wrong', no need to please the therapist or commend himself to her. Drawing becomes a way of collaborating, understanding and working through something together. An important skill required of the therapist is the ability to concentrate on the *detail* of the drawing and what that might be attempting to communicate, to be able to lead the child on a journey through the visual, the concrete, to the many possible meanings and reflections contained within the drawing.

It is important to say 'Tell me about your drawing' and then to help the child talk about what he has drawn, to start the process of the drawing being a communication, that he has said something through the drawing, that he has ideas about it and the therapist has ideas about it, that these ideas may be the same or different, that two different views could both be held or that they can both be left wondering and thoughtful about the other's position. The child is often very concrete in his thinking (because of his age), and so the therapist should make sure that she links in her thoughts with actual detailed visual clues and process clues. An important therapeutic skill is to be able to use the drawing as a metaphor to be used as the vehicle for understanding more about the child and his world. A triangular rela-

tionship is set up between therapist, child and drawing, within which meaning and understanding can be more fully explored.

So the book provides:

- a record of sessions which is the child's own document, validated and verified by him – a record of self
- a concretion of experience, a holding of memory, which gives a sense of continuity
- a physical representation of thought and being thought about
- an insight into the mind of another
- a means of reflection – creating the child's mind as held within the mind of the therapist
- an experience of construction and reconstruction of past experience, which is also open for debate
- a narrative, a means of understanding, a building of a coherent story of self
- a reflection of the importance of what the child does, says, thinks, feels – an acknowledgement of, and respect for, the child
- a context of containment and organisation within which he has choices – important for a child with avoidant attachment
- a continuing means of communication – a development of self in conversation and relationship with another.

The book as a record

The book is composed of drawings by the child with accompanying dialogue, story and interpretation. It provides an ongoing record of therapeutic sessions, which enables the child to look back and remember. While the content is open for renegotiation, it is not possible to deny that what is recorded took place. This is particularly important for an avoidant child who will often say that he has no memory of what was discussed in a previous session, especially at the start of therapy. It is not meant to force the child to remember (nor do I think it is ever felt as such, indeed quite the opposite; the child often loves going back, over and over again revisiting either the whole sequence of sessions or dipping into selected parts), more, it is a means of reliving the freeing act of having set something down on paper which

can now be looked at objectively – as external to himself. The drawing is finite, complete and can now be regarded as an object for reflection. The book is written in the third person to emphasise this externalisation, making a place of ‘safe uncertainty’ to be explored. It is in the drawings and reflections that unacceptable things can be looked at with some safety and ‘survived’. The book allows the child to avert his gaze but not be avoidant (Dadds, 2006). He is still required to bring attention and thought. Unwanted parts of self are as much a part of being as wanted parts and need to be acknowledged and integrated.

It often seems as if what the therapist is doing for the child is offering him a temporary transitional object through the medium of the book (Winnicott, 1951). Identifying his emotions in words, identifying with his emotions in being, thinking together about his underlying anxieties, staying with his psychic pain rather than finding solutions, mulling over different strategies, then putting down in words the conversations and thinkings about what is going on, enables him to hold onto those words when he goes back to his home/family/school, and renegotiate his relationships and behaviours. The book contains the combined thoughts of the child and the therapist about the transition from one state to another.

The book makes concrete an approach which is based on taking in and reflecting on what the child tells the therapist, so that an understanding and integrative process that begins in her mind can then take over in his. Of course in the creation of the book, memory itself is constructed and co-constructed, and meaning is construed and co-construed. The book becomes a narrative of present events and feelings about internal memories and feelings.

It also becomes a narrative of regulation corresponding to the interior ongoing narrative of thoughts and feelings that a child daily tells himself. The narrative of the book is conscious, verbal and social, giving words to the largely unconscious, non-verbal, private world of relationships and questions which a child carries within – some of which can be frighteningly overwhelming. In putting the book together, a process of co-construction becomes possible, bringing together the child’s world and the therapist’s world, whereby a grafting on and transmission of new and different ideas is possible. These then serve as a source of memory and variation in behaviour for the child, which can be taken into future interactions. It is a way of helping a child be coherent about his inner world and its meanings, which spill over into a growing capacity to regulate his daily experience.

I have mentioned the enjoyment the child derives from looking through his book, and I believe that this too, this looking again and telling again, is a powerful catalyst for change. He gains (regains?) a sense of respect for himself and positive self-regard, real self-esteem which permits him to be a self-agent of change.

The process of drawing

Observation of the process of drawing enables the therapist to sense the emotional content of the drawing. The therapist looks and listens with the eyes and ears of the heart. She stays in the present and accompanies what is going on in the child.

- what does she see – hesitation? anger? roughness? care?
- what does she hear – humming? sighing? yawning?
- what does she feel – boredom? pain? delight?

Drawing is a method of getting in touch with the unconscious, surprising the unconscious. It is the therapist's job to help the child pick up this quality of the unconscious becoming conscious, so that what was previously concealed becomes open for new feeling and discussion, and is able to be assimilated into a more rational perspective. Drawing, for the child, is a way of exploring and mastering his world. And in therapy there is a unique opportunity for allowing the patterns to emerge, to connect and make sense in a new way outside of the habitual set responses, which have been trapped for so long.

The content, real or imagined?

It is my belief that the distinction between real or imaginary content is immaterial. For the child, what is imagined is real, and what is 'real' can often have many interpretations. Memory plays tricks and pain can blur memory and details of memory. What is important is to work with the reality of what is offered.

First, there is the 'picturing' in the mind, the pulling out from memory or the unconscious, and the projecting of this into the drawing mode. Then there is the actual setting down of the 'picturing' followed by seeing what has been set down. The feelings attached to the picturing, and the feelings stimulated by the drawing on the page are attended to and reflected on. There is always this process of going

between impulse and reflection. The drawing is finally come to terms with and assimilated, entering a state whereby the child is now free to speak and recall, or not to speak and recall as he wishes (in attachment terms 'resolved' in regard to loss or trauma).

Careful observation helps in seeing what is there, and in making sense of what may initially seem insignificant or meaningless. However, the therapist has to remember that what is seen is framed by her own experience. The issues of selection and interpretation have to be acknowledged within the realisation that what is communicated and attended to in therapy is a process of negotiation and renegotiation. This demands a willingness to be led by the child on a sometimes seemingly senseless journey as we struggle to relate drawing and story to meaning, and meaning to beliefs about self and others, which can then be tested out in real-life situations. As adults we have to take real responsibility for the effects of our interactions on the life of the child.

Example from a child's book: Session 1. David, aged seven

The referral from social services told us that David was a seven-year-old boy living with his mother and five-year-old brother. His mother, Lisa, had recently separated from the boys' father. He, the father, was a Schedule 1 Offender and had served a prison sentence for physically abusing his son from a previous relationship. David's parents had shared a volatile relationship in which domestic violence was a common event. They both had long-standing drug addictions and were currently working with the drug dependency unit. David and his brother were subject to care orders. They were also placed on the child protection register (under the category of Risk of Physical Abuse and Risk of Emotional Abuse), following an incident where David had been pushed down the stairs during his parents' arguing. He and his brother had been in and out of care and foster homes but at present lived with Lisa.

David presented with difficult behaviours at home and school. Recently his behaviour had deteriorated. He regularly hit his mother and teachers alike. In addition, he was violent towards his brother and his peers within his school and local neighbourhood. A concerning fact, which had recently developed, was David self-harming, e.g. punching himself in the face, butting walls and desks. While David was carrying out these acts he was reported as saying, 'I am stupid, I want to kill myself.'

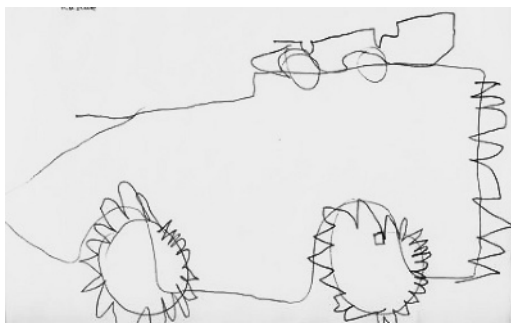


Figure 1.2 David to the rescue

It was noted that David had no fear of danger and placed himself at risk by running into busy roads, attempting to climb out of moving cars, jumping from dangerous heights.

David had just been excluded from school for being ‘unteachable’ and exhibiting ‘totally unacceptable behaviour’. He was dangerous to himself and others, and scared other children with his head-banging and aggressive behaviour. He was excluded after a particularly aggressive rampage, where he threatened staff with weapons, ran away and was later banging his head against the head teacher’s window.

This is not an unusual referral background.

In his first session, David took a piece of paper and drew a big limo with a baby limo on top (Figure 1.2). The book records:

David drew a big limo with a baby limo on top.

When the big limo breaks down the little limo comes to the rescue.

Anne wondered if this was like David and his Mum.

If Mum breaks down, David comes to the rescue.

David said ‘Yes.’

He called his drawing ‘David to the Rescue’.

David drew in some tyres, which turned into teeth that kill anyone who comes near.

Anne said this reminded her of David – he gets his big teeth out and frightens people if they get near.

David said ‘Yes, and people tell me to go away and leave them. They don’t want me.’

David has used the drawing of the two limos to express something very significant about his relationship with his Mum. He very readily identified with the therapist’s comments about him feeling that he

had to rescue a Mum who was constantly ‘breaking down’ – becoming incapacitated or unavailable. He knew that he saw himself in a protective role with his Mum. In a sense the baby limo has to become the big limo to be the protector. David becomes aware that when he gets ‘bigger’, he also becomes more aggressive and frightening to other people. This is how he protects himself, even though it has the sad consequence of him feeling rejected and unwanted. These are powerful feelings for a little boy to feel he has to cope with on his own.

The child needs to begin to bridge and connect internal emotional processes and external behaviours (in himself and others), and link this to experimentation in behavioural change. Encouragement in terms of support and understanding from his parents is vital. This is why **RICAP** is a concurrent intervention for both parent and child.

▶ **RICAP Method: The Parent(s)**

As well as individual work with the child, there is an equal intervention to undertake with the parent(s). Work with parents is important for a number of reasons. **RICAP** is concerned with both internal processes and external behaviours. The child needs to be able to connect these in his understanding and coping, and also to make the transition from the therapeutic context to the wider context of home, family, school, peer group, etc. To do this he needs the help and understanding of his parents.

Drawing on research into attachment and parenting styles (Kazdin, 2001), it is known that parents of children who display aggressive outbursts and antisocial behaviours:

- are least sensitive to child cues
- find it difficult to deal with their child’s *negative* affect
- are less accessible and less responsive
- are more interfering and intrusive
- use more control than cooperation in interactions
- do not monitor their child
- are more incoherent or irrational in their thinking.

These attributes are characteristic of persons who are overwhelmed by external behaviours and not readily sympathetic to giving space or time for reflection. In many cases, the parent has withdrawn and abdicated the role of trying to understand their child. In fact they will often say that they cannot begin to understand why their child behaves in these persecutory and vengeful ways. They themselves feel misunderstood and ignored.

So, initially, parents need to feel understood themselves. They need to have had the opportunity to talk through their perceptions of their child, their worries and anxieties, their beliefs, their thinking about origins or cause, their anger or guilt, and to set this within the context of an understanding of what the therapy is about – becoming a more available and reflective parent. They need to commit themselves to bringing the child for 12 regular weekly sessions.

On top of this they are asked to be involved in a practical ongoing way, by bringing with them each time a memory of one good episode involving the child in the past week, and one difficult episode. This is to maintain their sense of being involved in change, and to aid and enhance a positive view of their child. [For the child, it will mean that he begins to hear ‘good’ stories about himself (with the ensuing knowledge that there *are* good stories to tell and that these can be told), as well as introducing a different perspective on a recent difficult episode.]

The parent has to realise that she is not attending sessions to receive individual therapy for herself as an individual, but for herself as a parent. **RICAP** is about the state of parenthood and understanding the self within that state in relation to their child.

Parent sessions

The parent has an hourly session once a fortnight. They are asked to bring one recent good episode with their child and one recent difficult episode. The work of the session is to continually try to step inside their child’s shoes and see things from *their* point of view, in terms of thoughts, feelings and behaviours. The focus is on understanding their child’s understanding and in this way making the connection between internal states and external behaviours.

The episodes are used as vehicles for earthing and clarifying understanding. In a way they are used in the same way as drawings are in the child sessions. The episode remembered and brought by the parent is discussed and reflected upon. The therapist takes

responsibility for writing down the thinking, the reflections and the understanding. These are put in a book or file to be looked at in the next session. As with the child's book, it means that there is an ongoing coherent record and memory of the sessions that can constantly be referred to. The record of sessional work is sent in a letter to the parents after each session, so that they have a chance to think more carefully about what has been covered, and can come well prepared for the next session. Any behavioural changes that they decide upon are also recorded.

As with the book for the child, so is the letter of pivotal importance for the parent. It is written in the third person and provides:

- a detailed 'slowed down' record of an incident
- different multiple perspectives and understandings of an incident
- an understanding of the interplay of personalities, of persons in a relationship
- an understanding of the link between inner emotions and outer actions
- a record of the progress of their understanding of their child's understanding
- a written, externalised context within which change can be experimented with and choices made.

The style of the letter can be infinitely varied to suit the parent and what the therapist deems will be most helpful to them. So it can be

- short or long
- complex or simple
- focused on one main issue
- encompassing many issues
- thematic or original.

The important thing is that the parent gets a letter written in a way that will make sense to that particular parent reading it (not the therapist). Uppermost in the therapist's mind should be an identification with the parent that permits the question: 'What will it feel like to her to receive this letter said in this way?' (What would it feel like to me to receive this letter said in this way?)

Each anecdote is given a titled heading, and identified as the good or difficult time. The anecdote is tracked in detail, eliciting time, situation, people, interactions. Then the therapist helps the parent move from observable detail to fleshing out the anecdote with things of the mind (motives, desires, beliefs, intentions, and, especially, emotions).

The therapist has to listen carefully for new parental insights into the state of their child's mind and use those insights rather than her own. These new parental insights will be more memorable for the parent and retain much more validity. They can also be used in a genuine way to praise the parent for their capacity to think and reflect and understand their child.

RICAP is concerned with both internal processes and external behaviours. New understandings of the child and his inner world are rooted and grounded in real, detailed, recent anecdotes brought by the parent. The anecdote the parent thinks of is like the child's drawing, in that it is what is *on their mind*. The anecdote proves to be the surface of a multilayered complexity that needs to be explored for meaning – meaning in terms of the child's understanding and the parent's understanding of the child's understanding.

In discussing and reflecting on what the parent brings, there is opportunity to keep looking for, and asking for, examples, anecdotes, memories to support what they are saying. This is not to give the impression that the therapist does not believe what the parent is saying, but to begin the process of thoughtful reflection which is the therapeutic process, one which brings together emotions, thoughts and interactions into a combined whole for reflection and self-reflection. Parents need to be helped to remember the specifics, the detail, of present and past events and interactions, in order to update their view of the current situation and their relationship with their child. Exploring the detail enables understanding and problem solving.

Example of an initial parental account of her child: Gary, aged eight

In her first session, Gary's mother, Trisha, described the problem in this way.

Trisha thinks Gary is suffering with a behavioural problem. He has fits of rage and anger. He is abusive to her and friends and family. He kicks her and swears and destroys items in the home. In school, Gary is very, very well behaved and withdrawn. Last Friday, Gary kicked off and Trisha sent him to bed. He started smashing his bedroom. Trisha shouted at him. He

then locked himself in the toilet in the dark. He came out once and tried to smash the landing window. Things quietened down after about 30 minutes. He hits his brothers.

Gary's father left the family on Jan. 31st and Trisha's family says he has told Gary to give her a hard time. Gary cries at night and Trisha believes he is very disturbed.

This is a very rich account of how Gary's Mum sees the problem, incorporating

- some specific detail
- some globalised statements
- some of her beliefs
- some understanding of emotional causality
- some of her *own* emotion and
- a recognition of situational difference.

But what did Trisha say that *Gary* understood about himself within her description of problematic behaviours? Here she is less clear and less insightful. She said:

Gary mimics his father. He blames me for his Dad leaving. He likes to attack me. He's very violent.

This is a global description of Gary's behaviour intermingled with some of *her* preoccupying thoughts and beliefs. In fact, when Gary was asked about the problem by his therapist, he identified first of all kicking and swearing with his brothers, then kicking and swearing at his Mum, and finally his fear of getting close to his Mum, and yet his overwhelming need to do so.

It is often the case that physical circumstances, the absence or presence of other people, the 'facts' can be elicited, the triggers, the consequences, etc., but more important is to explore the different ways of perceiving and interpreting the incident, always holding in mind that it is the process of exploring that may lead to change rather than the expectation of coming up with a final one solution. Parents often ask their child why they have done something and are frustrated when the child cannot supply an answer. Going through this process themselves may help them realise the often impossible nature of their request and unreal desire for a single answer. It can sometimes be a

comfort to begin to understand the complexity of what they are involved in.

Central questions that emerge for the parent are these:

- How does who I am colour my understanding of my child?
- What understanding do I have of my child?
- What understanding do I have of my *child's* understanding?
- How does this affect my relationship with and interaction with my child?
- What will it mean to have a more thoughtful and reflective child?
- What difference will this make in my response to him?

RICAP aims to help parents be reflective and to see themselves as intimately involved in their child's actions and interactions.

