TRAINING HANDBOOK ON Psychosocial Counselling for Children in Especially Difficult Circumstances

A trainer's Guide

Third Edition 2003 (Revised and updated)

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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A trainer's Guide

Third Edition 2003 (Revised and updated)

United Nations Children's Fund 2000

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Content

Foreword

Preface

MODULE I: INTRODUCTION
Session 1: Introduction of Participants
Session 2: Expectations and Objectives of the Training

MODULE II: UNDERSTANDING CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES
Session 1: Situation of children in especially difficult circumstances
Session 2: Overview of Target Groups
Session 3: Needs of children in especially difficult circumstances
Session 4: Child development
Session 5: Legal Basis and Child Rights

MODULE III: FRAMEWORK OF COUNSELLING
Session 1: Self-Awareness
Session 2: What is counselling?
Session 3: Why Counselling?
Session 4: The Psychosocial Approach
Session 5: The Counselling Process
Session 6: Roles and qualities of a counsellor
Session 7: Principles of Counselling
Session 8: Culture and Counselling
Session 9: The Counselling approach - supportive and problem management counselling

MODULE IV: COUNSELLING SKILLS
Session 1: Communication Skills I: Active listening
Session 2: Empathy, Attending, & Attitude
Session 3: Assessment
Session 4: Problem management 1: Brainstorming and Setting Goals
Session 5: Problem management 2: Coping strategies
Session 6: Focussing on core problems
Session 7: Skills for Handling Reluctant Behaviour
Session 8: Alternative skills and tools for counselling
Session 9: Specific situations
Session 10: Documentation 3
Session 11: Field Practice 1

MODULE V: ALTERNATIVE MODES OF COUNSELLING

Session 1: Introduction to Family Counselling
Session 2: Introduction to Community Based Counselling
Session 3: Introduction to Group Counselling
Session 4: Introduction to Crisis Intervention & Task Oriented Counselling

MODULE VI: CLOSING

Session 1: Linkages and planning
Session 2: Training Evaluation

MODULE VII: REFERENCE MATERIALS

A Domestic Girl Child Labourer - Bina
A Domestic Girl Child Labourer- Sunita
A Domestic Girl-Child Labourer - Gita
List of the Participants

Bibliography
Glossary

Foreword

The **General Manual on Counselling for Children in Especially Difficult Circumstances** and **Handbook on Psychosocial Counselling for Children in Especially Difficult Circumstances** fulfils an emerging need for quality training materials for psychosocial counselling of children in Nepal. Psychosocial security is, together with adequate nutrition and physical health, one of the main components of child development and protection.

Psychosocial interventions are an additional form of assistance, besides educational or practical interventions for the development of the child. Through counselling, one enables the child to express emotions, worries, and thoughts that aim to restore feelings of dignity and self-esteem. This type of support assists and guides the child to find solutions and strengthens strategies that help the child cope through listening, empathising, and understanding.

UNICEF hopes that this manual and handbook, and the associated training course, will benefit children facing especially difficult circumstances and will help them change their present situation in a positive and lasting way. UNICEF further hopes that the manual and handbook will be helpful to create an understanding of, and develop skills in counselling that can guide a child to cope with his/her psychosocial and emotional problems effectively.

Representative
United Nations Children's Fund

Preface

This **Training Handbook on Psychosocial Counselling for Children in Especially Difficult Circumstances (CEDC) - a Trainer's Guide** has been developed for master-trainers and trainers. It describes in detail the activities and includes all the materials that are needed, such as *transparencies* (for giving lectures), *fact sheets* for the trainees (additional reading or review material), and *reference material* for the trainer (additional information to increase knowledge on a certain subject).

This manual goes hand in hand with the **General Manual on Counselling for Children in Especially Difficult Circumstances (CEDC)**, which is a manual for all those who are involved or interested in providing psychosocial counselling for children.

Theoretically, the manual and handbook mainly focuses on the humanistic approach and more specifically the client centred approach to counselling — providing emotional support as well as a problem-solving approach. Though counselling is originally a Western concept it has been adapted to the situation in Nepal. However, it remains essential that one is aware of the local social and cultural reality and strengths to which counselling can be an addition. Because the above-mentioned manual gives an overview of the theory of counselling, this handbook frequently refers to the manual for background information, introduction, or explanation of a subject and largely follows its contents.

The attention for the emerging need for psychosocial assistance is relatively recent in Nepal, and there is a need for training trainers who can subsequently train the facilitators who are working with the children. Although the trainees will not receive this handbook, they will receive the General Manual and the handouts (or 'fact sheets' as they are called in this handbook) in the form of a booklet. These materials were initially developed for the Urban Out of School Programs (UOSP) assisted by UNICEF, but can be used more generally both for children and adolescents.

The training course described in this handbook, can be useful for various types of training of psychosocial counselling. It can be run completely within a three-week time frame, parts of it can be extracted, and it can also be stretched over a longer time (e.g. four months) leaving time for necessary internships/practice and supervision.

It is important to realise that properly practising counsellors cannot be trained overnight. Furthermore, these materials do not pretend to cover all areas of counselling in all its professional depths (for example it does not include 'advanced' skills such as challenging, self disclosure, psycho education, etc). It mainly stresses two components of psychosocial counselling: providing emotional support and assisting in problem solving.

These materials were developed in the hope that the children, who have little chance in life or who are in situations that are obstructing their rights and development, will benefit from the support that the counselling intervention can provide. Even though it may not be a 'magic' solution to their situation, it can be a valuable addition to more practically oriented assistance.

Through a personal encounter between counsellor and child, and giving attention, support, understanding, and listening, we hope to guide children through their emotions, problems, and thoughts so that they can change their present situation, gain self-confidence, and have a positive perspective of the future.

MODULE I

INTRODUCTION

General Objective:

Participants develop a basic understanding of the overall content of the training.

Specific Objectives:

At the end of the module, the participants will be able to:

- Develop a clear understanding of the objectives of the training.
- Share overall views about the training and be ready to begin.

Session 1:

Introduction of Participants

Objectives

This session:

- Welcome the participants to the training.
- Make them familiar with one another.
- Provide an opportunity to express their ideas, views, and experiences.
- Facilitate creating a working atmosphere.

Activities

Time: 1 hr

Materials: markers, flipchart

Explanation of procedure for trainers:

- Distribute cards to the participants, which contain only a part/half of a word or sentence on it (it would be better if the facilitator finds words and sentences related to counselling, such as *psycho-* and *-social*).
- Ask the participants and the training team members to find their pairs by finding the second half/part of the word or a sentence they have.
- Once they find their partner, have them introduce themselves; they should cover the areas that are mentioned on the flip chart (that will have their name, organisation, working field, experience, interests, hobbies, etc, on it.). Let them talk for a minimum of 10 minutes.
- Then the group sits together and everybody introduces his/her partner.

Note for facilitator :

- This is only one way of doing introductions. Different types of games and activities can be done for the same purpose.
- If the participants are from different organisations then introductions need more time.

Methodology

- Exercise in pairs.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- We have people from diverse backgrounds in the training. We are here to learn from others and share with others.

Session 2:

Expectations and Objectives of the Training

Objectives

At the end of the session participants are expected to:

- Understand their personal expectations of the training.
- Understand the topics of the training.
- Explain the objectives of the training.

Activities

Time: 1 ½ hours

Materials: meta-cards, flip chart, markers, board

Explanation of procedure for trainers:

- Explain the objectives of the training *(see transparency 1.2.1).*
- Ask the participants to take 15 minutes to prepare their expectations based on the questions mentioned. *See transparency 1.2.2*.
- Participants divide into four groups and shortlist all their expectations. They should merge expectations that are similar (15 minutes).
- Let each group present their expectations to the other groups. Try to compare and clarify expectations that do not fit the objectives of the training.
- Form Host Teams (i.e. one team is responsible for organising an 'energiser' when needed, one team is responsible for distributing/copying papers, another team is responsible for cleaning and managing the training room at the end of the day, etc); set ground rules and logistic arrangements. Setting the ground rules should be a participatory activity (e.g. brainstorming).
- Explain that it is important that they are open with their feedback/criticism. Criticism should not be held back for after the training when nothing can be done about it. It is important that everybody, as a group, works in an open atmosphere. Post a big envelope on the wall where people can put feedback, suggestions, feelings, thoughts, jokes, criticisms, etc. Each individual's personal input is responsible for the success of the training.

Methodology

- Individual work
- Workshop/presentation

Resource materials

Text for lecture:

Transparency 1.2.1 Objectives of the training
Transparency 1.2.2 Questions for identifying expectations

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- People naturally have different points of view and expectations. This will make the training both challenging and interesting. These differences should be points for learning, not for conflict.
- It is essential to work in a group and as a group to fulfil the objectives of the training.

Evaluation

Ask the participants if they are able to differentiate between objectives and expectations of the training.

Transparency 1.2.1

Objectives of the training

At the end of the training, the participants are expected to:

- Have a general idea about children's problems and psychosocial intervention for children
- Acquire basic skills needed for counselling
- Conduct problem-solving and supportive counselling sessions for children
- Understand the steps, principles, and process of psychosocial counselling
- Understand the situation of CEDC in the country and to be able to identify their psychosocial needs
- Be able to use alternative tools for counselling

Transparency 1.2.2

Questions for identifying expectations

- What are my expectations of the training?
- What are the facilitating factors for achieving the objectives of the training?
- What are the hindrances in achieving the objectives of the training?
- How can I personally contribute to achieve the objectives of the training?

MODULE II

Understanding Children In Especially Difficult Circumstances

General Objective:

To gain a deeper understanding of the situation of children in especially difficult circumstances, and their physical and psychological needs in relation to their normal development.

Specific Objectives:

At the end of the module, the participants will be able to:

- Discuss the situation of children in especially difficult circumstances in Nepal
- Explain the stages of child development and the corresponding developmental tasks and principles
- Understand the basic concept and meaning of the psychosocial approach
- Identify characteristics of children in especially difficult circumstances

Session 1:

Situation of children in especially difficult circumstances

Objectives

At the end of the session, participants are expected to:

- Identify children in especially difficult circumstances in Nepal and know about their situation
- Relate the general situation of children in especially difficult circumstances to the local context

Activities

Time: 1 hour

Materials: meta-cards, flip chart, markers, board, four potatoes, four pens, four notes of NRs 20, a tape with Nepali music

Explanation of procedure for trainers:

- Ask the following question:

  "Who are children in especially difficult circumstances, and what do you know about them in your area?"
- The participants write their response on meta-cards individually.
- Summarise the responses and share them with the group. Then, initiate a short discussion/exchange based on the answers, focusing on the conditions related to children's well being, survival, social protection, participation, and development.
- Incorporate relevant ideas and share the definition of CEDC. *See transparency 2.1.1.*
- Explain/discuss the extent and magnitude of CEDC in Nepal. *See Transparency 2.1.2.*
- The participants divide into four smaller groups. Each group has 10 minutes to prepare a short drama/theatre/improvisation about the situation of CEDC. Each group gets the following items that have to be included in the play: a potato, a pen, NRs 20, and music.

Methodology

- Brain-storming
- Lecture
- Discussion
- Theatre

Resource materials

Text for lecture:

Transparencies 2.1.1 and 2.1.2

Key points

Whether there is one or 10,000 CEDC it does not make the need for assistance less or more important.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- There are thousands of children living in difficult circumstances in Nepal who need immediate protection.
- Children in these categories are vulnerable to crisis.

Evaluation

The participants think of a question individually that relates to the learning of this session. The group divides into two or four groups. One group asks the question to another group who has to answer, and vice versa.

Transparency 2.1.1

Who are Children in Especially Difficult Circumstances (CEDC)?

Children have the right to numerous basic services and to childhood itself. This counselling programme concerns children who have lost their right to childhood due to disability, neglect, or exploitation. It addresses the rights of children whom society would often prefer to forget.

Unfortunately, there is a high rate of children in especially difficult circumstances (CEDC) in Nepal. Many children are forced to work to help support their families, or for the same reason are sold into sexual slavery either here, or in neighbouring countries. These children do not have the opportunity to obtain an education and leave the vicious cycle of poverty.

Similarly, children who live alone on the streets of Nepal's growing urban areas, or that are disabled, never get a chance to prepare themselves adequately for adulthood. They have to bear the responsibilities of adults at ages when they should have time to play.

(Source: Master Plan of operation 1997-2001: UNICEF and HMG Nepal)

Transparency 2.1.2

Situation of Children in Nepal

1) 52 % of the total population are children below 18 years.

2) 75,000 children die per year.

3) 205 children die every day.

4) 55 children out of 100 are suffering from malnutrition.

- There are an estimated one million children working (15 years old and younger) in Nepal.
- There are an estimated 30,000 street children in Nepal.
- Around 13,000 children work as bonded child workers to pay off the debt of their parents.
- An estimated 5,000 young girls, some younger than ten years of age are trafficked yearly to India to serve as sex slaves in brothels.
- One informal estimate of child disability in Nepal ranges as high as 13% of the child population. The majority of disabilities are hearing and visual impairment.
- There are 3 million CEDC.
- There are a significant number of sexually exploited children but reliable data is not available.

(Source: National Planning Commission Nepal/UNICEF, 1996 & 1997)

Session 2:

Overview of Target Groups

Objectives

At the end of the session, participants are expected to identify:

- Different categories of CEDC
- Common behaviour of each group
- Causes for the situation of CEDC
- Strengths and problems of CEDC

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Review the list of answers from the previous session's question, "Who are CEDC?" and ask the group to categorise CEDC. The participants write the categories on meta-cards.

Note for Trainer:

The participants narrow their observations down to about four categories; some overlap (cannot be avoided). Example categories are: Street Children, Child-labourers, Sexually Abused, Physically Abused, etc.

- Post the answers on the board and synthesise the answers discussing the categories of CEDC.
- The participants divide into smaller groups according to the categories identified before. Ask the following questions to each group to identify the background of each category:

  What is common behaviour of children in that particular category?

  What are their strengths?

  What are their common problems?

  What are the possible causes for the problems?
- Each group presents their answers, followed by a discussion.
- Identify the similarities between the groups and present *transparency 2.2.1.*
- Present the video, if possible and if available, on the situation of CEDC in Nepal (UNICEF) to deepen participants' understanding of the situation of CEDC in the country.

Methodology

- Brainstorm
- Workshop
- Presentation & plenary discussion
- Lecture
- Video show

Resource materials

Text for lecture:

Transparency 2.2.1 Commonly shared experiences
Transparency 2.2.2 Strengths

Text for trainees:

Fact sheets 2.2.1 Characteristics of CEDC
Fact sheet 2.2.2 Psychosocial issues related to CEDC

Text for trainer:

Reference Materials 2.2.1 Effective support and services provided

Key points

The number of CEDC is remarkably high in Nepal as is the amount of help needed. CEDC are the most vulnerable group of children in need of psychosocial interventions.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session dealt with identifying common behaviour, strengths, and problems in some of the focus groups of CEDC. It is very important not to generalise. It can help the participant to have an idea of possible behaviour patterns and problems. It can help provide some structure, however, one should be careful not to stigmatise CEDC.
- There is a clear link between this session and the ones following. It is essential to have an insight on the behaviour of your clientele in order to be of true help.

Evaluation

The participants sit in pairs and come up with two points they learned from this session.

Transparency 2.2.1

Commonly Shared Experiences of Children in Especially Difficult Circumstances

- Neglect and abuse by caregivers (lack of protection)
- Loss of home, property, and relationships
- Poverty and deprivation from opportunities/facilities in the economic and cultural environment
  - Out of school
  - Limited access to health facilities
  - Limited access for recreation activities
  - Limited connection to religious groups
- Pressure to work in order to support family or self; exploitation by adults
- Social discrimination; feelings of rejection and insecurity
- Exposure to negative, violent, and dangerous situations
- Feelings of fear, frustration, worry and distrust in reaction to their environment and situation
- Situations of conflict – e.g. with parents or employer
- Certain characteristics are necessary for survival such as anti-social behaviour and or distorted value systems, stealing, lying, and deception. However, these characteristics bring children at odds with their society.

Transparency 2.2.2

Strengths of CEDC

It is very important to also look at the strengths of CEDC for there are many; these strengths are often what you work with in counselling. Examples of strengths include:

- Self Confidence
- Straight forwardness
- Sense of Humour
- Caring for each other
- Quick learners
- Survivor mentality
- Curiosity
- Good decision makers
- Observing and copying behaviour

Fact sheet 2.2.1

Possible characteristics of street children[1]

- Predominance of sadness and loneliness, often feelings of anger and despair
- Negative opinion of adults including their own parents
- Helplessness and resignation
- Low self-esteem, lack of self-worth
- Importance of friends (relationship) but difficulty in forming them
- Importance of education; the opportunity to learn and earn as a means to move out of the situation
- A willingness to help others, particularly friends, peers
- Belief in "magical" solutions to resolve problem
- Desire to forget the past — especially difficult situations
- Street children often distrust and are suspicious of other people's motives
- Low self-confidence may go hand-in-hand with feelings of denial and fear, guilt, and shame simultaneously
- Stubbornness, attention seeking, restlessness, and moodiness
- They may deny, mask, or evade problems

Possible characteristics of sexually abused children

- Often distrusts and is suspicious of other people's motives
- They usually feel a sense of resentment or hostility towards the opposite sex
- Often sex can be considered dirty and not a matter to be discussed but should be
- They might not want to share their problems
- They often regard their experience of sexual abuse as painful and filthy — there can be feelings of anger and fear
- Many doubts about themselves and the safety of their environment and mistrust others including family members and relatives
- Many sexually abused children invariably feel that they are to be blamed for the abuse — assuming responsibility
- Abused children have a strong sense of isolation due to not telling others their secret because of feelings of shame for themselves and family

[1] These are examples of characteristics that people working with these groups of children have found. These cannot be generalised and only serve as examples.

Reference for trainer 2.2.1

Effective support to children in especially difficult circumstance (general)

1) Identify the nature of the stress.
2) Be aware of special groups of children who are particularly at high risk.
3) Recognise that the negative behaviour often exhibited by the children are often natural reactions to the very real stresses they have to face and may in fact have survival purposes.
4) Identify the areas where the parents/guardians and the socio-economic environment of these children fail them.

Be ready to confront and present alternatives as an essential first step to clarify required information. Encourage independence and self-determination by helping the child to explore alternatives and to make well-informed choices.

With these values in mind, to structure and approach problems counsellors use three major techniques:

1) *Begin where the child is:* in order to establish a relationship, counsellors begin by assessing the special needs, feelings, and expectations of each child. Counsellors listen to child's definitions of their problems, their proposals for resolving difficulties, and their ideas about the assistance they need. With this information, both parties can explore the way towards resolution.

2) *Work at the child's pace:* Forming a working relationship is a gradual process in which the child's changing needs emerge. Children set their own pace for the process. Counsellors learn to follow clues given by the child and adapt with each individual pace for problem resolution.

Counsellors constantly assess child's readiness to take action, except in unusual situations (medical emergencies, lack of food or shelter-etc.), following leads given by children about the pace of process towards solutions.

3) *Individual solutions:* tailor the plan towards a solution to the type of assistance needed by the person. Some children need concrete help, others need empathy and information about their options, and most need a combination of these approaches. Relationships between children and workers vary, but all focus on addressing childrens' problems in a sensitive and helpful manner.

Fact sheet 2.2.2

Psychosocial issues related to CEDC

• Frequent recall of negative/violent experience:

Children in especially difficult circumstances, who frequently recall negative and violent experiences, might need to share these experiences with people in order to deal with these feelings appropriately and thereby re-discover security.

• Anxiety and fear of the future:

If the child is facing anxiety and fear of the future due to his/her behaviour in the past, then one can help the child to think about the future constructively, or guide the child to make the necessary steps towards change (if the situation can be changed). They might need help, protection, and acceptance in the process.

• Frustration/Anger:

For children whose feelings of frustration and/or anger are hindering factors in positive development (e.g. leading to criminality), there might be a need to resolve these feelings (alongside the causes of these feelings). The child will need appreciation and encouragement from a caregiver, close friend, or relative at this time.

• Depression/Loneliness/Distrust:

The depressed and lonely child needs affection from his/her parents and relatives. The child possibly needs to establish a warm relationship with the family and community, so that s/he can rediscover trust in others and in him/herself. The child might need assistance to deal with the causes of his/her feelings.

• Sense (fear) of being rejected or neglected:

Some children have the feeling of being unaccepted or discriminated by the majority of society, especially street children, exploited, and abused children. These children need confidence that the helping person/institution understands their feelings. This helps these children to develop positive feelings towards him/herself (e.g. by identifying and encouraging their strengths and capacities).

Session 3:

Needs of children in especially difficult circumstances

Objectives

At the end of the session, participants are expected to:

- Identify the psychosocial needs of children in especially difficult circumstances

Activities

Time: 1 hour

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Have the participants think for a couple of minutes and imagine the needs of their own/ closest child, and write ideas down individually.
- Ask the participants to openly share their responses. List the responses on the board/ flip chart.

  Explain that these are the needs of any child. Emphasise that CEDC, because of their specific situation, have additional needs. Ask the group to come up with additional needs of CEDC.

Methodology

- Imagination exercise
- Brainstorming
- Lecture
- Discussion

Resource materials

Text for Trainees:

Fact Sheet 2.3.1 Needs of a Child

Key points

It is important to protect CEDC from exploitation, violence, and abuse and for society to respect and care for CEDC.

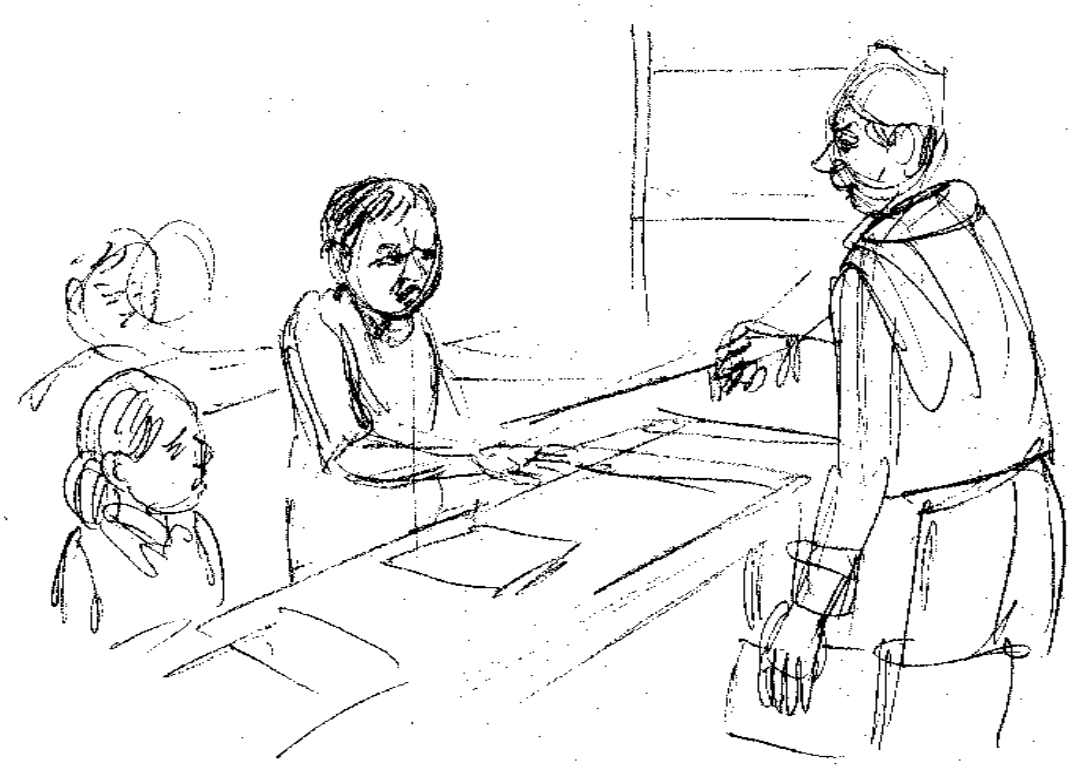
Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focussed on the 'needs' of children in general and the additional needs of CEDC. Besides the need for approval, affection, stimulation etc. their particular situation includes needs that will help them to deal with problems such as violence, fears, neglect etc.
- There is a link between behavioural problems of CEDC and the needs of these children. For example, if the child does not receive affection, s/he might show aggressive behaviour. Likewise, if the child does not receive approval in anyway, s/he might feel lonely, insecure, and helpless.

Evaluation

Ask the participants what they learned from this session and whether the knowledge is useful when working with children.



Fact sheet 2.3.1

Needs of a Child

Affection

A child needs love. We should accept the child and his/her feelings and thoughts. The adult should try to fulfil the child's needs and demands.

Acceptance

Children need the family and community to accept them despite their weaknesses or shortcomings.

Approval

The adult must be able to express his/her approval of the child's positive behaviour. Adults must give approval whenever the child does something (that is appropriate in a given society) and the child needs to know it. Giving approval is conditional. An adult does not approve of everything that a child wants or does. The child must feel that the adult supports him/her. The parents must appreciate the good behaviour of the child.

Discipline

The child has to learn what behaviour is generally acceptable in the given society. There is a need to sanction inappropriate behaviour for the child to develop properly. Adults should be role models for children. This is the basic responsibility of parents since children learn from adults. The child needs a certain amount of discipline to gain a feeling of structure and safety from where to explore life.

Demands

Children have certain demands, which are essential for a healthy upbringing such as unconditional love, attention, and *discovering new experiences* i.e. sports, going outside to visit new places, going to a temple. This broadens their vision. These experiences (such as playing and education) provide the child with intellectual and social stimulation, which is necessary for healthy development.

Material needs

Children have material needs without which they cannot survive, such as food, clothing, and shelter.

Basic security

Children need an environment that they can trust. This means that they should be in a safe place where they feel protected and secure. Only then can emotional stability take place.

Session 4:

Child development

Objectives

At the end of the session, participants are expected to:

- Understand the basic principles and stages of child development.
- Identify the difference between functional and dysfunctional behaviour in a developmental context.

Activities

Time: 4 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic by explaining the importance of having knowledge about child-development: 1) the difference between 'healthy' and 'unhealthy' behaviour, according to developmental norms, is essential to know when help is needed and 2) a 'normal' developmental process is what we strive for.
- Give a short lecture about some important principles of child development *(see transparency 2.4.1).*
- Ask the participants what they know about the stages of development of a child. Provide the participants with the following categories: infancy (0-18 months), early childhood (18 months-6 years), middle childhood (6-11 years), and adolescence (11-15 years).

  Participants, in smaller groups, brainstorm some concepts of development and behaviour that belongs to each stage (focussing on the latter two stages).
- Collect the responses and go over them/discuss if necessary. Make additions (if necessary) to the participants' responses *(see fact sheet 2.4.1).*
- To add to the participants' responses, explain Erikson's theory of bio-psychological development *(see transparency 2.4.2)*.

  Erikson has outlined a sequence of psychosocial development in which each proceeding stage of development is a preparatory phase for the subsequent one.

  At each stage of development, the individual encounters new situations, which s/he might or might not adjust to depending on the successful resolution of the stage.

  This theory can be useful in counselling for two reasons: firstly, it gives us knowledge about child development. Secondly, the tasks that belong to the different stages give indications about what to focus on during counselling, depending on the child's stage/age. It also gives indications of what might be considered as functional or dysfunctional behaviour of a certain age group.
- Divide the group into smaller groups and get them to brainstorm a list of functional behaviour and dysfunctional behaviour in children, in terms of development *(for definitions and examples see reference for trainer 2.4.1)*
- Review and discuss the ideas that each group prepared. In the evaluation of the exercise, emphasise that there are different levels of 'dysfunctional' behaviour, depending on societal, developmental, or psychological norms.
- Give a lecture on Attachment, Attribution, Child Fears, and How Children Learn. For the latter two concepts, first ask the group *(brainstorm)* for their ideas.

Methodology

- Lecture
- Workshop

Resource materials

Text for lecture:

Transparency 2.4.1 Basic principles
Transparency 2.4.2 Stages of Erikson

Text for trainees:

Fact Sheet 2.4.1 Stages of child development

Text for Trainer:

Reference 2.4.1 Attachment, Attribution, Child and Adolescent Fears and Children's Learning
Reference 2.4.2 General Ideas about Child Rearing transparencies
Reference 2.4.3 Functional/dysfunctional behaviour examples and definition

Key points

Adults and society are responsible for ensuring that all children in any situation can enjoy a healthy/normal development process.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- A child develops through several stages. Each stage is characterised by certain challenges and milestones. Furthermore, the child needs a secure environment to develop properly, such as a stable family that supports, respects, and loves the child.

  Finally, there is a division between functional behaviour and dysfunctional behaviour, which is important for the identification of problems in behaviour.

- Secondly, point out the relationship between this session and other sessions — for example the importance of fulfilling the needs of children to develop in a healthy way. Another link is between problematic behaviour and development, which can be mutual influences and a delay in development can cause problematic behaviour and vice versa.

Evaluation

Ask each group what they learned from this session.

Transparency 2.4.1

Basic Principles In Understanding Child Development

- All children are different from one another. They have different personalities, potential, temperamental dispositions, reactions, and rates of development.
- Children generally follow the same sequence of development. However, gender, culture, and living conditions will significantly influence development.
- Basic requirements for a child to develop fully as a person within the family and in the community are a stable living environment, with predictable and consistent events and behaviours, guided by adults capable of providing the basic needs of growing children. Without this environment, full development is difficult.
- Important emotional and psychological needs of children are affection, acceptance, approval, discipline, security, and demands. Provide the child with affection and acceptance unconditionally. Give approval in the context of what is appropriate in the given society. Giving approval is conditional.

Transparency 2.4.2

Erikson's theory of psychological development

Erikson explains that the individual develops qualities that emerge during critical periods of his/her development. The table below describes an overview of the stages and tasks. This theory is one of many; it is not absolute and it may be culturally biased. However, it is given here as an example of psychological stages (as opposed to intellectual and motorical stages) of development.

Age	Phase	Task
0-1	Trust *versus* Mistrust	Establishment of social relationship *Good outcome* — secure, stable relationship *Bad outcome* — insecure unsatisfactory relationship
2-3	Autonomy *versus* shame & doubt	Beginning of independence and of becoming skilled *Good outcome* — becoming capable and skilled *Bad outcome* — dependent and insecure
4-5	Initiative *versus* Guilt	Successful pursuit of certain goals for aims *Good outcome* — confident about skills *Bad outcome* — hesitant, uncertain

6-12	Industry *versus* Inferiority	Gaining educational and social skills *Good outcome* — literate, numerate and socially integrated *Bad outcome* — failure to gain educational skills, socially isolated
13-18	Identity *versus* role Confusion	Clear sense of own individuality and of aims in life *Good outcome* — suitable career choice, satisfactory heterosexual relationships *Bad outcome* — uncertain of career, poor peer relationships
19-25	Intimacy *versus* Isolation	Establishment of satisfactory long-term intimate relationships *Good outcome* — stable relationships and good career *Bad outcome* — poor intimate relationships and career choice
26-41	Generatively *versus* Stagnation	Rear children in stable union *Good outcome* — successful career, family stability *Bad outcome* — poor career achievement, unstable relationships
41+	Ego integrity *versus* Despair	Acknowledgement of life's successes and failures *Good outcome* — acceptance of life's limitations *Bad outcome* — unhappiness and despair

Fact sheet 2.4.1

Stages of child development[2]

Infancy (0-18 months)

- Characterised by dependency
- Phase of instincts and direct needs
- Development of the senses; need for a stimulating environment
- Child starts to elicit responses from family members
- Reciprocal relationship with environment is established
- Child's emotional and mental development is linked to the quality of care and support s/he receives

Psychological accomplishment:

a) Sense of basic trust: Fulfilment of the child's needs and the feeling that the world is a safe place to be in

- Child responds in a loving, warm, affectionate manner, and enters the subsequent stages of development with a sense of security and hope
- Inconsistent care brings about mistrust, feelings of insecurity, and helplessness

b) Sense of attachment:

- Starts bonding with his parents
- Parents respond to child's signals (crying) to be comforted, held, felt, and stimulated. Child feels "good" when comforted.
- Phase of security and exploring
- Child can distinguish between parents and strangers

Early childhood (18 month to 6 years)

- Rapid physical and mental maturation; motor skills become better co-ordinated. Discovers and learns to achieve.
- Language develops rapidly; increase in their understanding of their environment, themselves, and what others expect of them.
- Understands and anticipates certain roles
- Teaching children should be focused on concrete rather than abstract things
- Child develops conscience of what is right or wrong
- This is the stage of gaining autonomy. Autonomy is dependent upon stable adult-child relationship.
- Preferential relationship with one parent (often mother) might appear
- Sexual identity will be formed at this phase (around 5 years)
- They become more capable of social interaction meaning they start to understand that others have their own needs and thoughts.
- Rivalry and jealously for attention and affection occurs

[2] It is important to realise that these stages of development are based on Western literature and knowledge, therefore generalising this information to another cultures might be inappropriate. Still, it can serve as an example and some developmental steps will be mostly intercultural.

Middle childhood (6-12 years)

- Peers become extra sources of identification and there is pressure to achieve
- Children become more skilful with major adults. They show a greater sense of independence and motivation to achieve.
- New social relationships and cultural learning mark this period. The family continues to sense and protect the children.
- Children who do not get along with other children are potentially at risk from psychological problems later.

Adolescence (13-18 years)

- Gradual independence
- Norms and will play an important role in this phase
- Neither child nor adult

a) Early adolescence (12-14)

- Period of rapid physical growth and sexual maturation
- Major changes in body appearance often results in insecurity, emotional trouble, self-consciousness

b) Middle adolescence (15-17 years)

- Greater concern in achieving greater psychological independence from families
- Develop closer relationship with peers
- Struggle for independence results in feelings of ambivalence on the part of both youth and parents over the transition period, which can lead to problems

c) Later adolescence (17-19) years)

- Child has managed to build up a reasonably clear, consistent personal identity and has committed him/herself to some relatively well-defined social roles and life goals guided by a well functioning value system

Reference for the trainer 2.4.1

Attachment

Attachment is a durable and affective relation between a child and one or more adults raising the child. It is an important factor in the general social-emotional development of a child. A 'secure' attachment is essential for a basic trust in oneself and others, and therefore a secure basis from where exploration of the world can take place.

From very young, the child expresses two types of behaviour: the tendency to seek closeness (by crying, laughing, screaming etc) to the ones close to him/her and secondly, to detach from this person to explore the world around him/her. It is important for the child to find a balance between these two (sometimes conflicting) needs.

The child can be 'securely' attached to people, which indicates a balance between the opposite needs described above. The child can also be 'insecurely' attached, which indicates an imbalance. For some children it means they seek excessive attention from the person they are attached to, for others it means that they avoid contact with the person that they are attached to.

The same patterns (excessive attention seeking vs. avoidance) emerge when a child is in contact with other strangers/people. On the other hand, the 'securely' attached child will be hesitant at first to meet the stranger but later will make contact and s/he will seek attention from that person but is also able to play/act alone.

Secure attachment to the most important adult in the child's life is essential especially because the good interaction normally remains and becomes positive social orientation (with both adults and peers). This results in a positive exploration of the environment, and in turn results in independence and personal, emotional, and intellectual growth. The attachment is mainly set in the first few years of the child's life.

In order to stimulate secure attachment in the first few years the parents (or guardians) should provide emotional support (being sensitive to the child's needs and feelings, interacting positively with the child etc.). This should go hand in hand with the complete acceptance of the child.

Later the child should be stimulated to experience his/her personal strengths and his/her autonomy respected. However, this growing need for autonomy should take place in an environment that gives structure and clear limits within which the child can feel secure.

Sensitive Responsiveness from the child-raiser towards the child might benefit the above process. This means noticing the signals of the child (1), correctly interpreting these signals (2), wanting to react to these signals (3) being able to react (4), and reacting effectively (5). The personal history and values, support, stress, skills, knowledge, temperament of the child etc. can of course influence the quality of the adult.

Ideally, sensitive responsiveness should provide the child with basic trust and positive references that (1) result in social capacities with the 'attachment person', as well as

with other adults and peers, (2) should help the child explore his/her environment positively, (3) should be a positive influence on general development.

The issue of 'attachment' is often the cause of many (psychosocial) problems that children face, especially children in especially difficult circumstances. Although it is difficult to resolve insecure attachment (if at all possible), it is important to have knowledge about this phenomenon.

This analysis can be useful in preventative approaches when working with families. The intervention should then focus on increasing the sensitiveness of the parents that should result in secure attachment.

Knowledge about this theory is also important for the counsellor because s/he can help the child regain a sense of security and trust that the child possibly lacks/lost with the caregiver.

Explanations or 'Attribution'

- People seek explanations for events taking place around them which we call attribution — some explanations are automatic others are more deliberate.
- Knowledge about this theory is important in understanding the child's explanations for events. It may be useful in cases of change or in learning problem solving skills.
- People have the tendency to explain success to internal causes and failure to external causes.
- One can explain success and failure by ability, effort, task, difficulty, and luck. Developments of attributions go from external (e.g. luck) to internal (e.g. ability).
- Learned helplessness — the belief that one's often-negative outcomes are independent of one's actions, leading to low self-esteem and depression — can be one of the causes of psychosocial problems in children.

How do children learn?

Memory

Learning can be defined as 'forming memory'. Learning is the processing of information that leads to a broader memory. Incoming information is either forgotten or remembered. When information is remembered, it is the function of 'short term memory'. When this information is repeatedly used, it functions and is stored as 'long term memory'.

For children, this process of memory is very rapid. Remembering, therefore, means retrieving information that is stored in the memory (though it is automatic that all information can be retrieved at all times).

Conditioning

We learn behaviour that we are encouraged to learn and we forget behaviour for which no such encouragement is forthcoming. Reward (reinforced) a certain action and the individual is motivated to repeat the action again in order to receive the reward again.

If a certain action has negative consequences (e.g. punishment), the individual will stop engaging in that behaviour. It is essential that the reactions on the behaviour are consistent over time.

Modelling/Imitation

Learning takes place through observation. This can be through films, peers, parents, and group processes etc. The individual observes the consequences of the actions. Again, if the consequences are positive, the individual is (unconsciously) motivated to copy/imitate the behaviour (and vice versa). Even behaviour unrelated to any contingencies will be subject to imitation.

Children will especially imitate the behaviour of their parents (main adults in a child's life). Adolescents will imitate mainly from their peers.

Child and Adolescent Fears[3]

It is normal for children to have fears. Fears have a survival function and have over time, become *psychologised*. Each phase of the child's development is characterised by different fears and as long as these fears do not disturb the daily functioning of the child, they are not static.

Startle reflex — the main fears that babies have are a response to very sudden movements or loud noises etc.

Fear for natural phenomena — children of two years old are often scared by storms, water, strange animals, the dark etc.

At around this time, children also experience the *fear of being left alone* (especially when the primary care taker leaves the child alone for too long).

At around four years old, children often have *fears related to vulnerability*, such as fear of death, fear for illness, etc.

At puberty, children begin to acquire other fears, for example *the fear of failure.* This relates to achievements, changes in the body, etc. More complex, and less functional forms of fear also exist, e.g. extreme (and often unrealistic) fear reactions ('panic attacks') to specific objects or situations *(phobias).*

Some individuals might have a variety of *general fears*, for example fears related to the future, to certain people, disasters, being teased, school tests, going to a hospital etc. Muscle tension, extreme alertness, restlessness, difficulty concentrating can be signs of experiencing fears.

Fears can also relate to previous, unpleasant events (such as being abused, natural disasters, death of loved ones etc), these may include fears for reoccurrence of the event or consequences of the event *(post traumatic reactions).*

[3] In some examples, the term fear also refers to distress or anxiety.

Reference for trainer 2.4.2

General ideas about child-rearing

- The adult should not use corporal punishment, such as hitting, for this can have negative effects on the development of the child. One should adopt other ways of setting limits or showing disapproval.
- Support the child through a positive approach towards his/her activities, ideas, thoughts etc. This means that one should emphasise on his/her capacities.
- Find a balance between letting the child experience/explore, and setting limits/ clarity. A growing child needs to have the possibility to experience his/her environment and to challenge limits (emotionally, intellectually, and socially) and to gain independence/autonomy, respectively. This means giving the child the freedom to explore, which will stimulate the child's competencies.
- On the other hand, the child needs to have clear limits to be able to feel safe and secure. To set limits means that the environment is structured and is therefore a secure base from where exploration can take place.
- It is important that adults are consistent and predictable in their reaction towards the child. If not, the child will not be able to learn what to expect and when; this might result in insecurity and mistrust.
- Every child shows positive initiatives for interaction. Adults can observe and recognise these reactions. Adults should acknowledge and respond to these initiatives. If the response is in a positive manner, the communication pattern will become a useful one. Both adult and child have capacities for such communication.
- Adults should show approval of children's positive initiatives in a verbal and non-verbal way.

Reference for trainer 2.4.3

Functional and dysfunctional behaviour

1) Well-functioning behaviour: an adult or a child, who has acceptable and appropriate behaviour according to the norms of society/the community, and norms of the child's (psychological) development, and can perform the role expected of him.
   - Somebody who has no negative influence on him/herself and is able to cope with his own life and problem situation.
   - These persons may only need a supportive environment (family, peers significant others) to pursue their plan to change the present situation to meet realistic goals.

   Note: a disabled person is not necessarily dysfunctional

2) Dysfunctional behaviour: A person who displays inappropriate and unacceptable behaviour (depending on societal or developmental/psychological norms) or that has a negative influence on him/herself or his/her environment.

Example: a child is very angry because s/he feels she is discriminated in school (although being angry is not nice it is not necessarily dysfunctional); that same child wants to kill those that discriminate him/her (killing someone is not acceptable in terms of norms so that can be considered dysfunctional).

How to help a person with dysfunctional behaviour:

- Create awareness of dysfunctional behaviour or specifically of the negative impact of his/her behaviour.
- Inquire what he can do to solve or do something about the 'dysfunction'. Collaborate to set clear goals for behavioural elements to be changed. Start from simple but attainable solutions that s/he can do without much help from others. Make him/her feel s/he can succeed.
- Intervene or provide help when needed, referral might be needed.
- Brainstorm options together and assess as s/he clarifies feelings, as s/he learns new ways of functioning until his/her ability to cope increases.
- Provide support and interaction with others in the social support network.

Session 5:

Legal Basis and Child Rights

Objectives

At the end of session, the participants are expected to be able to:

- Discuss relevant legal provisions of CRC and the Nepali legislation as a basis for counselling children
- Identify the provision of CRC and the Nepali legislation for protecting CEDC

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic by sharing the major provisions of the CRC and children's Act with the participants. These justify the rationale for counselling intervention for CEDC. Show *transparencies 2.5.1 & 2.5.2* while explaining the topic.
- Give a lecture about the provision of CRC *(see fact sheet 2.5.1)* and article 23 of the Children's Act to provide the participants with a clear understanding on the legal issues involved.

Methodology

- Lecture

Resource materials

Text for lecture:

Transparency 2.5.1 & 2.5.2 Legal provisions of CRC

Text for Trainees:

Fact Sheet 2.5.1 Brief introduction on CRC

Refer to the General Manual on Counselling of CEDC, chapter 1, Legal Basis

Reference Material:

CRC 1989, UNICEF and Nepal's Children Act 2048

Key points

There is no clear legislative provision that ensures counselling in Nepal. However, the State should always be responsible for protecting children in especially difficult circumstances.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- There are not enough legal provisions in the legislation regarding psychosocial assistance for CEDC. Nevertheless, there are some appropriate legislations, however these legislations have not been implemented properly.

Evaluation

The participants, in pairs, come up with a legal 'article' that they feel is missing in the present legal system in Nepal.

Transparency 2.5.1

Convention on the rights of the child

Article 39: Responsibilities to care

The state has an obligation to ensure that child victims of armed conflicts, misfortune, maltreatment, or exploitation receive appropriate treatment for their recovery and social reintegration.

Article 40.1:

- State Parties recognise the right of every child alleged/accused of, or recognised as having infringed the penal law, to be treated in a manner consistent with the promotion of the child's sense of dignity and fundamental freedoms, taking into account the child's age and promoting reintegration so that s/he can resume a constructive role in society.

Transparency 2.5.2

Nepali Legal provisions: Children's Act 2048

Article 23 has provisions that address the guardians to safeguard the interest and property of the child. The Article reads:

The main duty of the guardians shall be to safeguard the interest of the child.

a. To bring up the child in a way that will enhance the physical and mental development of the child.
b. To ensure education; this helps the intellectual development of the child.
c. To prevent the child from acquiring bad habits or bad influences.

Article 34 has the provision of the establishment and operation of Children's Welfare Homes by the government to keep abandoned children.

Article 35 reads: HMG shall establish Children's Rehabilitation Homes. The following children shall be kept in the homes:

a. A child accused of a crime and to be imprisoned pursuant to the existing law for the investigation or proceedings of the case.
b. A child addicted to narcotic drugs.
c. A child who is in the company of persons involved in immoral or inexpedient activities, or takes part in the activities of such persons or depends upon them for earnings.

Fact sheet 2.5.1

What is the convention on the rights of the child?

The convention on the rights of the child is a United Nations agreement that outlines the range of rights that children everywhere are entitled. It sets basic standards for a child's well being at different stages of development. Countries that agree/are legally bound by the convention's provisions become 'State Parties'.

The convention is the first universal legal code of child rights in history. Rather than these issues being scattered among a number of international treaties, the convention brings together in one treaty all relevant child rights issues.

The convention contains 54 articles, each of which details a different type of right. These can be broken down info four broad categories:

Survival rights: This covers a child's right to life and the needs that are most basic to existence; these include an adequate living standard, shelter, nutrition, and access to medical services.

Development rights: These include rights that children require in order to reach their fullest potential. Examples are the right to education, play/leisure, cultural activities, access to information and freedom of thought, conscience, and religion.

Protection rights: Requires the safeguarding of children against all forms of abuse, neglect, and exploitation. These rights cover issues such as special care for refugee children, abuse in the criminal justice system, and children's involvement in armed conflict, child labour, drug abuse, and sexual exploitation.

Participation rights: Allow children to take an active role in their communities and nation. These rights encompass the freedom to express opinions, to have a say in matters affecting their own lives, to join associations, and to assemble peacefully. As their abilities develop, children should have more opportunities to participate in the activities of their society, in preparation for responsible adulthood.

MODULE III

Framework Of Counselling

General objective:

Participants deepen their understanding of the:

- Situation of children in especially difficult circumstances
- Basic philosophy of counselling interventions for children in especially difficult circumstances
- Psychosocial theory of behaviour in relation to understanding how individuals function in society.

Specific objectives:

At the end of the module, participants will be able to:

- Understand the basic principles that are vital in understanding counselling as a psychological intervention for CEDC
- Discuss psychosocial theory of behaviour and its relevance to understanding the situations of CEDC.
- Understand the reasons, principles, process, and approach to counselling.
- Understand the counsellor's role and relate to it as a future counsellor.
- Understand the skills and approach from a cultural perspective.

Session 1:

Self-Awareness

Objectives:

At the end of session, participants are expected to:

- Have a deeper understanding and insight about themselves as being service providers for CEDC
- Be able to share their own strengths and weaknesses as a person and as a service provider for CEDC
- Acquire a deeper awareness about ones own childhood — the positive and negative experiences, and how these experiences can influence ones own present values and attitudes in life
- Understand the behaviour and reactions of a victim

Activities

Time: 3 hours

Materials: meta-card, flip chart, marker, board

Explanation of procedure for trainers:

- Ask the participants to form pairs and after 10 minutes of preparation, share with their partner reflections about themselves. Each pair receives 45 minutes for this sharing exercise *(see transparency 3.1.1).* Emphasise that any shared information is confidential and should be treated with respect.
- After the exercise, ask the participants to share their thoughts in an open discussion to reflect on the exercise.

  Emphasise the importance of self-awareness: "How can we help others in self-reflection if we are not capable ourselves?"

  Service providers should be aware of their own background and the personal emotions/sentiments they carry with them whilst in the process of guiding a child.

  A counsellor's personal experiences, ideas, hopes, friends, etc. all play a role in the counsellor's attitude and thus in the counselling process. The counsellor should be aware of these personal factors in order to minimise their influence on the process.

  Debriefing of exercise/synthesis

  - This exercise demonstrates how difficult it can be to share information about oneself. It is normal that different people have different values and ideas.
  - Self-awareness can be a recurring issue for participants throughout the training
- Ask the group to list words *(brainstorm)* that they associate with the meaning of the word victim. Write the words on the board. *(See fact sheet 3.1.1.)* Ask the participants which of these experiences they have gone through themselves.
- '*The river of life'*: ask the participants to draw (on a blank sheet of A4 paper) a river, which symbolizes their life, and along that river to draw/write the positive and negative experiences that have had an important impact on their life.

Methodology:

- Self reflection
- Sharing
- Brainstorm
- Lecture

Resource materials

Text for lecture:

Transparency 3.1.1 Questions to stimulate self-awareness

Text for trainee:

Fact Sheet 3.1.1 Victim Flow Chart

Key points

A counsellor needs to know how it feels to look closely at oneself when guiding children to be aware, to strengthen their capacities, or change their weaknesses, because that is what s/he asks of the child.

Synthesising:

Provide an opportunity for questions and summarise the session with the following points:

- This session aimed to make participants aware of themselves as service providers for CEDC; and their strengths, weaknesses, and values. Self-awareness is a necessity for a counsellor.
  - This session also reminds us of the feelings that children might experience as a victim — feelings of pain, helplessness, anger, hate, or loneliness. When counselling, it is very important to emphasise and realise what the children are experiencing. Most of us cannot even imagine what many of these children have to go through. However, trying to understand their situation is essential to be able to be supportive.
- The children are often victims. Behind the appearance/behaviour, which often becomes a judging factor, are the main feelings that cause this behaviour. We often fail to understand that the child behaves that way because s/he feels unloved, lonely, angry, ashamed, guilty, confused, hopeless, rejected, etc.

Evaluation

The participants write in brief (preferably only one sentence) what they thought was the core message of this session.

Transparency 3.1.1

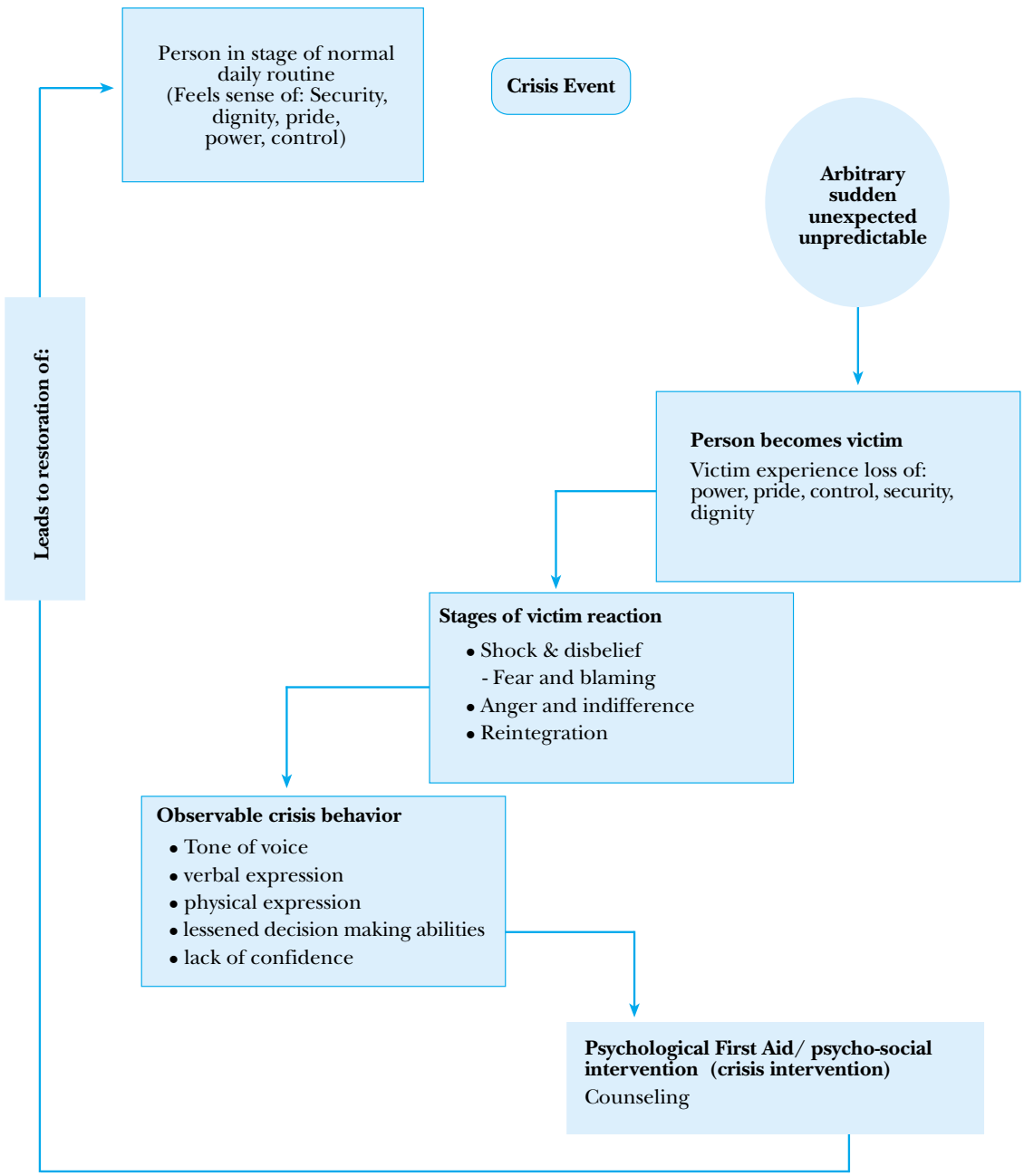
Questions to stimulate self-awareness for counsellors

1. Draw an object (flower, plant, animal, or any object), which best represents you as a person (your value system, attitudes and way of life). Share this with your partner during the dyadic exercise.

2. Share with your partner:
   a) Why I want to be a helper and what do I get from helping others
   b) What does my family and others say they like about me? What they do not like about me?
   c) Career and work – what is it in my work…
      - I like best...?
      - I am very proud about...?
      - I have limitations in...?
      - I do not like...?
      - I find important…?
   d) Childhood experiences:
      What are the significant events in my childhood, which created an impact in my present life?
      - Positive
      - Negative
   e) What are my personal goals in life?
   f) What are my goals as a worker?
   g) Who are the important people in my life and why?
   h) What are my strength and weaknesses, professionally and/or personally?
   i) List five of the most important values in your life.

Fact sheet 3.1.1

Victim Flow Chart



Session 2:

What is counselling?

Objectives

At the end of the session, the participants are expected to:

- Define counselling intervention and its objectives
- Differentiate between what is counselling and what is not counselling

Activities

Time: 3 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- The participants read the definition and objectives of counselling (*see General Manual chapter 3 'Communication skills' & 'Skills to handle reluctance' and additionally Annex 2, 'Possible traps'*). Ask the participants to then divide into groups of four and write the most important points on meta-cards.

  Finally, they should write a new definition of counselling in simple words, covering most of the extracted points.

- Participants divide into three groups and answer two questions: 1) What is counselling? 2) What is the opposite of counselling?

  Provide an opportunity where they can present their views. Discuss the differences (*see transparency 3.2.2*) in opinions.

- In Nepal, counselling is often equated with 'giving advice'; address this issue by asking the participants what the disadvantages are of giving advice in the counselling process *(see, General Manual, chapter 3, 'Methodology of counselling – Reasons why a counsellor should not give advice').*

Note: The trainer should refer to a later session in this module that will deal with the counselling approach being taught in more detail.

Methodology

- Brainstorming
- Workshop and group discussions
- Lecture/discussion

Resource materials

Text for lecture:

Transparency 3.2.1 Counselling
Transparency 3.2.2 What is the opposite of counselling?

Text for trainees:

See General Manual, chapter 1 'Child welfare philosophy' & 'Legal Basis'; chapter 3 'Methodology of counselling'; Annex 2 'Possible Traps' for more information on Counselling CEDC.

Key points

Sometimes people cannot find a way out of difficulties or feelings; at this particular time, a person who helps is most welcome.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Counselling is a psychosocial intervention for children who have been behaving 'differently', expressing or indicating feelings of pain, sadness, suffering, helplessness, anger, etc. Counselling guides them to a state of balance from which they can handle and improve the situation. The purpose is to help the person to change/improve the present problem or situation.
- This session links with almost all the following sessions for it covers the rationale of this approach to counselling and thus of this training.

Evaluation

Ask the participants if there was anything in the session, they did not understand. Complete understanding is important; this session provides the basis for the rest of the training.

Transparency 3.2.1

Psychosocial Counselling

Counselling is a planned intervention between the child/victim and counsellor/helper to assist the child to alter, improve, or resolve his/her present behaviour, difficulty, or discomforts. It is a process of helping the child to discover the coping mechanisms that he/she found useful in the past, how they can be used or modified for the present situation, and how to develop new coping mechanisms.

Counselling is about strengthening the ability of the child to solve problems and make decisions and is different from giving advice. You, the counsellor, are generally not an advisor or person of authority in the counselling relationship. The process involves a mutual responsibility between you and the child.

Counselling enables the child to discuss feelings and worries freely without cultural, gender, and social discrimination. Counselling should reduce these disturbing conditions. By talking to you, the child can express worries, release tension, and share feelings of suffering. Talking in detail about problems often has a clarifying effect for the person and through this; strategies for change can be explored.

Transparency 3.2.2

What is the opposite of counselling?

Examples

- Ordering, commanding, and pressuring
- Warning and threatening
- Giving advice or providing solutions (when this is not necessary)
- Moralising and labelling
- Disagreeing, judging, and criticising
- Instruction and evaluation
- Arguing
- Openly showing disbelief
- Lack of interest or not responding
- Educating (when not appropriate)

Session 3:

Why Counselling?

Objectives

At the end of session, the participants are expected to:

- Have an idea about the problems of CEDC in Nepal
- Relate the problems of CEDC to counselling

Activities

Time: 2½ hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic by asking the participants to list on meta-cards, the problems CEDC are facing today. The participants divide into four groups. Ask this specific question:

  What are the problems that CEDC are experiencing in Nepal?

- Paste the meta-cards on the board in separate columns. Synthesise the response through a discussion about the situation of CEDC in Nepal *(see General Manual chapter 1, 'Nepal's situation')*.
- Remaining in their groups, the participants identify/discuss problems that might require counselling interventions; they must provide explanations and reasons *(summarise the session with transparency 3.3.1)*.
- The participants divide into two groups. Ask the question: "What is the difference between social workers and counsellors?" Though one person can have both roles, they need to be able to differentiate these roles (also applicable for teacher/adult-counsellor differences).

Note for the trainer:

Refer to the *General Manual, Chapter 2, box 'The Child's Perspective'*. Try to include the differences between the problems that both service providers deal with (social workers deal with materialistic, practical, legal, educational or medical issues, whereas counsellors deal with psychological, social, and emotional issues — even though there is an overlap).

Methodology

- Group work
- Lecture
- Brainstorming

Resource materials

Text for lecture:

Transparency 3.3.1 Why counselling?

Text for Trainees:

Refer to General Manual, chapter 1 'Rationale', & chapter 2 'Linkages with other service'.

Key points

State, local government, community, family, and parents are responsible to protect CEDC from violence, sexual abuse, and exploitation.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focussed on problems that CEDC are experiencing, and problems that might require counselling. This means that the trainees need to make a distinction between psychological, social, and emotional problems and materialistic and practical problems.
- For example, poverty or lack of education does not necessarily mean the child needs counselling. However, if the child has difficulties regarding these issues (e.g. feeling angry or helpless etc.) then one can assist through counselling.

Evaluation

The participants answer, in their own, simple words the question posed in the title of this session — "Why Counselling?" They should write their answers on a piece of paper and then share their views.

Transparency 3.3.1

Why Counselling?

- Counselling is often an effective way of dealing with psychosocial and emotional problems of children in especially difficult circumstances. Anyone (with training) can do it, as long as you have the right attitude and skills.
- Behaviour is often an open expression of feelings. In order to change problematic behaviour, counselling requires dealing with feelings.
- Psychological health is an important part of child survival, protection, and general development.
- Children have the right to have a childhood that is as problem-free as is possible. It should also be the adult's responsibility to care for and guide the child, and help him/her cope with any difficult situation.
- Legal basis; Convention of the Rights of Children
- Helping children in especially difficult circumstances requires many different approaches. Food and shelter are essential but may not be sufficient if the child has to deal with trauma. Counselling focuses on the child's feelings, thoughts, and ideas that are essential too.
- Counselling encourages and assists the child to find a solution for his/her problem/situation.

Session 4:

The Psychosocial Approach

Objectives

At the end of the session, participants are expected to:

- Discuss psychosocial theory of behaviour, and its relevance to understanding the situation of CEDC.
- Understand social support networks as an effective supportive mechanism of psychosocial counselling.

Activities

Time: 1½ hour

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic by asking the participants what they understand or know about the concept *'psychosocial'*.
- Based on their understanding, conduct a lecture and discussion on the psychosocial approach (*see transparency 3.4.1 and fact sheets 3.4.1 and 3.4.2*) and the psychosocial theory of behaviour. Highlight the components needed in conducting psychosocial assessment. Present the components of psychosocial assessment *(see transparency 3.4.2).*

To deepen their understanding of the topic, divide the participants into four small groups to analyse the cases of "Bina" and "Sunita" *(see Module VII, Reference Materials 7.1 & 7.2 for cases)* according to psychosocial assessment *(see transparency 3.4.2.).*

- Participants present their ideas and input to analyse in an open discussion.

Methodology

- Brainstorming
- Lecture discussion
- Workshops
- Case situation analysis

Resource materials

Text for lecture:

Transparency 3.4.1	The Psychosocial Approach
Transparency 3.4.2	Components of psychosocial assessment
Transparency 3.4.3	The Context of Counselling
Reference for trainers 3.4.1	Additional information ; Psychosocial problems

Text for Trainees:

See module VII for the case studies of Bina and Sunita

Key points

The inner feelings (psycho) and outer environment (social) influence the behaviour of the child. In psychosocial counselling counsellors should always focus on feelings and corresponding coping behaviours — not necessarily on the event.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focussed on the 'psychosocial' concept. On the one hand, it concerns the internal processes of an individual. On the other hand, the concept indicates the influence of the individual's surroundings and environment. Counselling focuses on both these components.
- It is essential for counsellors to understand this concept to identify the problem situation properly. The concept allows the counsellor to be able to guide a child towards a solution that is suitable and refers to both the internal ('*psycho-*') and external ('*social-cultural* ') aspects.

Evaluation

Ask the participants if they understand the concept *"Psychosocial."*

Transparency 3.4.1

The Psycho-Social Approach

- The psychosocial approach is an intervention, which looks at the child and his/her problem in relation to his/her environment. The *(Social)* environment includes society, family, school, and peers.

- The *Psycho- (logical)* part is concerned with mental processes such as feelings, thoughts, behaviour, and motives.

- The child's problem situation is then analysed and understood from his/her psychological, social, and cultural perspective.

- The child's internal capacities and social and cultural resources influence solutions and change.

"The way the child defines the problems determines the intervention to be used. Sometimes we tend to focus only on the person and the event or critical situation. We forget to look at the feelings and the behaviour of the child and the expectations of the environment."

Transparency 3.4.2

Components Of Psychosocial Assessment:

a) Critical Events/Stress/Situation:
These refer to certain events in a child's life that create a severe impact on his/her present condition. Events can also be happy situations; the child can use these conditions to cope with problems.

b) Feelings/behaviour:
Refers to the response of a person after an event such as happiness, sadness, loneliness, anger, problems with sleep, etc.

c) Coping Behaviour:
Refers to the manner in which a person deals with feelings or situations of discomfort.

d) Resources:
Refers to the external support system that a person uses in times of need/a crisis. Resources include family, friends, extended family, etc social resources, and can include cultural or spiritual resources (e.g. going to a temple).

Reference for trainer 3.4.1

Additional information[1]

A. Behaviour is often the overt manifestation of feeling. Socially acceptable or appropriate behaviour indicates that there is equilibrium or balance. This is adequate social functioning. However, a pattern of behaviour that is inappropriate or unacceptable indicates that the person is not adequately functioning.

Event/ situation **Stimuli**	Causes → **Feelings**	Leads to →	Reaction **Behaviour**
My Behaviour (behaviour)	Causes → Arouses Feeling in others (feelings)	Who behave and React → Towards me (behaviour)	in a way I like → Or do not (feelings)
And this makes me → behave and react (behaviour)	In a way others → approve/ disapprove (feelings)	who in turn treat → me or respond to me (behaviour)	in a way I like or do not like (feelings)

B. In addition to the explanation of the psychosocial concept above, one can also view the concept in this way[2]:

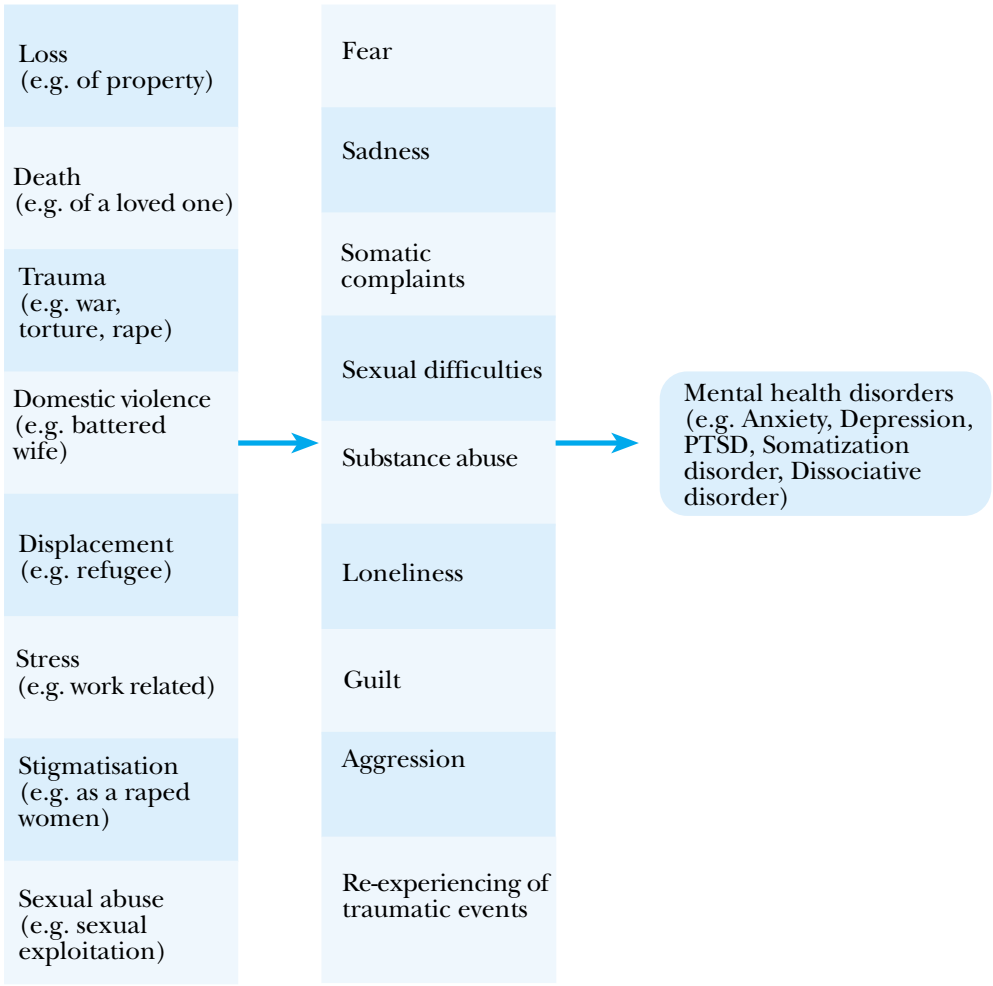
1) *Psychological problems arising from self or society:* for example, substance abuse, suicide, post traumatic stress disorder, etc.
2) *Psychological problems causing societal problems:* for example, paedophilia, anti-social behaviour, etc.
3) *Societal problems arising from psychological problems:* for example, domestic violence by alcoholics, etc.
4) *Societal problems causing psychological suffering:* for example, violent crimes, child abuse, torture, etc.

Psychosocial Problems

Psychosocial counsellors, psychologists, mental health workers, and psychiatrists have to deal with a vast range of problems. Some problems have been labelled as psychiatric/psychological disorders (combined in diagnostic systems such as DSM-VI or ICD-10, which are used commonly for diagnostic and treatment issues).

[1] It should be noted that different professionals have varying theories that explain behaviour or define concepts.
[2] From Poudyal and Van Ommeren, 2000

Figure 1[3]: Psychosocial problems



Example 1: Psychosocial problems for youth trafficked for sexual exploitation[4]: Issues: safety, guilt, distrust, shame, stigmatisation, problems in social relationships, anger, fear, isolation, reduced self-worth.

Example 2: Psychosocial problems for children who have been affected by armed conflict[5]: Issues regarding loss, fear, confusion, anger.

[3] Adapted from Community Mental Health in Cambodia. 1997. Transcultural Psychosocial Organisation (TPO).
[4] From Specialised training Manual on Psychosocial Counselling for Trafficked Youth. Handling the trauma of sexual exploitation. 2002. Jordans, M.J.D./ILO IPEC TICSA, Kathmandu.
[5] From Psychosocial Cousnelling manual for Children in Conflict. (in preparation). Save the Children/Jordans.

However, these classified disorders do not cover all aspects of psychosocial problems and we cannot assure their cultural validity.

Counsellors often deal with 'non-classified' problems. Having said that, it needs to be understood that the social/emotional problems described here can be a cause, result, or component of psychiatric/psychological disorders. Thus, an understanding of the full spectrum is necessary.

Counsellors deal with many psychosocial problems that are mild forms (and therefore not diagnosed) of disorders, such as severe sadness, though not depression; post trauma fears, but not PTSD; or medically unexplained pains, though not somatization disorder. These symptoms do not mean that the level of distress is less for the individual than advanced forms of the same symptoms.

The variety of psychosocial problem situations can include stress at work, death of a loved one, domestic violence, physical or sexual abuse, loss of property, social distress, or stigmatisation, experiencing a traumatic event, or a combination of these factors. Such problems often manifest as negative emotions or disturbing behaviours, such as fear, sadness, grief, shock, somatic complaints, sexual difficulties, substance abuse, sleeping difficulties. These problems can be the cause, result, or symptoms of mental health disorders, but can also be present as such (for a schematic representation see *figure 1*). Severe mental disorders such as schizophrenia are not included here.

Many psychosocial problems are very specific for different people. For example, somebody who experiences social-emotional problems due to poverty might have very different reactions or problems from someone who has experienced torture. Similarly, the reactions and problems of a sexually exploited child will be different from that of a child who has been exposed to, or was a victim of war-violence.

Transparency 3.4.3

The Context of Counselling

External factors influencing the child, its problems, and the counselling process

- Norms and values of the society
- Social environment – e.g. social agents of care
- Physical environment – e.g. presence of violence
- Cultural context – e.g. traditional ways of healing, coping and support
- Economic status – e.g. poverty
- Political environment
- Educational status
- Health Status

Session 5:

The Counselling Process

Objectives

At the end of session, participants are expected to:

- Gain a deeper understanding of the counselling process and the roles involved when helping a person during counselling.

Activities

Time: 4 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic by asking the participants to discuss and write down what they think is the correct approach in the various stages of the counselling process. Divide them into three groups for this activity. Post each group's ideas on the board according to phases/stages of the counselling process. Each group must present what they have discussed. Put their responses into the following six categories:

  1. Identification of the problem/child
  2. Beginning/rapport building
  3. Defining the problem(s)/assessment
  4. Formulating the counselling goals/plan. What is the focus?
  5. Implementing the plans/problem solving
  6. Ending the counselling relationship/back to daily life

- Use the results for a discussion/lecture on the various stages and contents of a counselling intervention within a psychosocial approach *(see transparency 3.5.1 and ask the participants to read General Manual, chapter 3, section on 'Counselling process' and the fact sheet 3.5.1).*

- Explain two methodologies to highlight the different phases *(see fact sheet 3.5.2: 'Laxmi').*

a) Case study analysis: Participants divide into four groups and prepare a psychosocial assessment *(see fact sheet 3.5.1)* on the problems of the child (*Laxmi*). They must prepare a short counselling treatment plan that includes a hypotheses, counselling goals, and plan of action based on their assessments.

b) Role-playing: one of the groups prepares a role-play on the *'beginning phase',* another on *'getting at the problem'* phase of the counselling process, another group focuses on the *'formulating counselling goals'* stage and the final group on the *'implementing phase'*.

The role-plays should be conducted as if counselling has already been going on for about five sessions. After 20 minutes of preparation, one pair from each group presents their role-play in front of the others. Allow 15 minutes for each play.

The observers should evaluate (1) the relevance of the counsellor's questions or methods considering the different stages they are supposed to role-play and (2) the use of basic communication skills and emotional support.

Methodology

- Case study analysis
- Workshops/discussion
- Role play
- Lecture

Resource materials

Text for lecture:

Transparency 3.5.1 Counselling process

Text for Trainees:

Fact Sheet 3.5.1 The counselling process
Fact Sheet 3.5.2 Case study of 'Laxmi'
General Manual, chapter 3, 'Counselling Process'

Key points

The counselling process involves a long-term plan, which follows a step-by-step approach.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- The counselling process can be summarised as **DASIE** (Nelson-Jones, 1994); **Develop** relationship, **Assess** the problem, **State** working goals and plan intervention, **Intervene** to develop problem-solving skills, **End** the counselling process. After the counselling sessions are over, it is essential to follow up on the child's well being to ensure that the positive changes are sustained over time.
- Refer to another session that deals with basic elements and principles of counselling. Mention that these principles are recurring throughout the entire counselling process, regardless of whether it is the first or the seventh session.

Evaluation

Ask the participants what they learned from this session.

Transparency 3.5.1

The Counselling Process

Emotional support is essential throughout the entire process of counselling.

I) Identification of the child and or problem:

The type of intervention should be relevant to the problems presented and should be based on the criteria for intake such as, the expressed need for the intervention; emotional imbalance; psychosocial problems; disabled daily functioning due to such problems, etc.

II) Beginning the counselling process:

- Set the atmosphere/ build a rapport with the child
- Introduce yourself
- Explain counselling
- Ask for the child's expectations

III) Getting at the problem/Assessment:

- Explore and structure the problem
- Explore the positive qualities such as strengths of the child
- Understand the situation/problem
- Make decisions together to start the process
- Create mutual awareness about the problem

IV) Formulating goals for counselling/helping plans:

- Formulate the child's preferred outcomes
- Specify and explore these goals

- Prioritise which goal to start with
- Specify and explore goals
- Decide the relevance of the goals together

V) Implementation of counselling goals and decisions:

- Stimulate solutions or strategies for change
- Discuss advantages and disadvantages of these
- Formulate and Implement a plan of action
- Work with/on coping strategies, and work with social and cultural resources
- Look at underlying causes of the problem

VI) Ending the counselling process/evaluation:

- Discuss reasons for termination
- Summarise the entire counselling process
- Provide feedback and focus on positive elements
- Discuss the transition phase

VII) Follow up and if necessary co-ordinate linkages

Fact sheet 3.5.1

The Counselling Process

Intake

'Intake' usually refers to the first interview and is the process of determining the child's problems and how his/her behaviour affects him/herself and others.

During 'Intake', one determines what the child's present problems are, and what factors created an impact on the child's present situation.

Critical incidents/ situations	Feelings/ anxieties emotion	Coping behaviour	Resources
1. Beaten by step father	• Angry powerless	• Left home and stayed in the streets	• Friends on the street
2. Parents separated and mother remarried	• Sad, disappointed	• Left home	• None

Intake also refers to the process of determining what resources (internal and external) are available to the child to achieve the desired outcomes.

Intake enables:

- The child to express his/her needs as s/he sees them. The child can state how s/he would like to receive assistance from the organisation.
- The counsellor to explain the services the organisation has to offer and to discuss the direct and indirect reasons why the child/others contacted the agency.
- The child to share information with the counsellor, to gather data and identify the background (history) information in relation to the present problem.
- Both parties to agree on:
  1) Whether the organisation can be helpful to the child's needs or not
  2) The terms of reference of service or contact.

Problem Identification & Assessment

This stage refers to the counsellor's analysis of the case and the situation of the child, with particular focus on the child's feelings and attitudes that are significant in his/her/others' life. It also includes the counsellor's professional impression regarding the situation.

This stage should include the following:

- Problems and needs as seen by the child
- Problems and needs as seen by the counsellor
- Child's feeling about the situation
- The child's efforts to solve the problem

Resources (internal and external)
In order for the child/family to achieve the desired outcome and to change the present situation, a counsellor identifies the child/family's available internal and external resources.

Internal resources: Inner strength, capacity to withstand, recover, and even grow from negative experiences (resiliency/coping). This could be:

- A sense of value acquired from family and others in the social support system/positive attitude towards parents/family
- Competence to perform certain tasks (vocational skills)
- Problem-solving and leadership skills
- Moral values learned from parents
- Education
- Parent role models

External resources: is the process of identifying social support networks that can help the child immediately. Support can be emotional, material, and psychological (giving esteem or advice). How can they (external resources) help, in what form, in what way? In the case of CEDC '*they*' might be:

Mother/father	Siblings	Aunt/uncle	Rituals
Traditional healers	Friends	Social workers	
Teachers	Community	Religion/Spirituality	

Treatment planning

Treatment planning is the process of working together with the child/child to set objectives in the helping process (through the desired outcomes) and finding strategies and ways in which these objectives can be achieved.
Whenever possible, the counsellor should explain to the child the various helping strategies being used and the child should agree on their usage. This process of empowering the child, determines:

- What the child wants to do for him/herself and working out objectives to solve the present problem
- The desired outcomes
- The strategies/activities that the child can do or utilise to achieve the objective or goals to change his present situation
- How the agency or the counsellor and others (social support system can) help
- How long each objective in the case management process will take — the length of time necessary with the child
- What the child's coping strategies are in this and previous situations, and how one can strengthen or modify them

What the helping strategy or implementing the treatment/helping plan involves

- Carrying out what has been planned or agreed upon
- Finding out if the strategies and activities planned are effective or not
- Clarifying whether there is change in the child's coping behaviour (as desired by the child)

Format of Plan of Action

Goals	Objective	Activities	Time frame	Person/group responsible

Termination or closure

- The counselling process will end if the desired behavioural changes or objectives have been attained
- Evaluate how the achieved changes will help the child for future problems and conflicts
- Evaluate the child's integration into the family or community
- Prepare a closing summary

Follow up

Through questionnaires, phone calls, visits, or otherwise the counsellor should periodically check whether the state of the child is endurable. This is to evaluate the counselling intervention as a whole and detects possible relapses in the problems of the child.

Fact sheet 3.5.2

Case study of Laxmi

Laxmi is a 16-year-old girl who is neglected and very sick. Her family moved from Dhading to Pokhara seven years ago and they have been living in a squatter community since.
Laxmi has a mother, father, two elder brothers, one younger brother, and one younger sister. Her two elder brothers live separately. Her younger brother lives in the streets and comes home occasionally. Her father is a traditional faith healer *(Dhami-Jhakri)* and he works on daily wages. Laxmi's mother leaves home early in the morning to look for jobs and takes her three-year-old malnourished daughter with her. She returns home late in the evening. Sometimes Laxmi's parents find jobs and sometimes they cannot find anything. Laxmi's father spends their income on alcohol. There are quarrels between the father and mother almost every evening.

Laxmi used to study in grade three in the nearby school two years ago. Every Saturday morning or evening (depending on the availability of jobs), she used to go to work with her mother. Her school life was difficult to maintain. At school, teachers complained about her school dress and homework. They humiliated her and made funny remarks about her age and her slow learning. They used to beat her. As a result, Laxmi lost interest in studying.

Laxmi was 14 years old when her menstruation started and then it stopped after six months, perhaps due to health problems. She began to loose weight. Her father consulted a faith healer, who gave her medicine from the nearby medicine-shop. Nothing worked. She became thinner and thinner. She discontinued going to school and it was very difficult for her to work at home.

Six months later, Laxmi's mother arranged for her to get married to an 18-year-old child worker. Her mother called the boy one evening and Laxmi ran away. She went to Hemja, where her aunt earned a living breaking stones.

Laxmi's parents believe that she might have eloped with someone else and have not looked for her. She has not informed her parents where she is. She does not know what will happen if she informs her parents. She is afraid of informing them. Suffering from the illness and recalling the behaviour of her parents, Laxmi does not know what to do. Her aunt thinks that she is suffering from a severe type of disease. Her aunt does not have enough money for Laxmi's treatment and she does not have any contacts.

Helpless, Laxmi feels isolated especially when she recalls quitting school, her parents' behaviour towards her, the quarrels, and the wretched condition of her family. She cannot sleep well wondering about her own situation all the time. She speaks softly during the day. She has not been able to find solutions for her problems. She does not know where to go and what to do. She occasionally expresses her feelings to commit suicide.

Session 6:

Roles and qualities of a counsellor

Objectives

At the end of the session, participants are expected to:

- Understand the major roles and qualities of a counsellor.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Ask the participants (in pairs) to write on meta-cards, at least three major roles/ functions of a counsellor.
- The participants divide into groups of four and write what they feel are the qualities of a counsellor. Ask them, "*What makes a good counsellor*?"
- Sort out their answers into 'functions/roles' and 'qualities' of a counsellor, and explain additional functions, roles, and qualities or initiate a discussion about the participants' answers *(see transparency 3.6.1)*. The participants should reflect on the identified qualities and roles, and relate it to themselves as future counsellors.

Note: Sensitise the participants on the importance of codes of conduct/ethical codes for counsellors. Though such codes are not yet formally drafted, stress the fact that they should adhere to the principles and roles of a counsellor and place importance on ethics. Ethics include no discrimination of any kind, no dual relationships, etc.

Methodology

- Group work
- Lecture or discussion

Resource materials

Text for lecture:

Transparency 3.6.1 Functions and Roles of a counsellor

Text for trainer:

See General Manual, chapter 3, 'Functions and qualities of a counsellor'

Key points

The role of a counsellor is to be an objective listener outside of the child's situation. Counsellors assume the role of an adult and a trusting companion, and function as a mirror for children.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Summarise the major functions/roles and qualities of a counsellor. It is necessary to emphasise that the discussed roles and functions are basic. The counsellor should be able to (re) define or modify his/her role as the needs of the child changes. One of the basic principles in counselling CEDC is that every child is different and therefore every problem is different.

Evaluation

Ask the participants to write their comments or the most valuable points about the session.

Transparency 3.6.1

Functions and Roles of a counsellor

Counsellors should:

- Respect the norms, values, and attitudes of an individual, a group, or a community whilst counselling.
- Continuously build a rapport with the parents, family, community, and child to protect, care for, and rehabilitate the child through positive developments.
- Establish interest, trust, and confidentiality with the child.
- Assist the individual or parents to find support from society, or their environment.
- Provide co-ordination with other agencies/services.
- Evaluate the process (e.g. documentation) and arrange follow-up.
- Be a good role model for the child (e.g. by showing empathy, patience, respect, optimism, etc) during the counselling sessions.

Session 7:

Principles of Counselling

Objectives

At the end of the session, participants are expected to:

- Explain basic child welfare philosophies that are vital in understanding counselling as a psychosocial intervention for CEDC
- State the basic elements of counselling
- Understand the basic principles of counselling

Activities

Time: 1 hour

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Participants read *General Manual, chapter 1, 'Child welfare philosophy'.*
- Ask the participants to tell you what the main, general components/principles of counselling are (*See transparency 3.7.1).*
- Paste their answers on the board. Use the answers for a group discussion, and focus on the principles of counselling. Emphasise the principles that focus on the child's feelings and enhancement of his/her capability for solving problems and making decisions.

Methodology

- Brainstorming
- Group sharing/Workshop
- Lecture and discussion

Resource materials

Text for lecture:

Transparency 3.7.1 Basic Principles of Counselling

Text for Trainees:

General Manual, chapter 1, 'Child welfare philosophy', & chapter 3 'Basic principles in counselling CEDC'

Additional text for trainer:

Reference Material 3.7.1 Approaches to counselling

Key points

Counselling enables a child, in a positive and warm environment, to express emotions, worries, fears, thoughts, etc. It aims to restore feelings of dignity and

self worth, and assists the child to find and implement solutions through listening, brainstorming, providing empathy, and being supportive and understanding.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- In this session, we looked at the elements and principles of counselling that are building blocks to carry out the more basic child-welfare philosophy. The counsellor should always understand that every person or child has the inner capabilities to resolve problems in his/her life.
- In counselling CEDC, it is important that the child feels respected during the process. It is important to accept the child as s/he is, and to listen to the views expressed by the child. The child's full involvement in the process is very important; the role of counsellor is to facilitate or assist the child to make decisions.
- This session links with many other sessions for it deals with the root of the intervention and the fundamentals of counselling.

Evaluation

Ask the participants to come up with their definition of counselling in one or two sentences. Collect the responses and write your definition on the board *(see key points above for definition)*.

Transparency 3.7.1

Basic Principles of Counselling

1 **Trust:** Counsellors cannot help a child if there is no element of trust. Before moving into counselling, establish trust. Children feel free to express and share their concerns when they can trust somebody.

2 **Confidentiality:** Respect the privacy of the child. Assure him/her that everything will be kept in strict confidence. Confidentiality in the entire process of counselling is very important and enhances the dignity of the child.

3 **Self–Determination:** The child can make his/her own decisions about life, as much as can be realistically possible. The role of the counsellor is to provide OPTIONS and OPPORTUNITY, or to help children explore alternatives best suited to his/her capability and situation (coping strategies).

4 **Positive approach:** Emphasise what the child does well — focus on approval instead of disapproval. Reward children when they do things well or when they make an effort.

5 **Focus on feelings:** It is often essential to discuss the child's feelings (both open and hidden ones) to help him/her.

6 **Giving Empathy:** This is the ability to enter the perceptual world of the other person, to see the world as they see it. (Burnard P, 1994). It is important to understand the child and his/her problems from his/her point of view. This provides emotional support.

7 **The counsellor must be genuine:** The counsellor should be completely him/herself, and emotionally balanced.

8 **Unconditional positive regard:** The counsellor should completely accept the other person. This means having a non-judgemental attitude.

9 **Warmth and openness**

10 **Conversation skills:** The counsellor should be able to summarise, reflect, and be an active listener etc.

11 **Focus:** The counsellor should be focussed about the objectives and steps of the counselling process; counselling is not just chatting with children.

12 **Child's Perspective:** Respect children's situations and expressions; take them seriously.

13 **Documentation**

Reference for trainer 3.7.1

Approaches to counselling:

There are several approaches to counselling. It is important that the counsellor has an overview of these different approaches described briefly below (Burnard, 1994). The focus of this training is on a combination of the humanistic and cognitive approach.

- **The humanistic approach.** In this approach, effective counselling relies on trusting the child's own ability to find his/her own way through the problem. The counsellor will help the child conceptualise the problem and will help him/her to progress through the difficulties in his/her own way. Counsellors are not experts in the child's problems but are individuals who accompany other people in their search for personal meaning.

  Humanistic approach in practice:
  - Avoid 'interpreting' the child's behaviour
  - Encourage the child to identify his/her own solutions to problems
  - Acknowledge that every individual is to some degree responsible for his/her own behaviour
  - A counsellor's main components are empathy, warmth, genuineness, and positive regard.
- **The psychodynamic approach**: To help the child feel less anxious and more able to make rational decisions in the present, it is necessary to explore the child's past thoroughly, which will reveal various painful events that enable the counsellor to understand the child's present behaviour. The process of counselling from the psychodynamic point of view can be compared to a jigsaw puzzle; when all the pieces are put together the whole picture make sense.

  The psychodynamic approach in practice:
  - Highlight the relationship between past and present events in life.
  - Acknowledge that unconscious forces are at work that effect the child's behaviour.
  - Encourage the expression of hidden (unexpressed) emotion.

- **The behavioural approach**: We learn behaviour that we are encouraged to learn, and forget behaviour where no such encouragement is given. The counsellor will work less on the recollection of painful, past events, and will instead work on extracting the child's definitions of undesirable behaviour, which might have been different for the child in the past. The key issues in this approach are learning, un-doing the learning, and relearning.

  The behavioural approach in practice:
  - Set practical aims and objectives in counselling
  - Discuss behaviour rather than reasons for patterns of behaviour
  - Identify a practical programme of small changes that the child might be able to achieve in order to cope with problems of life

- **The transactional analysis approaches**: We all relate to other people from different 'ego states'. These ego states are described as:
  - *The parent* — developed through the early absorption of parental and judgmental attitudes. We communicate superiority to others or patronise them.
  - *The child* — mainly developed through our experience of being a child. We become dependent on others.

  When we operate from the *adult*, we meet others as mature, equal beings. The aim of transactional analysis is to enable children to identify the relationship/ communication 'game' that they play through different ego states, and to learn more about the adult-adult basis.

  The transactional analysis approach in practice
  - Notice the interpersonal 'games' that people play
  - Encourage the child to remain adult in his/her relationships
  - Encourage the child to try new strategies in his/her relationships

- **The cognitive approach**
  This approach views behaviour and emotions as a result of thoughts (cognitions). Therefore, to change behaviour from a cognitive point of view one needs to modify destructive thoughts. This approach is clear in its practice and research has shown it to be effective (in the West).

  Cognitive approach in practice:
  - Learning to discriminate and change undesired behaviour
  - Learning to differentiate alternative behaviour from undesired behaviour
  - Implementation: practising 'new' behaviour to deal with the situation

Session 8:

Culture and Counselling

Objectives

At the end of the session, participants are expected to:

- Have some insight about cultural discrepancy and the counselling approach in Nepal.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers

- Before the session, separately/secretively brief two participants that there will be a discussion on the appropriateness of western counselling practices relevant to Nepal. Ask these two participants to pretend to be extremely critical about the western approach throughout the entire discussion (i.e. they have to play the 'devil's advocate').
- Begin the session and ask the participants whether it is realistic and constructive to implement a western approach in a non-western society (leaving aside if such clear division or terminology is still appropriate to start the session).

  [The two participants briefed earlier will "naturally" fuel the discussion].
- Be aware of the escalation of the discussion; control and mediate the discussion, which should last an hour.
- Finally, disclose the two participants who were instructed to be critical, and explain that this discussion was part of the session on *Culture and Counselling*.
- Allow some time for 'ventilation', and continue an open discussion on topics that did not yet surface, but might be relevant (see below).

If you do not feel comfortable with this approach, you can initiate the discussion yourself from the start.

Note for the trainer:

- Below, are some issues that might be relevant to the discussion. If necessary, bring up these issues to revive the discussion (or instruct the identified two participants to bring these up).
  - In Nepal, people do not express their emotions as openly as in Western countries. Does this conflict with the counselling process?
  - Is counselling a reaction to Western problems or to global psycho-emotional problems?

- Are children appropriately coping with issues themselves, and does counselling bring up unnecessary issues? (Make it clear that counselling is only necessary when a child is in clear psycho-emotional despair, or indicates a need for guidance.)
- 'The counsellor is not an advice-giver' — Is this suitable in a hierarchical society? (Authority issues)
- Can counselling go hand-in-hand with religious/spiritual beliefs and values, for example with Hinduism and Buddhism?
- Counselling, at times, tends to internalise and individualise the problem/suffering. Is counselling suitable for a collective society? Should we focus on removing social problems instead?
- Is there an alternative way to deal with psycho/social/emotional problems for CEDC?
- Are Western and Eastern concepts of humanity and life too different to exchange approaches?
- What about caste and gender issues in counselling?

- Mention that the humanistic counselling approach originated in Western societies. By implementing this approach in a society with a different cultural background may result in dilemma.
- Mention that there is the possibility of finding a balance between two cultures or approaches. An approach can be adapted for its appropriateness in a certain culture (e.g. community counselling). We are living more and more in a global society that exchanges ideas (e.g. Buddhist ideas finding roots in Western societies).
- On the other hand, mention that one should be aware of the risks of such interventions in a country such as Nepal, and one ought to realise that this approach is not free of debate. One should therefore remain critical.

  The implementation of a new approach, like learning in general, is a two way process, not simply exporting or imposing systems/knowledge from Western societies. One can, for example, apply the intervention but make it appropriate to the culture — shift from a focus on the individual to a focus on social/cultural reality, and thus *build on the culture's internal capacities and values*.
- Finally, initiate a discussion on the role *of cultural belief systems* and the role of *traditional healers* in relation to counselling. *Do the participants feel that traditional ideas of helping and seeking help are compatible with counselling?*

Methodology

- Group discussion

Key points

Discussion on this issue is important and valuable. One should never apply a method without critically evaluating its cultural appropriateness. On the other hand, we should not forget the present situation of children in Nepal. If there are children in need of guidance then *something has to be offered*, but it also has to be free of harm.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focussed on the dilemma of implementing a Western approach, (which is what counselling is) in a non-western society. It highlighted several issues that might be conflicting from a cultural perspective. Though the discussion does not intend to give an answer to this dilemma, it is an opportunity to think about applying psychosocial assistance in Nepal.

Evaluation

Ask the participants to write down what, for them *personally,* is the biggest cultural difference that would complicate implementing counselling.

Session 9:

The Counselling approach — Supportive and Problem Management Counselling

Objectives

At the end of the session, participants are expected to:

- Understand the counselling approach proposed in this training course and package.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Hand out *fact sheet 3.9.1* and *fact sheet 3.9.2*and explain the approach in more depth (refer to previous sessions).
- Conduct a lecture on the emotional support and problem-management components of counselling described in this manual. (*General Manual, chapter 3, 'Problem solving skills', and fact sheet 3.9.3.)* Participants will practice and discuss skills in the next module.
- Initiate a group discussion: ask the participants the advantages and disadvantages of the outlined approach to help people with psychosocial problems.

Methodology

- Lecture
- Group discussion

Resource materials

Text for Trainees

Fact sheet 3.9.1 The counselling approach in brief
Fact Sheet 3.9.2 'Client Centred Counselling' as a core theory behind the approach described in this training
Fact Sheet 3.9.3 Major elements of the problem-management approach
General Manual, chapter 3 'Problem solving skills'

Key points

In essence, counselling involves an act of faith; a belief in the other person's ability to find solutions through the process of therapeutic conversation and through the act of being engaged in a close relationship with other human beings (Burnard, 1994).

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- In this session, we looked at the core elements of psychosocial intervention central in this training: the supportive and problem-management approach. The former focuses on *emotional support* through accepting, understanding, and respecting the child. Further, it entails the view that a person is initially good and has the ability to change. Therefore, counsellors focus on accepting and following the child instead of advising and interpreting.
  The non-directive approach: participants should have a clear idea on how we can assist children in especially difficult circumstances to find a way of relieving some of their stresses. The latter of the two approaches focuses on how the counsellor can *assist the child to find solutions*, through techniques such as setting goals and brainstorming concepts for coping strategies.
- Refer to the previous session on basic principles of counselling. These basic principles are specifications of the more general principles described in this session. (For problem-management skills, refer to the next module.)

Evaluation

Ask the participants if they agree, disagree, or have any doubts about the approach outlined in this session, and why. Emphasise that all answers (not just agreements) are good and valuable.

Fact sheet 3.9.1

The counselling approach in brief

This training programme is based on an approach that involves different theoretical frameworks from which a structure of psychosocial counselling has developed. This does not refer to a new approach to counselling but more to a selected form of counselling that is culturally relevant for the level of the trainees, and the necessary form of assistance. Counselling, therefore, has two main components:

(a) **Emotional support** is provided mainly through communication, listening, and counselling skills as well as the counsellor's attitude. The main components of counselling involve giving the child the feeling that s/he is understood, listened to, and accepted. This ultimately results in emotional support for the child involved. Providing emotional support, practically, involves empathy, active listening, encouragement, and the acceptance of the child's perspective.

The goal of emotional support is to reduce the distress experienced by the child. As the main component of client centred psychotherapy, emotional support may be effective for problems such as interpersonal problems, low self-esteem, depression, helplessness, and trauma recovery (Verheij & Verhulst, 1996).

(b) The counselling process focuses on assisting clients through **problem management**. This refers to a process of counselling that clarifies the problem, identifies what the client wants as outcomes, assists the client to find and implement strategies to achieve those desired outcomes, and thereby resolves or reduces the identified problem situation.

Problem management is explained in more depth in other sessions. This approach for children has three phases: the discrimination phase, differentiation phase, and implementation phase (Verheij & Verhulst, 1996). During the discrimination phase, the child learns to observe and monitor his/her behaviour, emotions, thoughts, and situation from a different perspective; the child identifies that his/her behaviour is often a choice with its consequences.

During the differentiation phase, the child learns to explore alternative behaviours.

Finally, during the implementation phase the child is encouraged to plan and make the identified changes in his/her behaviour/situation in a step-wise manner. This approach can be efficient for anxiety problems, pain management, and depression (Verheij & Verhulst, 1996).

Practically, this is made possible by: (1) exploring the child's resources (social, cultural) and existing coping strategies, and assisting the child to strengthen the adequate ones and to modify the inadequate ones; (2) setting goals, (3) using brainstorming techniques to identify solutions or strategies for change.

In addition, the programme is based on the following core ideas:[6]

Positive assets (Ivey & Ivey, 2000): counsellors are taught to (also) work with the positive assets of the client/the client's situation (which includes personal strengths, finding positive assets in his/her problem-situation, finding exceptions to the problems, finding positive elements in his/her life and focusing on positive social and cultural support systems).

Holistic care: counselling is only one element in the provision of care/assistance for the general public and specific target groups such as victims of torture, children affected by armed conflict, etc. Although emphasis is on helping the client to alleviate distress directly through the counselling sessions, it acknowledges that other agents of care are vital for recovery or healing, such as the family and other community structures (e.g. the school, women's groups). Such primary agents of care should be the fundament of the care pyramid.

However, one needs to plan simultaneous interventions for some of the problems that cannot be dealt with at primary level but also do not directly need specialised care (i.e. specialised care through the doctors, traditional healers, psychiatrists, psychologists that appear at the top of the care pyramid). It is exactly between these two levels that the training programme aims to put care interventions in place.

'Psychosocial[7]' (the Psychosocial Working Group, 2002): this approach (from this programme's perspective) focuses on psychological well-being and/or mental health, i.e. emotional, cognitive, and behavioural stability of the individual. Secondly, it emphasises the social environment of the client for understanding the problem situation as well as for problem management (e.g. in terms of connections and support). Thirdly, the approach involves understanding the significance and appropriateness of the existing culture and values, and use of such cultural resources in problem management. *The term 'psychosocial' is further discussed in a separate session in this module.*

Institutionalisation: finally, any such work needs a framework or guidelines for quality of care, best practice experiences, codes of conduct, accreditation, and certification.

To conclude, a combination of **skill-based learning** and **clinically supervised practice** is necessary.

[6] These are in addition to and overlap with the principles that are discussed in a separate session in this module.

[7] The term 'psychosocial' is used either more broadly or more narrowly in other cases. However, 'psychosocial' in this handbook has been summarized according to our programme's perspectives.

Overview: Counselling process in brief[8]

1. *Identification/intake of the child*

2. *Beginning of the counselling process*
   - Rapport building
   - Introduction
   - Explanation of counselling
   - Asking for expectations

3. *Assessment*
   - Explore and understand the problem(s) – situation
   - Search for positive assets
   - Create mutual awareness and agreement to continue

4. *Counselling goals*
   - Formulate the child's preferred outcomes – goals
   - Identify future opportunities – future oriented probes
   - Explore, specify, and prioritise goals

5. *Implementation of counselling goals*
   - Stimulate solutions or strategies for change
   - Explore advantages and disadvantages
   - Work with/on the child's coping strategies
   - Work with/on/from the child's existing (social–cultural) resources
   - Make plan of action

6. *Termination*
   - Discuss reasons for termination
   - Summarise the entire counselling process
   - Provide feedback and focus on positive elements
   - Discuss transition phase

7. *Follow-up*

[8] The counseling process will be taught in detail in other sessions in this module.

Overview: Counselling approach in brief

Emotional Support

- Giving attention and encouragement
- Providing acceptance
- Being with the child/ *attending*
- Giving comfort
- Communicating understanding/ *Empathy*

Skills

Reflecting feelings
Paraphrasing
Reflection of meaning
Summarising
Non verbal communication

Problem–management [9]

[See steps 3, 4, and 5 in overview above]

- Identify and explore [problems, situation, causes, perspectives, etc.]

Leads to:

- Understanding the problem situation and reflecting to achieve awareness
- Realistic and specific goals

Prepares for:

- Achievable strategies towards change [plan of action, alternatives, solutions, dis/advantages etc.]

Results in:

- Being more prepared in order to implement changes

Skills

Brainstorming
Setting goals
Working with coping strategies
Alternative tools (e.g. relaxation techniques, play, drawing, writing, role-plays, assessment tools)
Focusing
Challenging
Psycho education
Feedback
Self-disclosure
Questioning
Restatements
Retelling

[9] Problem management is defined as the aim to identify and implement strategies to resolve or reduce a problem situation or to reduce the impact of that situation

Fact sheet 3.9.2

'Client Centred Counselling' as a core theory behind the approach described in this training

This training package uses a methodology for counselling CEDC that involves the problem solving approach within a **client-centred** framework.

The **client-centred** framework is a **non-directive** and **non-confrontational** approach, which ideally results in emotional support for the client. This approach focuses on the idea that the client is best able to decide how to find the solutions to his/her own problems.

This idea is contradictory with the view that the professional/expert knows best what to do. This expert approach might be useful for solving practical problems but does not always apply for personal issues. The client and the counsellor identify the problem (through awareness) together. Given plenty of time and space, they find a solution to the problem/situation (Burnard, 1994).

The client centred approach evolves through mutual input; the counsellor assumes an understanding, accepting, and respecting attitude. It is from this attitude that the client will begin to open up to change and personal growth/development can take place. This 'helping' relationship intends to facilitate the growth of the person receiving 'help' to improve towards psychological well-being.

We cannot learn to respect or accept a person. We can learn some practical tips and skills; but these might not be enough. The counsellor has to agree with the approach to be able to help the client effectively.

The counsellor should ask him/herself if s/he really respects and accepts the client, if s/he is open and has no prejudice, if s/he really sees the problems from the client's perspective, if s/he really believes that people can change, if s/he is giving genuine warmth and care, etc. It might be valuable to think these questions over to find out what your attitude is as a counsellor.

A major factor in the counselling process is the way the client views him/herself and the world. Feelings of doubt, fears, helplessness, etc can cloud these views. By having a warm, accepting attitude and by guiding the client through small steps towards self-exploration, the client can slowly modify his/her perceptions and freely explore feelings and thoughts, possibly creating stronger feelings of security and belonging.

Finally, it is essential that the feelings and intentions (understanding, accepting, and respecting) of the counsellor are genuine.

Fact sheet 3.9.3

Major elements of the Supportive Counselling Approach[10]

(For preparation or a group discussion)

- Provide unconditional love, care, warmth, respect, attention, and acceptance
- After referral, the child him/herself will define what s/he perceives to be his/her real problems.

- The child's stories, experiences, conversations, or interactions will guide the sessions; these are useful as inputs in the effort for change.
- Treat the child as an active participant in the counselling process. S/he is a resource person and an expert in his/her own life rather than as a recipient of a service/intervention.
- The child will discover that s/he has the power to resolve many problems if there is an appropriate support system.

The person helping should not impose his/her values or suggestions upon the child.

Major elements of the *problem-management* approach

(For preparation or a group discussion)

To make counselling successful and to identify problems clearly, it is essential to assist the child as s/he solves problems. Problem-management involves:

- *Setting goals* together with the child — this strengthens the child's input and motivation to work on a problem and it clarifies what the output is.
- *Brainstorming* with the child — this is an idea-stimulation technique.
- *Focusing on coping strategies* — this focuses on the child's internal and external capacities to deal with situations of distress.

[10] These ideas are strongly based on the 'client centred' ideology as described above, and overlap with other sessions in this module.

MODULE IV

Counselling Skills

General Objective

Participants gain a deeper understanding of counselling, and improve their ability and strengthen their skills in conducting counselling.

Specific Objectives:

At the end of the module, participants will be able to:

- Use communication skills properly
- Conduct a counselling interview
- Know about skills in handling 'reluctance' and use them
- Use additional tools for the counselling process
- Use the main counselling skills

Session 1:

Communication Skills I
Active listening

Objectives

At the end of the session, participants are expected to:

- Be able to use and understand the importance of active listening techniques (such as resuming, asking open questions, reflecting).

Activities

Time: 6 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Initiate the session with the following listening exercise:
- Divide the participants into two groups. Give the following instructions to both groups separately (without having the other group hear the instructions) in two phases;

  the first phase:

  Group A: each member of the group speaks to one member of the other group. They must speak in a very clear way so that the other member properly understands every word.
  Group B: ask the group not to listen to the other group's member talking, for five minutes, no matter what s/he does or says. They should not respond and can do anything they feel like doing, EXCEPT listening.

  The second phase:

  Group A: ask the group to listen to their 'partner' very carefully.
  Group B: same instructions as the first phase for group A.
- The groups (in the first phase) act their roles standing opposite their partner. After five minutes, the participants follow the instructions for phase two, for another five minutes.
- Ask the participants how they felt during the exercise, and what they noticed/felt about the difference between listening and not listening. Write the responses on paper and briefly evaluate.
- After the exercise/game, introduce active listening by giving a definition, and explain its importance for counselling CEDC *(see transparencies 4.1.1, 4.1.2, 4.1.3, & 4.1.4)*.

  Definition: Active listening captures a variety of skills which not only involves hearing but also seeing, sitting, touching, etc. It involves hearing verbal messages, perceiving non-verbal communication, and responding appropriately to enable the other person/child to feel our warmth, acceptance, and understanding of his/her situation and our desire to help. (Trainer's Manual (1997), UNICEF, Childhope Philippines).
- Group role-play: a volunteer sits in the middle of the circle and role-plays a child (*e.g. whose family history is one of physical and emotional abuse, poverty, and unhappiness*). The other participants are counsellors who will do an intervention, one after the other. For the first exercise, the counsellors can *only* ask open questions, and aim to understand the

child's distress (e.g. about leaving the family). The child answers the questions in turn.

- The participants should try the same exercise in pairs.
- Ask the participants how (in-) effective the open questions were.
- Group role-play: repeat the group role-play above, only this time counsellors practice summarising; they can only ask minimal questions and emphasis should be on making regular summaries.
- The participants try the same exercise in pairs. One person will talk to the other person for 20 minutes, about something meaningful in his/her life. The second person can *only* summarise the topic. After 20 minutes, reverse the roles.
- Ask the participants how it felt to summarise and to be summarised.
- Group role-play: again, repeat the above exercise except this time counsellors will practice repeating key-words/restatements, paraphrasing, and reflecting feelings. Counsellors can only ask minimal questions and emphasis should be on the mentioned skills. (The difference between summarising and paraphrasing, as well as the difference between paraphrasing, restating, and reflecting feelings should be clear to the participants).
- Participants form groups of threes for the fifth exercise (one child, one counsellor, and one observer).

  Example topic: the child feels that adults discriminate him. The counsellors can *only* reflect feelings, paraphrase, and repeat key-words/restatements). The observer identifies the effect of reflections/repeating of key words. Rotate roles after every 20 minutes.
- Ask the participants how it felt to use these skills.
- Group role-play: the above group activity is repeated, and this time participants are encouraged to integrate all the skills i.e. summarising, paraphrasing, reflecting feelings, repeating of key-words/restatements and open questions. This activity should last at least 30 minutes.
- Participants form groups of threes for the seventh exercise.

  The child wants to tell the counsellor something. The third person observes the role-play by identifying exactly which skills the counsellor uses and the effect these skills have on the child. The child and counsellor perform a 20-minute role-play with optional subjects (rotate roles). The counsellor should try to integrate the skills learned in this role-play.
- After the role-play, ask the participants how they felt as a counsellor or child, and what main points the observer noticed.

Note for the trainer: practice the active listening skills whenever there is spare time. Furthermore, it is essential that you provide adequate and direct feedback on the use of communication skills during the individual/pair and group role-plays. Stop the role-plays to make comments or ask the group for their observations and then have the people involved try the same interjection again. If there are co-facilitators (trained counsellors), it will be beneficial to include them in the group role-plays. This will provide the participants with good examples.

Methodology

Energiser
Lecture
Role plays

Resource materials

Text for lecture:

Transparency 4.1.1 Problem solving through active listening
Transparency 4.1.2 Active Listening — Why & How
Transparency 4.1.3 Active Listening
Transparency 4.1.4 Questions Text for trainee:
General Manual, chapter 3, 'General counselling skills'
Fact sheet 4.1.1 Barriers and road blocks in listening

Text for trainer:

Reference 4.1.1 Listening and attending
Reference 4.1.2 Listening techniques

Key points

Hearing becomes listening only when we pay full attention.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

> Listening is the most important skill in counselling. It is also one of the most difficult skills. Good listening means being able to focus and concentrate, to summarise and reflect, to ask relevant questions and be silent, to give respect and structure.
>
> Communication skills link with most of the other skills that appear in this module. Communication skills also relate to the basic philosophy and principles of counselling because through communication skills, we can encourage the child to analyse his/her own situation — we can give warmth and empathy, and we can accept the child.

Evaluation

Participants think of one word that expresses their feelings about this session. You can get an idea about the 'temperature' of the group this way.

Transparency 4.1.1

Active Listening

Definition

Active listening involves not only the use of one's sense of hearing but all the senses. To enable the child to feel our warmth, acceptance, and understanding we must hear verbal messages, perceive non-verbal communication, and respond appropriately to both.

Short term goals: develop and maintain communication and make the individual felt understood.

Long term goals: individual learns to express own opinion, to develop personal strengths, and problem solving abilities.

Transparency 4.1.2

Active Listening — Why?

- Gives attention to the individual
- Respects the individual's problems and feelings and takes the individual seriously at all times
- Develops self-reflection and analysis about the problem and solutions
- Gives structure and is an objective problem solving method
- Facilitates and stimulates communication and expression

Active Listening - How?

A. Structure the problem

- Gather as much information as necessary
- Clarify the message and describe the situation without judging it
- Help the individual to find his or her problem

Transparency 4.1.3

B. Communication Skills

B1-<u>Summarise</u> the story of the child objectively after each part and subject of conversation (only when there is sufficient new information). Summarise to:

1) Check if you, as a listener have understood the story and the message of the child.
2) Give the child the feeling that you really are listening to him/her.
3) Encourage the child to continue talking, either to clarify or to specify.
4) Give structure and a rest to the conversation (often involving a great amount of information) both for you as the receiver of information, and for the child so that s/he does not lose track of his/her story.

For example:
Counsellor: *"So if I understand correctly you are saying that …"*

B2-<u>Reflection of feelings</u> The counsellor should reflect on the emotions the child expresses, directly or indirectly. This is one of the most powerful skills to show you understand the child's situation and to focus on underlying things that might be the cause of the presented problem.

For example:
"I have the feeling that you are sad because you had a fight."

"You don't want to go to school anymore because you feel they are all against you."

"You are angry with you friends; that's why you don't want to go to school."

B3- <u>Paraphrasing</u> The counsellor echoes or repeats in different words, the essence of the child's message. Paraphrasing helps to encourage the child to continue a certain topic and it reflects the counsellor's understanding of the core of the child's expressions. (Often paraphrases and reflections of feelings are combined.)

For example:
"You say that you have had difficulties sleeping for quite some time now and that it is therefore difficult for you to concentrate."

"If I understand what you are saying, you want to run away from home but you are not sure of the consequences of such an action."

B4- <u>Repeating key-words/Restatements</u> The counsellor repeats the words or part of the sentence that the child has just said, to **<u>encourage</u>** the child to continue talking or to give emphasis to that topic. These are often words or parts of a sentence that were emotionally charged or important in content. (At times repeating key-words/restatements can be also reflections of feelings.)

For example:
Child: *"I feel so miserable and hopeless these days; I feel nobody is helping me or that nobody is even caring. So that leaves me alone to deal with this problem and that makes it even harder."*
Counsellor (example 1): *"you say nobody is helping you?"*
Counsellor (example 2): *"you feel hopeless?"*
Counsellor (example 3): *"no-one cares?"*

Transparency 4.1.4

C. Questioning Skills:

- **Open questions** Enable the individual to give any answers in his/her own words. This stimulates the individual to structure his/her thoughts and explore the situation. Use inviting questions.

  For example: *"Can you tell me more about how you felt?"*

- **Closed questions** These questions are useful at the beginning of the conversation, to gather information, however be careful because these questions limit the child in his/her response.

  For example: *"Do you like it here? Do you often fight with him?"*

- **Suggestive questions** These are **not good** for this process because they give a reflection of your ideas and not of those of the child. The answer lies in the question.

  For example: *"You must be very angry at him, no? Don't you think that that was a stupid thing to do?"*

Fact sheet 4.1.1

Listening

Helping children involves accepting them, taking them seriously, and being involved by listening to them. Unfortunately, too many counsellors talk more than listen, which is counterproductive. If counsellors can actually listen, they can be of great help to the children.

Listening in counselling requires more than just understanding what the child is saying. One can listen to the (emotion of the) child, recognise and acknowledge feelings through reflection of thought and emotion, (e.g. "I notice that you become silent when we talk about your family") and thereby respond with empathy. Through listening one can show respect, care, and support.

On a more indirect level, the counsellor stimulates the child to find his/her own solution. Through attention and reflection, the child is guided through his/her own perspective of the situation. The structure that the listening techniques provide (such as questions, attention, (non) verbal reflections) is both pleasant and useful in counselling.

There are three aspects of listening: the linguistic aspect, paralinguistic aspect, and non- verbal aspect. The **linguistic aspect** refers to the actual words, and phrases used. The **paralinguistic aspect** refers to aspects of speech that are not words, such as intonation, volume, etc. The third **non-verbal aspect** refers to facial expression, position of sitting, gesture, eye contact, etc.

Paralinguistic and non-verbal communication leave much space for interpretation from the listener. These "assumed meanings" can offer the listener indications of feeling/meaning beyond the words. However, to prevent false interpretation, the counsellor should clarify this interpretation with the child. For example: "I notice you are turning away. What are you feeling at the moment?" (Burnard, P. (1994).

Overall, listening is an art that can be learnt and will be appreciated by the speaker.

Reference 4.1.1

The nature of listening

Listening is an art, a skill, and a discipline. As is the case with other skills, it requires self-control. Individuals needs to understand what is involved in listening and develop self-control to be silent and to listen, keep his or her own needs and concerns at bay, giving attention to the other with a spirit of humility.

Listening is of course hearing and understanding what others say to us. However, hearing becomes listening only when we pay attention to what is said, and follow it very closely.

Barriers and road blocks in listening

1. On-off listening

Most people think about four times as fast as they can speak. Sometimes s/he uses this extra time to think about his or her own personal affairs, concerns, and troubles instead of listening, relating, and summarising what the speaker has to say. One can overcome this by paying attention beyond the words, watching non-verbal signs such as gestures, hesitations, etc, to pick up the level of feeling.

2. Red flag listening —- words that cause an emotional reaction.

In red flag listening certain words cause an emotional reaction in some people. When they hear the word, they get upset and stop listening. These terms may vary in every group, society, and organisation.

The terms “capitalist”, “communist”, “money”, “feminist”, “modern youth”, “tribalistic”, etc., are words some people respond to almost automatically. When these words appear, we ‘tune out’ the speaker. We lose contact with her/him, and fail to develop an understanding of that person.

The first step in overcoming these barriers is to find out which words start an emotional reaction in us personally, and try to listen attentively and sympathetically, even when these words are mentioned.

3. Open ears-close mind listening

This type of listening occurs when we decide rather quickly that either the subject or the speaker is boring, and the words make no sense. Often, we jump to conclusions and we predict what the speaker will say next, thus we conclude that there is no reason to listen and that we will hear nothing new if we do. It is much better to listen and find out for sure whether this is true or not.

4. Empty listening

Empty listening occurs when we look at a person intensely, and we seem to be listening but our mind is on other things. We drop back into the comfort of our thoughts. We get expressionless and often a dreamy expression appears on our faces. We can tell when people look this way. Similarly, they can see the same in us, and we are not fooling anyone. Postpone daydreaming for other times.

5. Too-deep-for-me listening

When we are listening to ideas that are too complex and complicated, we can switch off, therefore we need to force ourselves to follow the discussion and make a real effort to understand it. We may find the subjects and speaker quite interesting if we listen and understand what the person is saying. Often if we do not understand, others do not either, and it can help to ask for clarification or an example when possible.

6. Protected listening

Protected listening occurs when people do not like to have their favourite ideas, prejudices, and points of view overturned. We tend not to like it when a speaker says something that clashes with what we think or believe. We may unconsciously stop listening or even become defensive and plan a counterattack if this occurs. However, it is better to listen and find out what the speaker thinks, view the other side of the question, and do a better job of understanding and responding constructively.

(From Hope and Timmel, 1995)

Reference 4.1.2

Listening Techniques[1]

Types	Purpose	Possible Responses
1. Clarifying	1. To get additional facts. 2. To help the person explore.	1. "Can you clarify this?" 2. "Do you mean this?"
2. Restatement	1. To check our meaning and interpretation with the other. 2. To show you are listening and that you understood what the other has said.	1. "As I understand it, your plan is..." 2. "Is this what you have decided to do... and the reasons are..."
3. Neutral	1. To convey that you are interested and listening. 2. To encourage the person to continue talking.	1. "I see." 2. "I understand." 3. That is a good point."
4. Reflective	1. To show that you understand how the other feels about what s/he is saying.	1. "You feel that...." 2. "It was shocking as you saw it." 3. "You felt you didn't get a fair hearing."
5. Summarising	1. To bring all the discussion into focus in terms of a summary. 2. To serve as a springboard to discuss new aspects of the problem.	1. "These are the key ideas you have expressed..." 2. "If I understand how you feel about the situation...."

(From Hope and Timmel, 1995)

[1] The terminology used on this page might be different from the main text. It is meant to widen the perspective of the trainer. Further it should be noted that there is a chance that different professionals use different terms for similar concepts.

Session 2:

Empathy, Attending, & Attitude

Objectives

At the end of the session, participants are expected to:

- Understand and apply empathy, attending, and non-verbal communication
- Differentiate sympathy and empathy

Activities

Time: 5 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Ask the group to *brainstorm* what they think creates an open and supportive attitude in the counselling process and help them with ideas if necessary.
- Ask the participants to read the *fact sheet 4.2.1* and the appropriate section in the *General Manual, chapter 3 'Communication skills'*.
- Conduct a lecture on empathy, attending/non-verbal communication. Indicate that some of these points overlap with the previous section. *(See transparency 4.2.1)*
- Ask the group to *brainstorm* what they think is non-verbal communication (this can be divided into *constructive* and *destructive*). Following this, ask the participants to conduct role-plays in pairs, sitting back to back (one being the child one being the counsellor). Afterwards the group discusses how it felt to communicate without having face-to-face contact.
- Remaining in pairs, participants do a role-play to practice how non-verbal communication can be used constructively (10 minutes) and then how non-verbal communication can be used destructively for the counselling process (10 minutes). Participants briefly share their experiences following this exercise.
- Group role-play: participants practice giving empathy and incorporate previously learned communications skills. (*Example case:* The child feels like she is discriminated in the classroom by her fellow students, because of her caste. The child feels very alone and needs a friend; she also has academic problems, which make her teacher and parents angry).
- In pairs, participants do a role-play applying the learned skills (from both this session and previous sessions). The role-play should last about 20 minutes, with 15 minutes for evaluation within the pairs. All participants should get the opportunity to be the counsellor.
- One pair demonstrates their role-play. Observers should use the checklist for observation *(see fact sheet 4.2.2).* Hold an open discussion to comment and feedback on the role-plays (focus on empathy, reflections of feeling, non-verbal communication/ attending, paraphrasing, summarising, repeating of key-words/restatements, and open questions).
- Initiate a final group role-play integrating all the learned skills.

Methodology

- Lecture
- Reading
- Role play

Resource materials

Text for lecture:

Transparency 4.2.1 Skills required for effective interviewing

Text for Trainees:

Fact Sheet 4.2.1 Guidelines for interviewing
Fact Sheet 4.2.2 Observer's check list
See General Manual, chapter 3 'Communication skills'

Key points

The success of counselling depends on a good relationship between the child and the counsellor.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Emphasise that the skills and guidelines from this session are the main skills for counselling in general. The main activity of counselling is based on communication skills. Summarise your impressions of the role-plays.
- This session relates to the previous one. In order to conduct a proper interview, participants need to be able to apply the skills learned in the previous session as well.

Evaluation

Ask the participants to write a conversation or phrases (a few exchanges) that clearly show empathy from the counsellor.

Transparency 4.2.1

Empathy, Attending, and Attitude

(1) Empathy

Empathy is a combination of counselling skills and attitude. The counsellor, after understanding the child's problem/ situation, reflects that understanding back to the child. Empathy can be expressed through:

Reflection of feeling: *"you feel…because…."*

Paraphrasing: *"you are saying that it is your father's death that is causing the problem…"*

Non-verbal communication: the counsellor's silence when the child is emotional.

Questions: *"can you tell me a bit more about what your father's death did to you?"*

(2) Empathy versus Sympathy

The counsellor should be able to put him/herself in the child's place and should express an understanding of the child's emotions (through reflection). The counsellor should not be sympathetic, for this shows that the counsellor chooses sides and therefore objectivity is lost.

(3) Attending/Non-verbal communication

Attending basically means being there for somebody. This can be practised through non-verbal communication such as sitting in a relaxed way, leaning slightly forward, eye contact

(as culturally appropriate), and the counsellor's full concentration and attention.

Non-verbal communication is often more sincere and obvious than spoken messages. Non-verbal communication should be *identified in the child* and used correctly by the helping person. The counsellor can encourage the child to continue talking by nodding and humming in acknowledgement; these are forms of non-verbal communication. Other forms of non-verbal communication include *silences* (don't be afraid of them, they can be useful for rest and structuring thoughts), *eye contact, smiling, facial expressions,* etc.

(4) Supportive attitude

- Politeness
- Openness
- Comforting (e.g. touching when appropriate)
- Encouraging
- Showing interest and concern
- Communicating understanding
- Avoiding judgements or having evaluative responses

Skills to relate to the child to convey a supportive attitude:

- Accept the child as s/he is
- Take each child as a separate individual
- Protect the confidential nature of the interviews
- Allow the interviewee to participate and become self-determined in his/her plan of action
- Respect and listen to the child's perspective
- Allow the interviewee to ask questions about you, the counsellor
- Use clear, understandable, and simple (and possibly own) language to be at one with the level of the child's.

Fact sheet 4.2.1

Guidelines for communication

1) Establish a rapport or constructive relationship with the child. S/he should be greeted with respect, acceptance, and interest.

2) Allow the child to express him/herself. Present yourself as a helping person who is willing to listen to his/her story and problems.

3) Sensitise yourself to the child's feelings about seeking help.

4) Allow children to express painful feelings. Do not disturb them. Allow them to cry. In case a child experiences a crisis, it is good to have drinking water for him/her. Some children can be very emotional when narrating their painful experiences.

5) Sit in front of the child to allow yourself to observe the physical manifestation of feelings and emotions or non-verbal communication.

6) Do not rush the child when s/he is silent.

7) Avoid:

   - Sounding like a preacher
   - Addressing the child in a humiliating manner
   - Overwhelming the child with too many questions

8) Allow the child to move about during sessions to allow him/her to be in control of her/his feelings. Story telling may be helpful. Drawing could help to concentrate or express.

9) Inform the child how long the interview will be. Normally it should only last for 40-60 minutes and not more.

10) Avoid repeating the same questions. The child might think that you are not listening or that you are uninterested in her/him. Verify information by re-phrasing the same question.

11) Always ask the child what s/he wants to do with her/his present problem now, what resources s/he has, and whom s/he thinks can help her/him now.

Fact sheet 4.2.2

Observer's checklist

Basic Communication skills

Please put a check/tick on the blank space provided if you observed the following behavioural indicators in the counsellor/worker. Give your comments in the "Comments/Remarks" section. These indicators reflect important elements of active listening.

____ 1. Communicated clearly	1.
____ 2. Had eye contact	2.
____ 3. Made child feel at ease	3.
____ 4. Demonstrated warmth and openness	4.
____ 5.Demonstrated acceptance and non-threatening approach	5.
____ 6. Used relaxed/calm tone of voice	6.
____ 7. Was attentive and responsive	7.
____ 8. Showed sensitivity to child's non-verbal cues	8.
____ 9. Paraphrased statements to encourage or emphasise	9.
____ 10. Allowed child to ventilate and express evaluation, ideas, thoughts, feelings, etc.	10.
____ 11. Provided reassuring statements	11.
____ 12. Used appropriate body language: nodding of the head, touching if appropriate	12.
____ 13. Assisted the child in identifying and clarifying his/her problem	13.
____ 14. Asked open questions	14.
____ 15. Summarised the situation of the child frequently	15.
____ 16. Was objective and non-judgmental	16.
____ 17. Reflected statements to clarify and validate child's verbalisations	17.
____ 18. Used simple words and allowed for silence when appropriate	18.

Session 3:

Assessment

Objectives

At the end of the session, participants are expected to:

- Be able to conduct basic assessments
- Know some basic techniques for assessment
- Have a basic understanding of some of the most common psychological disorders of children

Activities

Time: 4 hours

Materials: meta-cards, flipchart, marker, board

Explanation of procedure for trainers:

- *Me-map* activity: an exercise to retrieve information about the child and to gain self-awareness (e.g. for the counsellor).

  On an A4 sheet of paper, participants draw a circle in the middle that represents them selves. They should draw lines from the circle towards people and/or things that are important in their life (to be written down in a circle at the end of the drawn line), such as friends, family, values, goals, activities, etc. The closer to the centre, the more important the element is for the individual (e.g. one friend or family member can be put closer to the centre than another indicating the difference of importance).

- Explain the importance of assessment. To implement an intervention the helping person has to be able to identify a child in need. As soon as the helping person and the child establish contact, the information gathering process starts — also known as *assessment* or *history taking*. It is essential that this assessment is as complete as possible because it forms the basis for diagnosis and the treatment plan/focus.

- Before starting counselling one needs to first know whether the child is in need of such an intervention. If a child is emotionally distressed, it *might* indicate the need for an intervention such as counselling. It is therefore important for a counsellor to be able to recognise emotional distress.

  Ask the participants to brainstorm a list of 'symptoms/elements" of emotional distress among children *(see reference for trainer4.3.1).*

- Divide the group into smaller groups and give each group a case study (*See Module VII, Reference Material 7.4 for* "Case Study of a Domestic Girl Child – "Gita"). Participants try to obtain relevant information about the case. Then ask them what information they still need; these need to be classified by topic.

- Hold a presentation and discussion on the groups' outcomes. Add relevant points and focus on more information that might be needed.

They should emphasise the need for emotional and causal information (such as "How did Gita feel when her father left the house?" "How did she feel to work and be alone in a hotel?" "What made her decide to run away?" "How was it for her to not have food and shelter", etc).

- Conduct a lecture about methods of assessment, specifically: interview, observation, and alternative tools (*See fact sheet 4.3.1* and *transparency 4.3.1 and 4.3.2*).
- Participants conduct a group role-play that focuses on questions a counsellor asks to assess the child (this can be based on the checklist, *fact sheet 4.3.1*). Feedback on the role-plays should focus on the importance of retrieving *relevant information.*

For further practice, participants in pairs (one as the child, the other as counsellor) conduct the *Sentence Completion Test* (s*ee reference for trainer 4.3.2*). Explain how to use this test for assessment and counselling. Finally, participants openly discuss the effectiveness of the Sentence Completion Test.

Methodology

- Lecture
- Case Study
- Workshop and Group Discussion
- Practice of material
- Brainstorm & Group Exercise

Resource materials

Text for lecture:

Transparency 4.3.1 Overview of assessment
Transparency 4.3.2 Positive Quality Search

Text for trainees:

See Module VII for case study of "Gita"
Fact sheet 4.3.1 Assessment Checklist

Text for trainer:

Reference 4.3.1 Symptoms of emotional distress
Reference 4.3.2 Drawings and Sentence Completion Test

Key points

A proper assessment helps the counsellor to decide which path to choose and will give indications of what s/he will encounter along the way.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- The first active step of any helping process is assessment. Most of the information can be gained through interviewing the child, though other methods such as observation and alternative tools can be very useful as well, especially for children.
- Point out that group work on dysfunctional behaviour and psychosocial matrixes are good preparation and methods for assessment.

Evaluation

Ask the participants to rate their understanding of this session (ranging from 0 = very bad, to 10 = very good). This is a quick way of finding out whether the participants liked the session or not.

Transparency 4.3.1

Overview of assessment

Assessment means finding out information that is relevant to the child or the child's problem/situation, and should lead to the decision whether or not to start counselling, and how to proceed.

1. Interview (see assessment checklist)

- Information about development and life history
- Specify the problem behaviour/complaint
- Information about strength, coping, resources
- How the child presently functions

2. Observation

A counsellor can gather a lot of information by observing the child during the interview or in another situation. For example, by looking at:

- Physical appearance;
- Contact with the counsellor;
- Mood of the child;
- Non-verbal communication, etc.

3. Alternative tools (for details see session on alternative tools)

These methods generate indications. They determine whether the child's responses are neutral (adaptive) or alarming (indication for further assessment).

- Play observation
- Drawings
- Sentence completion test

4. The child's environment

Counsellor's can gather a lot of information through the child's parents, school or teacher, community, or peers. This is possible through interviews or observation.

Transparency 4.3.2

Positive Quality Search[2]

The counsellor and the child should also look at positive elements of the current situation and the future, not just the problems.

Identifying positive qualities:

1. What are the personal strengths of the child?

2. What are exceptions to the problem situation, and why? e.g. Ask the child *"When do you not feel angry?"*

3. Are there positive consequences to the problem situation? E.g. the child states: *"I've become stronger since the incident."*

4. What are the positive elements in the child's life - past and present?

5. Identify positive social and cultural support systems.

6. Identify positive coping strategies (See session on coping).

[2] Based on Ivey & Ivey, 2000

Fact sheet 4.3.1

Assessment Checklist

Once the counsellor and the child have made contact, the counsellor begins the process of gathering information. It is important to use as many resources as possible during this process i.e. parents, teachers, peers, other staff in the centre, and of course the child.

Information about development/history:

- Pregnancy/birth (e.g. complications, health mother, etc.)
- First months (e.g. quality of parent-child relation, (un) happy about child)
- Sleeping and eating patterns
- Language and speech development
- Cognitive development (functioning at school, gifted, memory, how does the child think? Fantasy, etc.)
- Development of social relations (with parents, peers, and others, ego-centrism).
- Emotional/mental development (attachment, independence, accepting limits, trust, self-confidence, expression of emotions, level of activity, etc).
- Previous social/emotional/ developmental problems (e.g. illnesses, accidents, broken home, etc).

Specifying the problem/complaint:

- The problem/complaint in the child's point of view
- The problem/complaint in relevance to another's point of view
- Nature and severity of the problem
- The child's experiences/feelings about the situation as well as others involved
- Consequences of the problem on the child and his/her environment
- Progression of the problem
- Information about previous assistance
- The main factor/reason to undergo counselling
- Relevant events preceding the problem
- The child's expected outcome

Present situation/functioning and well being of the child:

- Behaviour: stealing, fighting, misuse of alcohol/drugs, sexual activity, eating habits, sleeping habits, and positive behaviour.
- Physical well-being: stomach aches, reoccurring minor pains, growth, heart palpitations, urinating.
- Senses: hearing, seeing, hallucinations, and illusions.
- Moods: sadness, crying, helplessness, insecurity, neutrality/passivity, unsatisfaction, happy, mood fluctuations, etc.
- Activities: e.g. hobbies, play, work.
- Fear: tensions, nervousness, specific fears, phobic reactions, etc.
- Worries: about oneself, others, events, future.
- Self: how does the child perceive/describe him/herself? What is s/he proud of most? What are his good characteristics, etc.
- Contact: friends (how many? What activities do they share? What type of friends are they? Where do they meet? Family interaction, arguments, activities, abuse, pleasure, safety, siblings (do they help one another? Do they fight?).

- Family situation: psychological well-being of the parents, socio-/cultural/economic situation of family etc.

The parents/family:

- Socio-cultural background (caste, work, social network, etc.)
- Partner relation (conflicts, harmony, support, emotional situation of parents, etc.)
- Upbringing (clear rules and limits, consequences, punishment, expectations of the child)
- Communication (topics, patterns, open/closed communication, providing attention to the child, positive/negative attitude, quality of interaction, approval, eye-contact, etc.)

Tasks and fantasy questions

(The latter are meant to give you insight into the child's thoughts and wishes. This might give the counsellor only indications or clues about the child's perspective of his/her world.)

- Motor development: let the child write, draw, cut, play with blocks, throw, and catch a ball.
- Play: can the child play spontaneously, alone, and creatively?
- Language: let the child read or tell a story.
- Calculating: is the child able to count and/or calculate?

- Wishes: "If you could make a wish, what would it be?"
  "If you had NRs 1000 what would you do with it?"
- Island: "If you would go to a deserted island who (one person only) would you take with you?"
- Animal: "If you were an animal, which one would you be?"
- Future: "What do you want to be/do when you are older?"
  "If you could look in the future, how will your future look?"
- King: "If you would be the king/queen what would you do/change?"

Information through observation:

- General: appearance
  physical complaints/tiredness
- Attention: concentration
  impulsiveness
  level of activity/restlessness
  reactions to frustration
  patience
- Contact with counsellor: quality (superficial, defensive, closed, provocative, etc.)
  eye contact (none, avoiding, intense, etc.)
- Mood during session: happy, sad, lonely, shy, embarrassed, spontaneous,
- Cognitive level: language use/fluency of speech
  general knowledge, memory

Reference 4.3.1

Symptoms of Emotional Distress

1. Depressed Mood

a. Significant change in posture, speech, facial expressions, dress, etc.
b. Mood swings, feeling low or sad
c. Pessimism and hopelessness
d. Feelings of worthlessness
e. "There is no future for me, I am useless."
"I am no good and never will be", or
"I'd be better off dead. I am a big failure."

2. Loss of Energy

a. Fatigue; heaviness in arms and legs
b. Tiredness
c. Refuses to go to school, inability to concentrate, refuses or is unable to work

3. Change in appetite

a. Loss of appetite but sometimes increased food intake, often in the evening
b. Refusal of food

4. Difficulty in sleeping/insomnia

a. Difficulty falling sleep
b. Being awakened in the middle of the night by frightening dreams and uncomfortable body sensations
c. Early morning awakening
d. Un-refreshing sleep
e. Sleeping then waking and staying awake all night

5. Loss of interest in work and other activities

a. Indifference to people, ideas, and pleasure
b. Isolation, withdrawal, avoiding people, isolation from others

6. Behavioural changes

a. Pacing up and down, wringing of hands, nail biting, tapping fingers on the table, increased smoking, bedwetting, anger tantrums

7. Decreased ability to think and/or concentrate

a. Inability to decide, reason, comprehend, pay attention or anticipate
b. Pre-occupied by ideas as self-doubt, worries about the future, etc.
c. Doing things slowly and with uncertainty

8. Remorse

a. Feeling guilty about things in the past that s/he should have done but did not do
b. Feelings of shame

9. Physical complaints/psychosomatic complaints[3]

a. A headache is the most frequent complaint, burning sensations or rapid heartbeat, blurred vision, trouble in breathing, constipation or diarrhoea, pressure or pain in the chest, muscle ache and cramps in the legs and back, sweating, weakness in the body, pain or urination, vomiting, dry mouth.

b. The person might believe s/he is suffering from a serious illness like cancer or tuberculosis.

10. Anxious/Angry

a. Nervousness, irritation, anger, lack of patience, etc.

b. Thoughts of terror, fear, and anticipation of danger or harm.

c. Fear and worries about health, finance, affairs, and job.

11. Violent tendencies

a. Danger to self, others and property; attacks people, usually family members, spouse and child abuse.

b. Suicidal thoughts (committing suicide seems the only escape from intolerable situations), tries to injure self (swallow pills, self-starvation, etc.)

12. Drop in self-esteem

a. Feeling of inadequacy, incompetence, failure, etc. Believes that his/her family and friends have a similar view of him.

b. Loss of self-confidence/sense of self-worth

[3] Also called medically unexplained somatic complaints

Reference 4.3.2

Sentence Completion Test *[Translated and adapted]*

The *Sentence Completion Test* can be used by professional and para-professional counsellors working with children. It is especially useful in the assessment phase of the counselling process. Though the test does not give conclusive answers/information, (no test does) it can give the counsellor indications and/or insights into the child's problem or feelings and most importantly, it is a good way to get a child to talk.

It is important to take care — the child's answers do not need to be the truth; one should therefore never base a diagnosis or treatment on this test alone. It can only provide indications to what needs further attention (and exploring these issues after completion of the test).

The test contains beginnings of sometimes emotionally charged sentences, which the child has to complete freely and quickly. The result can be neutral, or alarming. 'Neutral' can mean that the answers are adaptive and typical for a child of the particular age *(e.g. 'I like… playing'*, or *'A father… works'*, or *'I am very… funny'*, or *'My best friend is… nice')*. 'Alarming' can mean that the answers are not typical and possibly indicate problems in the child such as low self-esteem, abuse *(e.g. 'I like… stealing'*, or *'A father… hits'*, or *'I wish…I was dead'*, or *'I am very… lonely')*.

1. What I like the most …
2. When I was small …
3. I like to play …
4. I don't like people who …
5. Other children …
6. I don't dare to say …
7. The nicest is …
8. I am very afraid …
9. A mother…
10. Boys are …
11. I would rather not …
12. At night I dream …
13. At home …
14. It is too bad that …
15. Fighting …
16. I cannot …
17. Girls have …
18. I am not allowed …
19. The child cried because …
20. I wish …
21. My best friend …
22. Working hard …
23. I can't get along with …
24. I am very …
25. A father …
26. Sometimes I would like …
27. Brothers and sisters …
28. I don't dare …
29. My father and mother …
30. Animals …
31. I think that my mother …
32. I never tell …
33. Playing …
34. In the future I …
35. I hope that …

Reference Materials 4.3.2

Drawings

(more details following 'Alternative tools for counselling')

The use of drawings for assessment is useful as a way to communicate with the child. Interpreting drawings should therefore be avoided. Drawings should only be an indicator for you as a helping person (in case of assessment and treatment it is a method of expression/communication).

The child may be telling you a story with the drawing. However, instead of interpreting the drawing, it is best to use it to ask more questions to the child *e.g. 'You drew a father that is hitting a child, why did you draw that?'* or *'You didn't draw yourself in the family drawing, why not?'* or *"Why did you put a big cross through this person?"*

Even better; ask the child to interpret his/her drawing. You should ask the child to draw specific things instead of a general drawing. One should always keep the age of the child in mind, which will relate to his/her drawing skills.

Never use a drawing to decide your treatment or diagnosis. It is only a helping tool.

Family drawing

Ask the child to draw his/her family. In this drawing, one should pay attention to how the child draws him/her self in the family: does s/he place him/her-self close or away from the rest of the family? What activities are the family engaged in? Does the drawing look happy or sad? Is every member of the family in the drawing and if not, why not? Is there anything extraordinary in the picture? All this might give you an idea of how the child is feeling, what the child is thinking about/in the family. Ask the child to explain the drawing.

Self-drawing

Ask the child to draw him/her-self. This might give you an idea about the image the child has of him/herself. Pay attention to the clarity of the lines that form the child. See how the drawing is on the paper; is it very small or big considering the size of the paper? Does the picture make a happy or sad impression on you? Look at the facial expressions and if there are none, explore the reasons. Is the figure complete or incomplete? Ask the child to explain the drawing.

Draw a memory

Ask the child to draw a certain memory that s/he has about his/her life; let the child choose. This might be a bit difficult for children who cannot draw that well. It is very interesting to see which memory the child chooses to draw. Is it a happy or sad one? What happens in the memory/drawing? Why did the child draw that memory? Ask the child to explain the drawing.

Many other subjects for drawing are possible; any subject that you think is specific for the child's situation might be used, though always with caution!

Session 4:

Problem management 1: Brainstorming and Setting Goals

Objectives

At the end of the session, participants are expected to:

- Brainstorm as a method for counselling
- Set goals with the childcircumstances

Activities

Time: 5 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic by referring to the overall counselling approach being followed, and emphasise that earlier sessions were mainly instrumental in teaching supportive counselling. This session however, will be instrumental in providing problem management skills.
- Conduct a lecture on brainstorming *(see transparency 4.4.1).* Make it clear that brainstorming should be introduced to the child as an *exercise* not as a conversation.
- Ask a participant to *conduct a group brainstorming* session on topics that one can brainstorm with a child. Following this, give feedback and allow other participants to also give feedback on the role of the mediator during brainstorming.
- Conduct a group role-play to practice brainstorming skills within a counselling session e.g. brainstorm possible strategies or solutions to deal with anger issues with a child.

  Give feedback to the participants on the process (e.g. explain the exercise: whilst brainstorming with a child one does not give full empathy or explore a topic fully or otherwise - one should only encourage the stimulation of ideas.).
- Continue the same role-play — now with the counsellor exploring in depth, the issues that came out of the brainstorming session. Follow this activity with a group discussion on the advantages and disadvantages of brainstorming in these ways.
- Conduct a lecture on 'setting goals' *(refer to transparency 4.4.2 and General Manual, chapter 3 sections on 'Problem solving skills'; 'Formulating goals in counselling'; 'Implementation of counselling goals/Problem management').*

  Note: Emphasise that the goals should be from the child's perspective. Ask the participants to conduct role-plays on *how to identify goals*. An observer writes down methods/questions used by the counsellor.
- Discuss and share the identified goals, and initiate a group role-play on identifying goals.
- Emphasise that the counsellor continues the counselling process and the problem management process with the set goals, which entails:
- Making a plan of action (a practice based on 'Implementation of counselling goals/ Problem management' in General Manual, chapter 3).

- Making an inventory of the child's resources to help reach the goals (practice through role-play)
- Stimulating strategies or solutions for change (as practiced above)
- Work with/on the child's coping strategies and other strengths (practiced in other session(s))

Methodology

- Role-play
- Lecture

Resource materials

Text for lecture:

Transparency 4.4.1 Brainstorming
Transparency 4.4.2 Setting Goals

Text for Trainer:

See General Manual, chapter 3 sections on 'Problem solving skills'; 'Formulating goals in counselling'; 'Implementation of counselling goals/Problem management'

Key points

Assisting in the child's problem solving process is rewarding for the counsellor as well as for the child.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- In this session, we looked at two of the main components on how to assist to solve problems. Brainstorming and setting goals are techniques that can be used to assist the child to find a solution for a certain problem, and especially to involve the child actively in the process of finding a solution.
- This session was about problem solving skills. Another main component in this training course has been identified, i.e. coping strategies are used in the process of problem solving.

Evaluation

Ask the participants whether they feel that setting goals and brainstorming are useful and appropriate in their culture.

Transparency 4.4.1

Brainstorming[4]

Brainstorming is about the stimulation of ideas for exploring a topic and can help the child look at the problem from a different perspective. Brainstorming encourages the child's input and can identify the problems of the child, the goals of the counselling process, the child's coping strategies, and solutions to the problem, etc.

HOW ?

- Introduce the child to the brainstorming exercise, its rules, and process.
- Start the brainstorming exercise with a clear question
- Ask the child to say whatever comes to mind related to the identified topic.
- Make sure you the counsellor, keeps up the speed. Discuss issues after brainstorming and give partial empathy.
- Do not make judgements; anything is fine even, or especially wild ideas.
- Encourage the child to come up with different types of responses.
- Help the child to use one idea as a starting point for other ideas.
- 'Suggest and Fade' –this is when you propose an idea followed by a remark that might not be appropriate or might be uncomfortable for the child; this can be discussed later.
- After brainstorming, explore the outcomes.

[4] From *Egan, 1994*

Transparency 4.4.2

Setting Goals

Setting goals helps children to clarify what they want from the counselling process. The child can work towards a solution, and is actively involved and engaged in the problem solving process. Realistic and concrete goals should encourage the child towards action.

WHY[5]

Goals can:

- Focus the child's attention and action
- Mobilise the child's energy and effort
- Increase persistence
- Motivate the child to find strategies to accomplish them
- Provide direction in the counselling process

HOW ?

- Discuss future opportunities and desires
- Identify the child's preferred outcome of the counselling process (one or more specific goals)
- Explore, specify, and prioritise the goals according to importance and relevance

NOTE: Setting goals should not become stressful and demanding for the child, and should not become the sole focus of counselling.

[5] From *Egan, 1994*

Session 5:

Problem management 2: Coping strategies

Objectives

At the end of the session, participants are expected to:

- Understand the concepts of resiliency and coping strategies
- To be able to identify and work with/on coping strategies

Activities

Time: 3 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Introduce the topic Coping Strategies by giving a definition and one or two examples. Emphasise that coping strategies are actually the strengths and positive behaviour of children (of most of them), at least from the child's point of view.

  Coping strategies should be acknowledged and recognised. Positive/constructive coping strategies should be strengthened; negative/destructive ones should be replaced *(See fact sheet 4.5.2).*
- Divide the participants into smaller groups. Each group brainstorms and discusses coping strategies of CEDC (from the child's perspective) that they have encountered.
- Each group presents their outcomes and posts them on the board. If necessary, add and/or categorises the coping strategies into three main groups *(see transparency 4.5.1).*
- Ask the participants to conduct role-plays in groups of threes on '*how to identify coping strategies'.* The observer has to write down what questions or methods the counsellor uses for this (e.g. question "*how do you presently deal with this difficult situation?*") Hold open discussions on each role-play. *(See reference material 4.5.1)*
- Refer to the concept *resiliency (see fact sheet 4.5.1)* and explain it briefly. Hand out *fact sheet 4.5.3.* and briefly explain different forms of coping and the importance of making such distinctions.
- Ask the participants *how coping strategies can be strengthened or modified.* Hold an open discussion with the group and add information from *fact sheet 4.5.2.*
- Conduct group role-plays to practice these methods. Participants should include constructive and destructive coping strategies (e.g. drugs can be an effective coping strategy, however it is a destructive one). Keep referring back to the initial brainstorming session and indicate or add information/differences.

Notes for the trainer:

1. The psychosocial counselling method described in this handbook (and the General Manual) can be described as a 'problem management and supportive counselling approach'. The problem-management approach follows a set of three skills: goal setting, brainstorming, and strengthening or modifying coping strategies (see fact sheet 4.5.2). Therefore, make it clear that working with the child to help him/her cope is a main strategy for problem management.
2. Coping is a way to deal with stress. Explain that relaxation exercises (taught in another session) are stress management techniques that can be used in coping strategies.

Methodology

- Lecture
- Workshop and discussion
- Role-play

Resource materials

Text for lecture:

Transparency 4.5.1 Overview of coping behaviours

Text for trainees:

Fact sheet 4.5.1 Resiliency
Fact sheet 4.5.2 Strengthening or modifying coping strategies
Fact sheet 4.5.3 More about coping
Text for trainer:
Reference 4.5.1 Identifying coping mechanisms

Key points

"It is time to put back the pieces. With the help of other people and [your] God, we can do it. First, we have to accept the world as it is, and from then move on. If we don't take action who will?" *(Advice from street children to street children. Source: C. G. Banaag, 1997).*

Synthesise

Provide an opportunity for questions and summarise the session with the following points:

- CEDC often deal with their situation in an impressive way. They have over time and from birth built strategies that make them more resilient in situations where these coping behaviours become their survival mechanism. Resilience traits such as perseverance and optimism, or specific coping strategies such as seeking support from others are both adaptive and admirable.
- Make a link between coping and the group exercise about the identification of the strength of CEDC.

Evaluation

Ask the participants to write the answer to the following questions on a slip of paper: "What did you like about this session and what would you have liked to be different?"

Transparency 4.5.1

Overview of coping behaviours:

Coping strategies are the internal, behavioural and social abilities that help a person manage stress. Any coping strategies are positive behaviour from the child's point of view. Coping strategies can be learned, mostly in response to new situations. We can roughly define three groups of coping strategies:

1. How CEDC face a problem situation:

- Working hard
- Begging
- Forming street groups
- Accepting their "fate"
- Finding solutions for their problems
- Going to people for help
- Confronting issues

2. How CEDC Escape/Avoid a problem situation:

- Running away form the situation e.g. leaving home
- Using harmful substances (drugs, etc.)
- Ignoring the problem
- Sleeping

3. How CEDC Externalise a problem situation:

- Humour
- Maintaining an 'attitude'/strong image
- Self assurance
- Not allowing their feelings to show
- Taking frustration out on others (fighting, blaming)

Fact sheet 4.5.1

Resiliency

Resiliency is the capacity to withstand, recover, and move out from negative experiences/ crisis and to return to pre-crisis levels of functioning. Resiliency can be compared to the capacity of a sponge to retake its initial shape, however hard you try to squeeze it. Another example of resiliency is the recovery from a disease/illness. Resilience can generally be described as the result of a combination of coping strategies.

Factors that promote or decrease an individual's resiliency or vulnerability are:

A. Individual factors:

1. Genetic, biological traits

- Character/Temperament
- Intellectual capacity

2. Personality Traits

- Belief in oneself (self-efficacy)
- A realistic view of their environment
- Problem-solving skills
- Sense of direction or mission
- Capacity of empathy
- Sense of humour
- Capacity of adaptive distancing

B. Environmental factors

- Family protective factors: early parental care, enduring warm and positive relationship with caring adults, positive family environment, parental expectations, family responsibilities, positive modelling, good parenting skills and supervision, good communication and interaction patterns, family traditions and rituals, support of the youth's competencies and life goals, and extended family support.
- School protective factors: Opportunities for involvement, expectations for student performance, and a caring, supportive school climate.
- Community protective factors: positive community norms.

[1] Banaag: Resiliency, 1997
Turner et al: From risk to Resiliency, 1993

Fact sheet 4.5.2

Strengthening or modifying coping strategies

a) **Identify the child's coping strategies :** Identify the function/effect of these coping strategies and whether they are constructive or destructive to the child.

> Note: Certain behaviour can be both constructive and destructive for example: crying can be a very constructive method for the child to release stress and express emotions. However, crying can also increase feelings of loneliness and depression and therefore be destructive for the child. The same behaviour can be neither constructive nor destructive, i.e. if crying is a response to being physically abused and therefore the child feels afraid, angry, and in pain. In this case, we talk about a reaction not about coping.

b) Child's awareness of the coping strategies and patterns *(one can find this out through discussion, lists, questions, reflections, etc).*

c) Strengthen constructive coping behaviour, through:
- Reinforcing/encouraging the behaviour
- Showing/monitoring the positive effects of the behaviour
- Brainstorming with the child what s/he can do to increase this type of behaviour

d) Modify destructive coping behaviour, by:
- Looking at the consequences of the behaviour, the advantages and dis-advantages
- Brainstorming alternative behaviour or other things the child can do to decrease destructive behaviours[6].
- Recognising/monitoring when destructive behaviour occurs
- Replacing the behaviour with an alternative reaction at the identified moment
- Strengthen newly acquired coping behaviour

[6] Finding alternatives is one way of modifying dysfunctional behaviors. Other ways are also possible.

Fact sheet 4.5.3

More about coping[7]

Coping strategies can also be defined as: *strategies to attempt to reduce or decrease undesired situations or the consequences of these situations.* The *function* of coping following this definition, is therefore dependent on the child's perspective. The counsellor, in turn, should try to clarify what stress factor the identified coping strategy is actually reducing.

Example 1: A patient of leprosy reveals to the counsellor that he does not tell others about his disease (i.e. the child uses 'keeping secrets' as a coping strategy). Keeping a secret, however, will not reduce leprosy. The counsellor's analysis clarifies that the function of the strategy is to prevent negative reactions from people in the village (i.e. the patient fears stigma). Indeed, keeping a secret, from the child's perspective, could be functional to reduce fear of stigma.

Example 2: A victim of domestic violence indicates that she opened a shop as a strategy to deal with her difficult situation of abuse. Opening a shop, however, will not (directly) reduce the domestic violence. After clarification, it is clear that opening a shop was a functional strategy to reduce the frustration that was a result of the domestic abuse.

Conclusion: It is important to *check the function* (or effect) of an identified coping strategy by asking the child whether the coping strategy reduces the undesired situation that it is intended to reduce.

There are therefore, different forms of 'coping':

'Emotion-focused' coping

Domestic violence → Frustration → Opening a shop

[The coping strategy reduces frustration, however does not directly eliminate domestic violence.]

'Problem-solving' coping

Domestic violence → Walking away

[The coping strategy aims to reduce domestic violence and might thereby reduce the frustration as well.]

[7] Taken from *Jordans, 2001*

Reference Material 4.5.1

Identifying coping mechanisms in children:

- Identify the different, critical situations in the child's life, the emotional impact of these on the child, and what s/he did to cope with the situations. For example: death or loss of a family member, separation from family or significant persons in the child's life.

- How does the child deal with different situations in his/her life (that requires him/her to change his/her ways of doing things)?
- How does the child deal with the different expectations his family and friends have of him/her?

- What is the child's definition of the problem and what has s/he done so far to resolve these problems?

- Does the child feel and think s/he can solve his/her problem, or does the child feel overwhelmed by his/her problem?

- What does the child think s/he can do to resolve the problem?

Session 6:

Focussing on core problems

Objectives

At the end of the session, participants are expected to:

- Be able to understand, identify and focus on core problems

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure:

- Explain the importance of identifying a core problem in a case. After (the initial stage of) collecting as much information about the situation as possible, it is essential that the counsellor goes deeper towards the core of the problem. The problem behaviour or feelings can be a 'superficial' manifestation caused by *a more central problem*; this is the *focus* during counselling.
- Present the case study of 'Raju' *(see fact sheet 4.6.1)*. Give the participants about ten minutes to study the case in detail. Putting their individual ideas on meta-cards, participants should decide on a hypothetical core problem.
- Participants divide into groups of four. They discuss their hypothetical core problem with one another. Each group receives 20 minutes to agree on ONE common focus (through consensus), which should be written on meta-cards.
- Display the meta-cards on the board. Each group openly shares their hypothetical core problem that they think could be applicable to this case, and their reasons.
- Finally, summarise each group's input and state that there is not one true answer, but that it is important to think of different possibilities and to choose the best option to work with (hypothesis). During the counselling process, counsellors might have to change their focus as the situation becomes clearer. Discuss *fact sheet 4.6.2.*

Note for the trainer: The question might arise: *how* can one practically 'reach' the core problem. There is no set answer. However, through the main counselling skills one should be able to reach the core of the problem. Counsellors ask questions that allow a conversation to go more in depth rather than having superficial conversations with the child or continuously changing the topics. This involves taking the child's perspective, which in turn needs quite a bit of creativity (imagining the situation from the child's viewpoint and guiding the interaction accordingly).

Methodology

- Individual exercise
- Workshop
- Discussion

Resource materials

Text for Trainees:

Fact Sheet 4.6.1 Case study 'Raju'
Fact Sheet 4.6.2 Focus on Core Problems
Fact Sheet 4.6.3 The Lazarus Technique

Key points

A problem situation is often a result of many factors. It is the counsellor's task to create some order amongst all the factors and to identify the most influential one.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- It is important to have a focus during the counselling process — the focus is often the central problem that causes the superficial/observable problem behaviour. Having a focus is important in order to be able to create a proper plan of treatment and goals. Focus gives direction.
- As stated above, there is a clear link between finding the core problem/ focus and creating a plan for treatment.

Evaluation

Ask the participants whether they would now (after this session) choose a different focus/hypothesis from the one they had chosen earlier (referring to the first exercise of this session).

Fact sheet 4.6.1

Case study: "Raju"*

Raju Bishwokarma is a boy of 14 years old. He was born in a little village near Nepalgunj. After his mother died, the family moved to Nepalgunj where he has been living now for most of his life.

After his father remarried, Raju took to the streets for a while. He sometimes lived with other street children but was often alone. Raju survived picking rags and begging.

After about one and a half-years of living on the streets, Raju got involved with the police. He stole food from a shop because he was hungry.

Shortly after that incident, he was 'picked' up by an organisation that helped street children in Nepalgunj. He stayed with them for a while but was not feeling any happier than he did in the streets. The organisation meanwhile traced his father and stepmother who assured the organisation that Raju was welcome to come back to the family, as long as he would not walk away again. Since rehabilitation, Raju has not run away, however, his problems have not been solved.

Raju's father is a seemingly good man but does not show any particular interest in his son. His stepmother is more authoritarian and expects everybody (her four children and Raju) in the house to listen to her. Raju does not get along with his stepbrothers and stepsister, and often fights with them.

In school, Raju has many problems; he often gets into fights, he has no friends, and he is not able to concentrate on his studies (although he says he wants to go to school and get a proper education, and says he likes learning and being in the classroom). He sets high demands for himself. He has difficulty with the teachers and other adults - he disobeys them and does not show any respect.

Sometimes after school, he goes walking through the city to places where he stayed when he was living in the streets. He is happy when he meets the other children that are still there. He smokes cigarettes with his old friends and drinks alcohol. In general, he looks passive and withdrawn but can be pleasant during interaction. He likes dancing and music. Occasionally, Raju has outbursts of anger and yells at everybody, and gets physically aggressive. Furthermore, he looks tall for his age but he is very slim, and does not eat a lot and often has bad dreams or sleepwalks.

A teacher from Raju's school - one of the only people he is somewhat close to, noticed his deteriorating behaviour. The teacher contacted the organisation that had taken him from the streets. They were willing to 'have a talk' with him. It was difficult to convince Raju and his family to start counselling. Raju at last agreed to come at least for one session.

* This case study is fictional

Fact sheet 4.6.2

Focus on Core Problems

- People tend to judge a child from the outside. S/he is perceived as manipulative, restless, self-centred, an attention-seeker, rebellious, withdrawn, etc. People often fail to see what is happening inside the child.

  Beyond the physical characteristics and behaviour, which often becomes measures to pass judgement, are the many feelings that are causing this behaviour. We fail to understand that the child behaves a certain way because s/he might feel unloved, lonely, insecure, angry, ashamed, guilty, confused, etc. These can be core problems and thus the focus of the counsellor's attention.
- Having focus creates appropriate goals and gives the counsellor direction during the counselling process. The counsellor can make a hypothesis to begin with, which of course may change after some time or even after every session.

  Finding the core problem does not necessarily mean that the counsellor has to start digging into the past of the child; it just means that the counsellor views the problem situation with a somewhat analytic approach.

- A focus *prevents the counsellor from jumping from topic to topic without going in depth; it prevents the counsellor from dealing with what can only be the outcomes of more central problems.*

  For example: A child behaves aggressively, and has many fights with peers, is very disobedient, swears a lot - loudly, etc. Instead of dealing with each of these individual problems, the counsellor can try to explore what causes this behaviour.

  The child could be feeling extremely lonely and therefore screams for attention by behaving aggressively. If indeed loneliness is the core problem, then it might be counter-productive to try to change the separate aggressive behaviour because the child will replace/substitute it with other behaviour to ventilate feelings of loneliness.

- This is not to say that in an example such as the one described above, the counsellor should not deal with aggressive behaviour (after all, it might be the core problem itself). The counsellor should try to explore where the identified problem behaviour originates.

Fact sheet 4.6.3

The Lazarus Technique

One useful technique that the counsellor can use to make the child focus on the actual and most pressing problem, and that increases the counsellor's understanding of the childs (core) problems, is the Lazarus technique (Lazarus, 1976, 1981; in Egan, 1998).

In this technique, the counsellor asks the child to use just one word to express his/her problem. For instance, a child might say '*Cloudy*'.

Then the counsellor asks the child to put that word into a simple sentence, for example; '*My mind is cloudy and I can't think straight'.*

The counsellor then asks the child to move from that simple sentence to a small paragraph, and thus a more extended description of the issue. For example, the child might reveal the feelings below.

"When I say that my mind is cloudy I mean that this is my reaction after my conflict with my friend. I have always trusted him and I thought that he would help me through this difficult situation, only to find out that he thinks the same as the rest of the world. Now I feel completely not understood about my problem and am very confused about who to trust and who not to trust. This is very difficult for me."

This methodology can be used at any stage of the counselling process, and is especially useful during the assessment stage. It is also a way in which the child can express what s/he wants from you (setting goals).

Sometimes it might also be useful to use the Lazarus technique backwards; this means that when childs are expressing a certain complicated problem situation (or otherwise) the counsellor may ask the child to summarise the situation into a simple sentence and then subsequently ask the child to summarise that simple sentence into a single word. This can give the counsellor an idea about the core of a complicated problem situation for the child.

Session 7:

Skills for Handling Reluctant Behaviour

Objectives

At the end of session, participants are expected to:

- Ideas about how to handle reluctant behaviour
- A basic understanding about some of the reasons that cause reluctance

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Explain what 'reluctance' is (*see reference material 4.7.1*) and about the possible reasons for reluctant behaviour (*see transparency 4.7.1).*
- Ask the participants about their experiences with being reluctant, focussing on their own feelings, feelings of their children, and the possible reasons for reluctant behaviour (do not focus on how they overcame it). If people have no clinical experience, this exercise can be a brainstorming session on reluctant behaviour in children during counselling.
- Participants divide into small groups and discuss the skills a counsellor needs to overcome reluctant behaviour using their own ideas and experiences.

  Participants write ideas on meta-cards. Post the meta-cards on the board and ask each group to present their ideas.
- Give a short lecture about skills to handle reluctant behaviour (*see fact sheet 4.7.1*) using your own meta-cards and posting them together with the other cards. Make a distinction between direct and indirect ways of handling reluctance and emphasise the effect reluctance has on the counsellor.

  Finally, participants conduct several role-plays that deal with overcoming and/or exploring reluctant behaviour.

Methodology

- Workshop or brainstorm
- Role-play
- Lecture

Resource materials

Text for lecture:

Transparency 4.7.1 Reasons for Reluctant Behaviour

Text for Trainees:

Fact Sheet 4.7.1 Skills for handling reluctant behaviour

See General Manual, chapter 3 'Skills to handle reluctance'

Text for Trainer:

Reference Material 4.7.1 Additional information about Reluctant Behaviour

Key points

It is understandable for a child to be reluctant; it may even be an adaptive response in some cases. For the child, resisting is much easier than talking about something s/he does not want to discuss.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focussed on reluctant behaviour. There might be many reasons for showing reluctance — emotional or practical reasons, reasons relating to the past or present. Reluctant behaviour manifests in many ways — silence, or talking a lot about everybody except oneself, refusal, or nervousness. Likewise, there are many possible ways of handling reluctant behaviour, depending on the situation, the counsellor, and the child.
- There is a clear link between skills handling reluctant behaviour and skills in active listening, as well as other general skills. Overcoming reluctant behaviour partly depends on the counsellor's ability.

Evaluation

Appoint one participant to be the facilitator. Separately, explain to him/her that s/he is going to facilitate the evaluation session i.e. how the participants felt during the exercise and what they learned.

Instruct the participant-facilitator that this is an exercise for him/her to practice group facilitating/evaluation. The facilitator has to come up with a list of **ten feelings** that the group experienced during the session and a list of **ten things** that the group has learned during this session.

Meanwhile the rest of the group is instructed to be reluctant during the evaluation session, (not too obviously of course), but making sure that only a few feelings and insights are shared.

Afterwards, briefly evaluate the exercise with the group. Ask the 'counsellor' how s/he felt during the exercise.

Transparency 4.7.1

Reasons behind Reluctant Behaviour[8]

Reluctance such as, *silence, avoiding important topics, nervousness, rebelliousness, hostility, uncooperativeness, avoidance (e.g. of one topic), and hesitance* is often a response to the content and style of an interaction between the counsellor and the child, or a response to a threat. Counsellors must understand and recognise the possible reasons or ambivalence behind why some children are reluctant towards counselling. Reluctant behaviour can occur if:

- The individual is pressured by somebody to participate in the counselling sessions
- The individual might not have a need for, or is fearful of expressing their problems or feelings due to his/her religious faith
- It is too difficult or too confronting for the individual to talk about or face his/her own situation due to emotional obstruction
- S/he believes that other interventions are more appropriate for him/her
- S/he might have low self-esteem and has little belief in the ability to change

[8] Though there are differences, reluctance and resistance are combined in this session

- S/he is simply not feeling well to attend a counselling session
- The individual lacks trust or belief in you as a person/adult or might react negatively to you as a person (could be caste and gender issues)
- The individual is afraid of change or disorganisation
- The individual suffers from shame or guilt as a result of feeling stigmatised or talking about taboo issues
- The person might have had previously negative experiences related to seeking help
- The child might perceive the intervention to be in disharmony with cultural or personal norms and values
- There might be insufficient awareness about the (severity of) psychosocial problems (no perceived need for help)
- The child might not want to admit weaknesses or problems - it might be too confronting or might involve fear or losing prestige
- The person might be hesitant to make effort

Fact sheet 4.7.1

Skills and issues for handling reluctant behaviour

Sometimes children avoid topics that they consciously do not want to talk about, which can make counselling difficult and even frustrating because it manifests in silence or disinterest in the counselling process.

Reluctance often means that the child finds it difficult to talk about certain emotions, or that s/he is suppressing a certain fearful or upsetting experience. To achieve further progress in the counselling process it is important to overcome reluctance. It is important to deal with reluctance as it might obstruct progress. Reasons for reluctance are often related to the present problems.

It is important not to encourage reluctant behaviour and to avoid being provocative and_too confrontational. The more the child resists the less likely s/he is going to change his/her present situation.

Presented below are ideas about how to approach reluctance, some of which may seem contradictory. Every child is different and therefore needs a different approach; every child may have different reasons for reluctant behaviour, which influences the counsellor's methods.

Indirect methods of handling reluctant behaviour: these methods aim to increase trust and as a result, allow the child to open up. This might be sufficient if the reason for reluctance is for example, that the child does not have a clear idea about the intervention or fears a breach of confidentiality.

- Respect the child's point of view - s/he probably has good reasons for being reluctant. Perhaps s/he is protecting him/herself against facing a painful experience or perhaps s/he does not feel the required trust. S/he may also be afraid of the consequences of talking.
- Make the child feel safe and secure. Increase your capacity to create an atmosphere of trust, warmth, and care. Do not push the child further than the limits that s/he sets (reluctance often indicates a clear limit). Avoid provoking the child. Use empathy and understanding as fundamental attitudes.
- Make an agreement between you and the child, and state that you will not choose subjects that are 'not allowed to be discussed'. If you keep your promise, the child might realise that s/he can trust you and therefore s/he may feel safe to express her feelings (paradoxical approach). This method should not be manipulative; if the child does not want to talk, respect his/her decision.

Direct methods of handling reluctant behaviour: as indirect methods are often insufficient to overcome reluctance, partly because the child is unaware of it, other additional approaches might be necessary.

- Create awareness; discuss your observations regarding the reluctance, which will help the child gain insight into his/her situation. By discussing it openly, you aim to enhance the child's confidence to overcome the reluctance. This can take the form of *challenging* the child, or it could entail discussing the possible reasons for such behaviour.
- Educate the child about the advantages of expression and the disadvantages of suppression.
- Make use of the child's support network (important people/others) that can assist.
- Use alternative tools instead of talking; e.g. drawing, painting, writing.
- Humour can be a useful tool to release some of the tension that surrounds reluctance. Approach humour with care; do not hurt the child's feelings, or ridicule the situation.

When reluctant behaviour remains a barrier to actual progress, it might become necessary to stop counselling or arrange for a referral. If personal antipathy towards you as the counsellor is/remains the reason for reluctance, again, this might indicate a need for referral.

General issues to keep in mind when dealing with reluctance:

- *Do not blame the child.*
- *Do not feel overly responsible for the child's behaviour or stagnation – be realistic.*
- *It might be good to review the quality of your intervention (without blaming oneself) – e.g. are the methods used, too directive? Is the child clear about the intervention?*
- *Do not become impatient.*
- *Do not lower expectations or the goals of counselling due to the observed reluctance.*

Consequences for the counsellor: the reluctant behaviour of the child might have distinct negative effects on your feelings and beliefs as a counsellor (indicated below). It is important to be aware of such personal reactions.

- *You might experience the sessions as 'stressful' and the child 'difficult'*
- *You might experience uneasiness and worries about how to further continue with the child*
- *You might feel the child does not trust you, which in turn is difficult for a counsellor*
- *You might question the child's own ability to deal with such situations*
- *You might feel frustrated towards the child*

Reference 4.7.1

Additional information about reluctant behaviour

Reluctant behaviour reflects the child's difficulty to deal directly with certain emotions, thoughts, or desires. When the child resists it obstructs or opposes the problem-solving process in focus. It is therefore very important to give attention to it, in order to progress.

There are several ways in which reluctance manifests: the child might for example say, "I have no real problems" or "I don't know what to talk about," or will sometimes be silent and reject counselling altogether.

Through hesitation or inattention, reluctance usually displays an ambivalent attitude towards counselling.

Reluctance is more or less a subconscious reaction and is an obstacle in counselling. However, if properly detected by the counsellor, it may offer valuable information, for example it may display the child's coping strategies to keep anxiety under control. *(Narayana Rao, 1992)*

Session 8:

Alternative skills and tools for counselling

Objectives:

At the end of session, participants are expected to:

- Be aware of some alternative techniques, and begin to use them in interactions during counselling sessions.

Activities

Time: 6-7 hours

Materials: meta-cards, flip chart, marker, board, big piece of paper, paint, A4 paper, pencils, puppets and other toys

Explanation of procedure for trainers:

- Start with an energiser; *stretching*. Participants stand in a circle. Tell them to reach towards the ceiling with their arms, and then relax again. Then instruct them to:
  - Rotate their heads, gently to the left, the right, upwards, and downwards.
  - Rotate their torsos to the left and the right, repeating this sequence a couple of times.
- After the exercise, explain that stretching is a relaxation exercise, which can be a tool in counselling to *release tensions*.
- Conduct a lecture about the function of alternative tools and give an overview of some possibilities *(see transparency 4.8.1).* Ask the participants to give examples of cases/ situations or problems where alternative tools can be useful.
- Provide the participants with a sheet of A4 paper and a pencil and ask them to draw either their own family, or a memory of their youth. Give them 15 minutes to draw. Afterwards, participants sit in pairs and do a role play:
  - Taking turns at being the counsellor, initiating a conversation about what the other has drawn
  - Writing down specific questions that counsellors could use in reference to the drawings
  - Discussing what the counsellor could ask the child to draw next, and writing these ideas down
- Finally, in an open discussion, participants discuss the drawings, the questions related to the drawings, and the reasons why they asked their partner to draw a specific thing *(See fact sheet 4.8.3).*
- Explain the function of play in counselling especially young children (see transparency 4.8.2).
- Two participants conduct a role-play that focuses only on the use of play, in front of the rest of the group.
- Participants then divide into smaller groups to practice the role-plays. Allow 30 minutes for both of these activities.

(Example case; *a child of 10 years old displays anger because a distant family member has sexually abused him. He behaves aggressively and has problems in school. He does not want to talk about the incident.)*

- Conduct an exercise on relaxation techniques for children; for example *deep breathing* or *autosuggestion (see fact sheet 4.8.2)*. Allow 30 minutes for this activity. The participants then try out these different relaxation techniques amongst themselves.
- Divide the participants into three smaller groups to make a group painting (with real paint if possible), on a big sheet of paper. Give each group a theme, e.g.: sexual abuse, living on the street, and feeling depressed. During the painting session, they should not communicate with each other and any realistic or abstract form of expression is encouraged.

  Give the groups at least 20 minutes followed by an opportunity to reflect on the paintings.
- Initiate a group discussion to extract examples of children's problems or situations where; (a) role-playing in counselling sessions might be useful (this discussion should be followed by a role-play of one of the examples suggested); (b) journal writing or letter writing as a useful tool during counselling sessions.

Methodology

- Lecture
- Exercises
- Role-play
- Energiser
- Group activity

Resource materials

Text for lecture:

Transparency 4.8.1 Overview of techniques
Transparency 4.8.2 Play

Text for Trainees:

Fact Sheet 4.8.1 Tools for counselling — Why?
Fact Sheet 4.8.2 Relaxation techniques
Fact Sheet 4.8.3 Drawing

Text for Trainer:

Reference Material 4.8.1 Use of play

Key points

Counselling requires creativity in order to adapt to the specific needs of a situation, an individual, a group, or a community.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Using alternative tools in counselling as an additional aid during the talking process makes counselling more attractive, diverse, and successful. All individuals are different, and all problems are different therefore we need different approaches. Tools, such as drawing, diary writing, painting, and play are examples, especially for less verbal children or more repressed problems.
- Some of these different techniques can be used either as a part of the counsellor's treatment plan (as was the focus in this session) or as a part of an assessment (to gain information about the child or the situation). Therefore, these techniques link with the session on assessment.
- Make it clear that these methods are an integral part of the complete counselling process, and therefore integrate with the basic concept and principles of counselling.

Evaluation

Participants rate the session (from 0 to 10) for its perceived value.

Transparency 4.8.1

Overview of techniques

- **Play**

  Through imaginative play, the child can tell his/her story, express emotions. Try to direct the situation through play to release some (sub-) conscious desires and at the same time have fun *(see transparency 4.8.2).*

- **Drawing**

  Ask the child to draw something relevant for the treatment process (as specific as possible, e.g. ask the child to draw a time when s/he was angry or sad). You can discuss the process together during counselling. You can also ask the child to draw a feeling, a memory, or a person relevant in the counselling process. The counsellor should not evaluate the drawing on its beauty *(see fact sheet 4.8.3).*

- **Painting**

  Give children paints and big sheets of paper and allow them to express their feelings or thoughts (abstract or realistic). They can do whatever they want and even use other materials. Both the creating and the evaluating can be valuable.

- **Relaxation techniques**

  When anxiety or tension levels rise, it might be good to focus on that before anything else. Use relaxation exercises, such as yoga, breathing techniques, etc. These techniques are a form of symptom management (such as stress or fear management) *(see fact sheet 4.8.2)*

- **Drama**

  (Street) drama is especially useful for group sessions. Through drama, the group is able to tell a story, interact, express, and try out activities in an enjoyable setting. The drama could have a certain theme that is relevant to the counselling process.

- **Role-play**

  Use role-plays to try out newly learned skills or ideas. It can also function as a practice for a particular 'task', for example having to talk to somebody. Furthermore, it can also be a means of expression of thoughts and emotions. This is especially useful for dealing with problems in relationships.

- **Journal writing/Letter writing**

  Children can keep a diary between two sessions or a longer period. In the diary, the child can focus on a particular feeling (expression) or goal. If the child's situation involves other people, the child can also write letters to them to resolve conflicts (the letter can then be sent or not, according to the wishes of the child).

- **Me-map**

  This is useful to obtain information or to facilitate the child to share his/her social support network and important elements in his/her life with the counsellor.

Transparency 4.8.2

Play

The function of play is for the child to (indirectly) express emotions, to express his/her subconscious[9] as well as to understand and handle certain events, situations, and/or problems. Therapeutic play generally has four functions and allows:

- Expression and communication of thoughts, feelings, impressions
- Expression of suppressed or underlying traumatic events or conflicts
- Information processing, putting events in existing mental frameworks or adapting such frameworks to the new event(s)
- Self-awareness; expression of ideas and opinions, experimenting with roles, outcomes, feelings

The process of play occurs in a safe setting where the child can express and experiment without there being consequences.

1. Encourage the child to create a (imaginary) story and to use available toys to introduce it (try to use this technique rather than non-imaginative play such as using a ball or board games).

2. Support the expression of emotions and thoughts through

[9] Play therapy is originally a psychoanalytic intervention, and is nowadays widely accepted by almost all child psychotherapists; however the focus is taken away from the subconscious expression and focuses more on the expressions of emotions and the processing of information (the telling of a story).

verbalisations/commentary. Verbalise the child's play, actions, expressions, feelings, or your impressions of these (as opposed to asking questions because questions distract the child from playing —verbalisations encourage play). This does not necessarily mean interpreting. Try to state in words what the child is playing, or thinks s/he is playing. Never take the attention away from the play however.

3. Recognise themes in the play through observation, and encourage further play on such themes.
4. When the play relates to the counselling process or the problem for which the child is seeing you, or your hypotheses of the child's experiences, explore it further.

   If the child only plays addressing topics that are not directly relevant for the counselling process, the counsellor can choose whether to intervene or not.

   - If you *do not intervene*: this builds trust, the child feels that s/he is 'allowed' to express anything s/he wants and will subsequently feel confident at a later stage to raise more profound issues. The risk is that the play remains superficial or that it consumes a lot of time.
   - If you *intervene*: you can suggest or even ask the child to play and address a certain topic. The risk is that you overstep boundaries and go against the child's will.
   - If you *indirectly intervene*: through verbalisations, you can link the current play with topics of interest and thereby emphasise certain aspects of the play or even ask minimal questions.

5. If you leave the child to direct the play, you should remain as an observer. You should only join in when the child invites you (indirectly) to take a role. If you do join in, leave the direction of the play up to the child.

Fact sheet 4.8.1

Tools for Counselling — Why?

First, it is important to know that these tools can be used as an addition to talking or to encourage talking, to make the counselling process more attractive for the child, or to facilitate when the child encounters difficult subjects. Tools for counselling can:

- Be a very effective way of expressing emotions, whether conscious or subconscious. For example, it involves appropriate ways of expressing and managing anger for children who are sexually abused.
- Facilitate the process of giving the child insight in his/her emotions and thoughts. It can help a child to cope with a certain traumatising experience both cognitively (understanding what happened) and emotionally (exploring different feelings through a 'safe' manner).
- Give children, who are often less able and willing to express and reflect verbally, an opportunity to tell their story indirectly. These techniques leave more freedom for fantasy, a characteristic of children respected through these techniques.
- Help the counsellor discover/recognise themes in the child's activities, even throughout the treatment process. It can give the counsellor a glimpse into the world of the child.

The counsellor should keep from interpreting the information and therefore always ask the child to interpret or comment on his/her own activity.

These techniques are more appropriate for younger children who usually express a natural interest to draw or play. *Children often prefer (creative) activities than just talking.*

Fact sheet 4.8.2

Relaxation techniques

1. *Deep Breathing :* This exercise, when done correctly, is effective and can be practiced almost everywhere.

    - Take a deep breath (you should hear yourself inhale)
    - Hold it for a few seconds
    - Exhale hard (you should hear yourself exhale)
    - Exhale again, with sound - a 'noisy sigh'

Repeat the above sequence six times. Do not be afraid of excessive breathing (hyperventilation), because it is unlikely to occur. However, if you feel tingling in your fingers, it is a sign that you are in a stage of hyperventilation, and therefore, this exercise should be avoided.

2. *Progressive Muscular Relaxation :* relaxing particular groups of muscles. The entire procedure generally takes about 15 minutes. The beginning of this exercise involves getting familiar with the tightening and relaxation of your muscles. It might be better to start with the breathing exercise, described above.

    - Tighten and relax your jaws, your fists, your eyebrows, etc.
    - Close your eyes and think about relaxing your scalp, temples, forehead, eyebrows, cheeks, lips, tongue, throat, the back of your neck, shoulders.
    - Tell yourself that the feeling of being relaxed is travelling down your arms, past your elbows, your fore arms, into your palms, your thumbs, and fingers.
    - Now it should flow into your chest and into your abdomen: fill your abdomen with nice warm feelings - get rid of any tensions.
    - Now channel the feeling into your seat, your hips, into your thighs, past your knees, into your calves, past your ankles into your heels, into the balls of your feet, into your big toe, into your second toe, third toe, fourth toe, and finally little toe.

If you wish, you can repeat the exercise backwards, starting with the feet and then moving up to the head again. You can end with guided imagery (see below).

3. *Guided imagery :* The following images can help you relax or fall sleep. You can use these techniques or create your own.

<u>The meadow:</u> Imagine lying in the most comfortable field in the world. The sun is shining, it is nice and warm, and there is a breeze blowing. The grass is very soft and smells good. In the distance you can hear some birds, imagine their song. Some coloured flowers also smell good close by. Imagine the colours of the flowers.

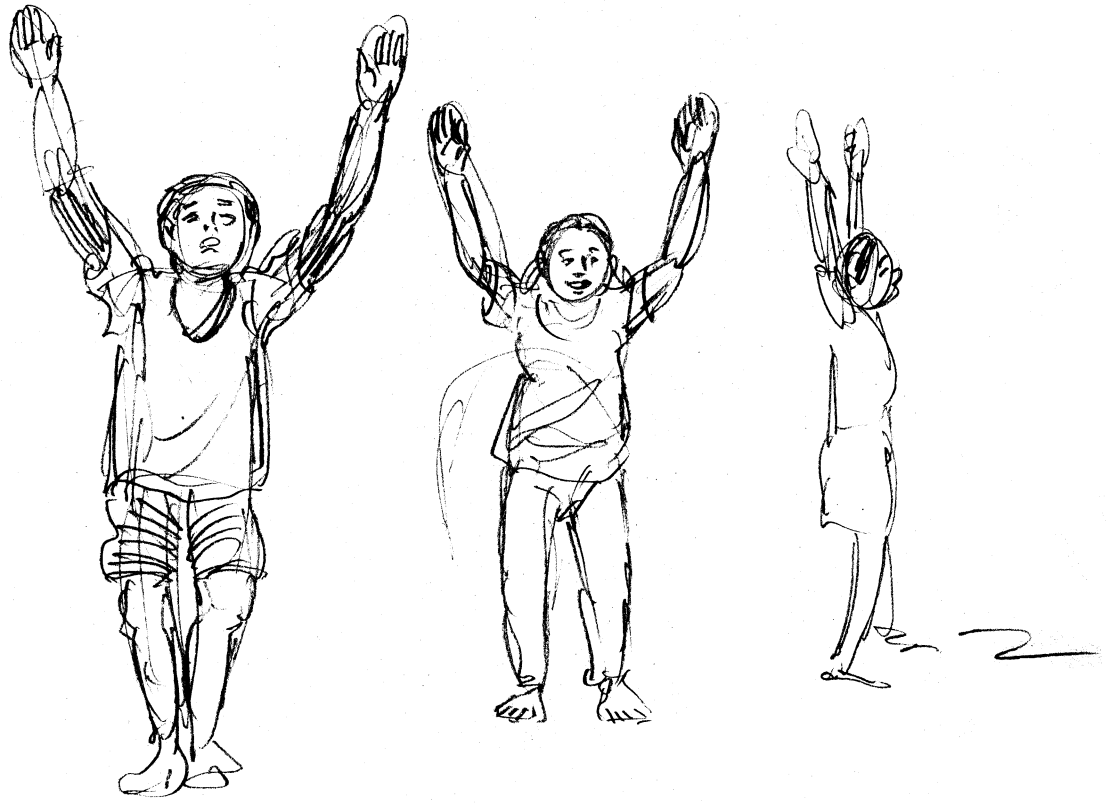
A butterfly is coming close to you and is landing on one of your hands. You can brush it off if you want. As you add to the imagination, tell yourself that you are going into a deeper and more pleasant state of relaxation.

Now imagine that all of the tension and anxiety remaining in your body is travelling into your abdomen. There is none left except in your belly. Now as you begin to count from one to three, it will begin to leave your body, you will get into a deeper and more pleasant state of relaxation.

Above, a cloud is caught by the wind, and as it travels towards the horizon, you will be even more relaxed.

The cloud: You are lying on the most beautiful and most comfortable cloud in the world. It is very white. As you lie on the cloud, you are getting more and more relaxed. The sun is shining and the sky is blue. Feel the cool breeze. Nearby, birds are flying past; you can hear their songs. You are looking at the birds, the sky, feeling the warm sunshine and the soft breeze. You are going into a deeper state of relaxation. (Now imagine the tension going and leaving the abdomen as in the example above.)

From: Basic Training on psychosocial Interventions for street children service providers, A Trainer's Manual, UNICEF and Childhope, Philippines.



Fact sheet 4.8.3

Drawing[10]

Drawing, painting, and other forms of creative expression can be integrated into the healing process. Children (and sometimes even adults) find it difficult or impossible to talk about overwhelming events that they have experienced. In drawing/painting, other means of communication substitute words. Drawing can therefore become a primary medium of expression.

Creative expression/drawing, within the scope of this training course and level can:

- Be an expression of emotions and release of built-up tensions.
- Be a tool to talk; the counsellor can ask questions related to a certain drawing.
- Portray a certain meaning to the child's problem and thereby be instrumental for the overall healing process.

Drawings and paintings can be used in several different ways. Counsellors can follow the activities below.

(a) Introducing the technique as if talking to the child:
"Drawings allow us to use images next to words. This might seem like an unusual way of helping you with your problems, but sometimes images can say more then words. I shall give you assignments and ask you to draw or paint them, however you want. You need not be an artist to be able to do this, nor do you have to make works of art — anything you do is fine. You can tell me whenever there is something you do not want to do. After you have drawn something we can talk about your drawing, or maybe I will ask you to make another (related) drawing."

(b) Introductory drawings, these are drawings unrelated to the child's situation but serve to make the child feel at ease with the materials and methodology (for examples see the trainer's section below).

(c) Drawings with a direct meaning: ask the child to make a picture of something specific (e.g. his/her family, a flower, a bad memory). You can (not always) initiate a dialogue by asking the child to tell you about what she/he has drawn, or ask specific questions, e.g.
"Can you tell me what you have drawn here?"
"What does this mean to you?"
"What feeling does the drawing give you?"
"How did you feel making it?"
"What part of the picture would you like to change?"
"Can you give a title to your work?"

[10] The following is only a very small introduction on the use of art in counseling. It is suitable for this level of training and existing interventions and implementation at a basic level is feasible. In Nepal, this concept of psychosocial care is more recent than 'talking-counselling'. It is better to use these techniques in conjunction with and in the process of regular counselling sessions. One needs adequate and long term training to use this as an intervention per se.

(d) After one drawing and the subsequent conversation, you can choose to either continue talking or use other counselling interventions building on what the child expressed in the drawing or the conversation. At a later stage, you can ask for another drawing.

To continue, you can give the child a new assignment that relates to the child's problem or previous drawing, or a specification of the previous drawing. Either way, the activity should be based on your observations (of the previous drawing(s) or the child's behaviour during the drawing) and clinical experience (of the overall case), in order to probe further into issues/expressions that will give you more information about the child. Pay attention to the impression of the drawings — what feelings do they portray? What is emphasised? Are there any striking details?

Reference Material 4.8.1

The use of play

Play can be used in several ways in the treatment process of psycho-emotional problems. Above all, it is essential *that the child can and wants to play*, and secondly that the counsellor knows about the development of play behaviour of children.

In this context *play means imaginative (fantasy),* thus not board games or sports, etc. Several sessions might be needed to set the right atmosphere, to build trust, and for the child to understand the idea (basically that she/he can just play). Furthermore, it is essential that the counsellor chooses toys that are appropriate to the local setting[11] and meets certain basic ideas of play therapy, for example: dolls, pieces of cloth, leaves, mud; representations of children, soldiers, adults and animals; rocks, pieces of wood, arms/ guns; ambulances or cars, houses, etc.

A child goes through several stages of play development

1. *Sensopathic play* (the function of this play is the sensory stimulation it gives to the child).
2. *Constructive play* (building with blocks, etc).
3. *Fantasy play* (using the imagination to create one's own story in the play).
4. *Capacities play* (often high motor skilled play, playing ball)
5. *Social play* (as opposed to individualistic first phases in this phase interaction begins with a playmate).

The goal of this type of treatment is to allow the child to indirectly understand what has happened by exploring thoughts or traumatic events and by trying out solutions through the 'safe' expression of emotions and wishes through play.

Practical goals:

- Create a story/theme with the child. The child, who is often less capable to reflect verbally, can tell a story.
- Encourage the child to recognise/verbalise his/her emotions.
- Allow the counsellor to discover/recognise themes in the child's play.

The counsellor can only accomplish these goals using the basic skills of verbalisation, empathy, respect, and interest in the child etc.

Verbally Guided Play[12]

The counsellor is the 'reporter'. His/her task is to *verbally express*

1) What the child is actually playing
2) What s/he thinks that the child is playing
3) What s/he thinks might be the reason for the play behaviour

[11] The effectiveness of play as an intervention in Nepal has not yet been studied. If appropriate toys are used, the intervention seems to have potential for assistance, as it does in the West.

[12] Based on article of A.K. de Vries, in turn based on work of M. Klein and J. Hellendoorn.

Verbalisation can:

- Give meaning and expression to the child's ideas, thoughts, etc.
- Force the counsellor to be fully attentive.
- Create an atmosphere that makes the play a special occasion in which the child will receive full attention (which is often very different from his/her day to day life). The child will feel 'listened to' and therefore respected.
- Allow the child to express him/herself. When the counsellor interprets the play, the child is able to agree (a), to elaborate (b), or to correct interpretations(c).

Verbalisation should be based on the following qualities:

- The verbalisation should create a tolerating and protecting atmosphere.
- The counsellor should give continuous empathy.
- The counsellor should be expressive and encourage the child to be enthusiastic about the opportunity to play freely.

DO NOT…

- Ask *why-questions*, and even try to avoid questions altogether. It is better to say, *"I would like to know…"* or *"I wonder if…"*. If the child does not react to these remarks, you should quickly come up with an (hypothetical) answer.
- React from your perspective or value system. Avoid approval or disapproval. The child should be able to play as freely and impulsively as possible without interference.

<u>The role of the counsellor</u>

Always react enthusiastically (even when the child has just done something for the sixtieth time!). Help the child when necessary or when asked. All verbal and non-verbal behaviour of the child should be registered and verbalised. If the child questions your verbalisation, you can simply answer that verbalising is your task and playing is his/her task.

Finally, elaborate by giving your interpretations, integrate real life factors or certain emotions with the (played) world of the child.

Different forms of interpretation

1. Observe the actual behaviour and actions of the child and verbalise it. *(These first level interpretations are the most important and appropriate when using play.)*
2. Actions (and verbalisations) provide a first layer of meaning. Actions come with feelings (such as anger towards someone, sadness, etc). The thought behind this is that nothing that a child says/does goes without a feeling/emotion (even neutrality).
3. Observations provide further meaning (such as a conflict, problems in school).
4. After the session, (referring to your notes) look for returning themes in the play of the child and check these themes with the general development of children in certain cultures.

The reactions of the child (verbal and non-verbal) will show whether the interpretations are correct or not.

Note on play!

The most important thing is to encourage the child to play and express thoughts, ideas, and emotions. Ideally, the topics of play should relate to the problem/situation or the child's interest.

Use play within the counselling process in a way that you feel is most useful. *Verbally guided play* is only one method. You can strictly follow it or just use components of it. You can integrate other aspects (such as questions, suggesting topics of play, etc) if necessary.

The goal of *expression* is more important than the exact method through which expression is achieved.

Session 9:

Specific situations

Objectives:

At the end of the session, participants are expected to be able to conduct role-plays on these specific themes:

- Child labour/Domestic violence
- Suicidal tendencies
- Sexual abuse
- Trauma
- Handling misbehaviour
- Disabled children

Activities

Time: 1 day

meta-cards, flip chart, markers, board

Explanation of procedure for trainers:

- Introduce the session by explaining that it is going to last a full day and that it will mainly consist of role-plays and the evaluation of these role-plays. Everything that has been learned in the training course so far will come together in this session.
- The role-plays will have six different themes/target groups: sexually abused children, traumatised children, exploited children, suicidal children, children with bad behaviour, and disabled children.
- Divide the participants into pairs or small groups and assign each pair/group one of the above themes for their role-play. It does not matter if two pairs have the same theme. Within their pairs, participants decide who is going to be the counsellor and who is going to be the child.
- Before starting the role-plays, hand out reading material on the five themes and give a short lecture to introduce each special case. *(For reading material on handling bad behaviour, refer to Fact Sheets 4.9.1 & 4.9.2. For reading material on counselling of other problems of children, please refer to the General Manual, Annex 1).*
- Give the participants at least 30 minutes to read all the material and then allow for discussion within their groups/pairs. Insist that each role-play should last at least 30 minutes, not less.

  Note: Give the pairs/groups only about ten minutes to prepare their role-play to prevent the 'counsellor' and 'child' practicing before the role-play (which is not possible in real life!). The 'child' will not be given a case study to encourage him/her to be more spontaneous and allow the participant to imagine how a child would behave under the given circumstances. Participants must follow the theme/category given to them.

The 'counsellor' has to focus on the following points:

(1) Summarising, paraphrasing and repeating of key-words/restatements and reflections of feelings
(2) Open questions
(3) Empathy throughout the process
(4) Non-verbal communication/attending
(5) Structuring the problem
(6) Having a goal/focus

- Furthermore, emphasise that it should not be a first session. To prevent the role-play from being about assessment, it should reflect counselling in mid session.
- The rest of the group observes each role-play. After each role-play, initiate an evaluation/ feedback session, of about 15 minutes. Feedback can be both positive and constructive and should have the following guidelines:
  (1) How did the child feel?
  (2) How did the counsellor feel?
  (3) Do they think they covered the six points of focus?
  (4) What are the observers' impressions about the six points of focus?

After the role-plays, facilitate the final evaluation. This should focus on the overall impression that both you and the participants had of all the role-plays, and on the similarities and differences between each role-play.

Methodology

- Role-play
- Discussion/evaluation

Resource material

Text for trainees :

Fact Sheet 4.9.1 Handling misbehaviour
Fact Sheet 4.9.2 Influencing behaviour
See General Manual Annex 1

Key points

Practicing learned skills (especially through role-play) is extremely helpful for would-be counsellors.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session allowed participants to integrate/use previously learned skills and knowledge. The focus was on six specific groups of children - those with suicidal tendencies, traumatised children, sexually abused children, exploited children, disabled children, and children who misbehave. Summarise the most important observations and learning points.
- This session links with all **the previous sessions.**

Evaluation

Ask the participants these questions:

How did they feel about their role-plays?

What was the main thing that they learned?

Were they able to integrate new skills and knowledge during the role-play?

Fact sheet 4.9.1

Handling misbehaviour (in a centre-based problem)

- To handle misbehaviour, interventions should be determined by understanding:
  - The child,
  - The immediate situation,
  - The particular living conditions of the child,
  - The child's capacity at the time to learn from his/her experience and how this relates to the overall treatment of the child

- The counsellor must help the child develop patterns of behaviour that encourage constructive relationships and that increase his/her ability to deal with expectations and requirements of daily life.

- The counsellor should promote the child's development of control and sense of responsibility for his/her actions.

- Each type of misbehaviour requires a different approach and opportunity for the child to learn the different levels of control, depending on whether it involves the following:

Appropriate interventions

1) View the misbehaviour of the child as an indication of the need for greater support and guidance rather than as an occasion for censuring lack of self-control.
2) Guide the child to live up to his/her capacities. Allow him/her the opportunity to make mistakes without reproach, to have the incident overlooked, or to experience the consequences of his/her behaviour as an essential learning experience.
3) Channel misbehaviour through reinforcement of positive or desired behaviour (e.g. provide social or materialistic reactions as a consequence to positive behaviour or give light punishment, or ignore misbehaviour altogether. See also fact sheet 6.5.2.

Some situations require purposeful non-interference, i.e. nothing should be done. Others call for active interventions such as discussion of the incident, changing the situation, disapproval.

Child's behaviour	Child's possible belief	Adults feelings/ reactions	Child's response to adults attempt at correction	Alternatives for correction misbehaviours
(1) Seeking utmost attention	He/she belongs only when being noticed or served	Feeling: annoyed	Temporarily stops misbehaviour. Later restarts it, disturbs in another way.	Ignore behaviour when possible; give attention to positive behaviour when child is not asking for it.
(2) Trying to "Boss" others around and show power over others.	He/she belongs only when in control or prefers that no one can "boss" him/her.	Feeling: angry, provoked as if his/ her authority is being threatened. Reaction: tendency to get revenge.	Active or passive aggressiveness. Misbehaviour is intensified or child submits with "defiant compliance".	Help child; see him/her use power constructively by appealing for help and on listing co-operation. Make the child a positive leader instead of NO leader. Real fighting will only inspire the child's desire for power.
(3) Hurting others or trying to seek revenge on others.	He/she belongs only by hurting others. Might feel s/he cannot be loved.	Feeling: deeply hurt or angry/frustrated. Reaction: tendency to get revenge.	Seeks further revenge by intensifying misbehaviour or choosing another way to hurt others.	Avoid feeling hurt; avoid punishment, or retaliation. Build a trusting relationship with the child. See what s/he is feeling and encourage & enforce positive initiatives.
4) Lazy, trying to convince others that he/she cannot do his/ her assignment tasks.	The child conveys to others not to expect anything from him/her. Is unable or helpless/ cannot accomplish his/her task.	Feeling: despair; feeling hopeless about child's reaction - "I give up." Reaction: tendency to agree with the child that nothing can be done really.	Passive response or fails to respond to whatever is done. Shows no employment or does not try to accomplish tasks. (Becomes learned helplessness).	Stop all critical reactions. Encourage any attempt, no matter how small. Do not give up positive feedback and help the child gain success in his/ her activities.

Fact sheet 4.9.2

Influencing behaviour

Punishment

Use punishment only in situations when other interventions have proven to be ineffective. Children can benefit by facing the consequences of unacceptable behaviour as part of their learning process.

- Relate the timing of any punishment to the occurrence of the offence. Punishment should not extend over a long period for it begins to loose meaning for the child.
- Group punishment for one or more members for misbehaving can have negative long-term effects or creates unfair punishment, and may disturb group cohesion. The group could become hostile to the individual who created the problem. The individual may feel alone and rejected by the group.
- Avoid corporal (physical) punishment or verbal humiliation at all times.
- A child may need to be removed from the group and group activities for a while. This is necessary to protect the child or to limit disturbance within a group.

Ways to discourage misbehaviour

- Ignore the misbehaviour.
- Express your feelings briefly, allow words to sink it (avoid making the child feel guilty).
- Time out: for short amounts of time, do not give the child any attention as a reaction to his/her misbehaviour.

Ways to encourage good behaviour

- Catch the child when s/he is being good and acknowledge improvement with praise
- Express encouragement such as thanking him/her, give little gifts (tangible), hug, and pat him/her on the back.
- Use distraction - channel the child to other activities.

Ways to increase a child's self-esteem

- Be careful how you interact with the child
- Give the child quality time
- Acknowledge effort, and express interest in small things the child does
- Encourage the child to identify and express feelings
- Use a positive tone of voice

When disciplining, avoid:

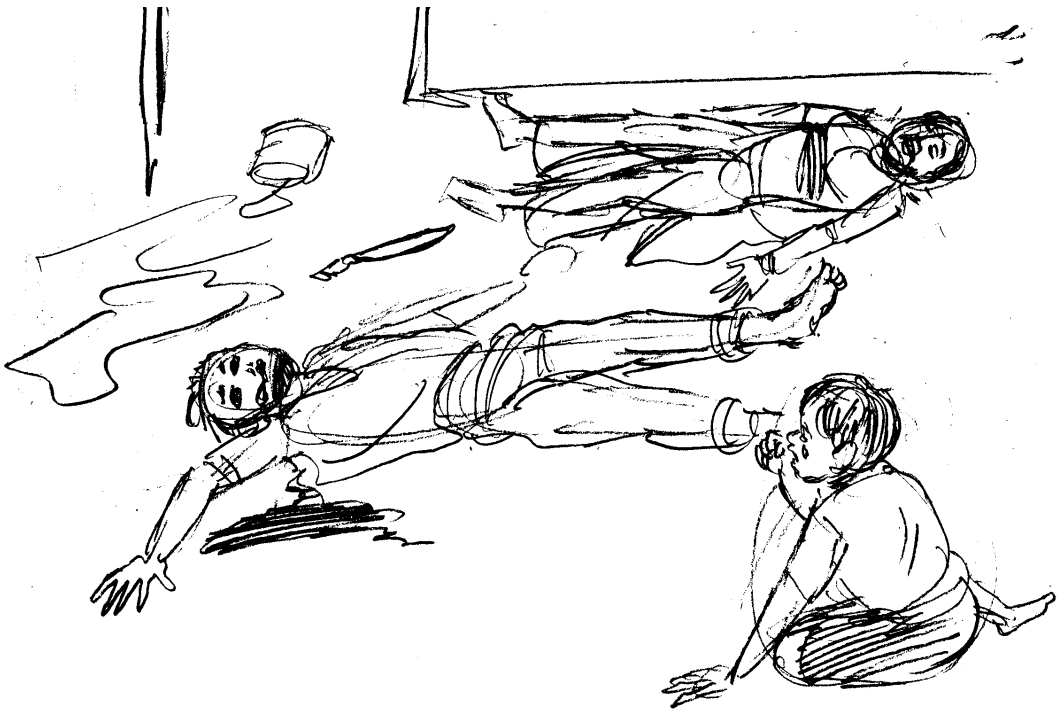
- Inconsistent, unpredictable disciplinary actions
- Unfair expectations: base expectations on what the child can realistically do, considering his/her stage of development. It is not fair to expect the child to change his/her behaviour at once when s/he has been used to it for a long time.
- Comparisons: Do not compare one child to another. This makes the child feel insecure.
- Being too permissive: Giving the child too much independence may not help him/her know what is appropriate.
- Being too authoritarian: On the other hand, the child needs a certain level of freedom to be where s/he wants to be and do what s/he wants to do.

When making rules, remember:

- Rules are least successful with teenagers. Teenagers oppose structure and rules that they think will threaten their sense of independence.
- If everything is forbidden, rules will be broken and cause reluctance.
- Keep rules to a minimum. Be specific and leave enough room for expression.
- Do not expect teenagers to follow rules you yourself do not abide by (e.g. smoking).
- Give space so that the teenager learns to act responsibly, and not just blindly follow the rules you made.

Coping with disagreements

- When angry, say/ask "why?"
- Do not shout back, this may escalate the conflict.
- Suggest a cooling off period.



Session 10:

Documentation

Objectives

At the end of session, participants are expected to know:

- Why it is important to document the counselling process
- How to document it
- How to gather and record relevant information necessary for developing a plan of treatment

Activities

Time: 1 hour

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Conduct a lecture on documenting/recording (see below). Stress the importance of documentation to formalise psychosocial assistance and to make it professional.
- Documentation is essential for professionalism in counselling. Documentation will help the counsellor to:
  1. Remain objective
  2. Have an overview of the improvements or difficulties within the process
  3. Remain focussed and precise
  4. Be able to share ideas and work in a team if necessary
  5. Refer the case with a clear history of the child already documented
- Explain how and when to document. Ideally, there are three sorts of documentation throughout the counselling process.
  - During the intake phase: to identify the child. At this stage, one decides whether to initiate counselling or other/no assistance.
  - During the assessment phase: information collected at this phase should be more specific in order to have enough information to initiate the counselling (e.g. about the problem and influencing factors).
  - Documenting after each session once the counselling process has started: documentation can be short, however essential for continuity.
- Go over the Forms A, B & C *(see fact sheets 4.10.1, 4.10.2 & 4.10.3; Form B can be used for both intake or assessment).* Explain the use of these forms.
- Additionally, point out that one needs to regularly hold clinical meetings with colleagues to share experiences about children. This is vital for the quality of the service being provided. This type of 'case conference' or supervision meeting is especially useful in the case of interdisciplinary teams.
- Finally, mention that taking notes during the counselling session might be the most accurate way to document, however it also distracts the child and counsellor from the session itself. Instead, the counsellor should train him/herself to only write down keywords, if anything at all.

Methodology

- Lecture

Resource materials

Text for trainees:

Fact Sheet 4.10.1 Form A
Fact Sheet 4.10.2 Form B
Fact Sheet 4.10.3 Form C

Key Points

It is important to document sessions in the counselling process.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session emphasised the importance of conducting counselling in a formal manner, both in the structure of the interactions with the child and through documentation of different phases. Documentation links together all the separate steps and sessions of the counselling process.

Evaluation

Ask the participants the following question:

What are the difficulties in using documentation forms in the daily practice of counselling within your organisation/programme?

Fact sheet 4.10.1

Form A: Documentation form[13]

File No.:
Date of Admission:
Name:
Counsellor:
Age/Sex:
Address :

Educational status:	a) Illiterate	b) Literate	c) Primary Level
	d). Secondary Level	e) Higher Level	
Marital Status:	a) Married	b) Unmarried	c) Widow
	d) Divorced	e) Separated	

Case in Brief/Presented problem(s):

Family Background:

Medical Background:

Child's Expectation:

Service provided:

Referred by:

Referred for:

[13] This form (and some of the following forms) has been made compact, and serves as an example. For actual use allow much more space to write.

Fact sheet 4.10.2

Form B: Social Case Study Report

1. Identifying Data

- Name:
- Age/sex:
- Birth Date:
- Present Address:
- Category:
- Date of admission:
- Source of Referral:

2. Presenting the Problem

- Why has the child been referred to the counselling centre? (Give up to three reasons but no more.)
- What is/are the child's critical problem/s and needs at the time of referral? At what frequency and intensity? When did the incident happen?
- How does the child perceive the problem and how does s/he feel? What does the child see as a possible solution?
- Who else was involved in the problem? How do *they* feel about the situation?
- Who is the referring party? What is their relationship to the child?
- What help does the referring party want from the counselling service?

3. History of the problem situation

- How did the child's problem come to the attention of the referring party? (OR) Why did they come to the counselling centre?
- Help the child recall exactly when the problem occurred. Who was present when it first happened? How long has the problem been happening? How did it happen? Try to get a description of the events.
- What was the child doing before the crisis or problem? How did s/he manage to cope with the problems/crisis in the past?
- Who helped the child in the past to cope with this problem? What kind of help was provided, and how?
- How do you (as staff) feel about the crisis now?
- What problem situation is the child trying to or want to resolve now? (OR) What does s/he want from the counselling centre?
- The counselling centre: What have they done about the problem they are encountering now?
- For the counsellor: What do you want to do or achieve now about the crisis/ problem? How do you want to do it? Who do you think can help you now?
- What do the important people in the child's life feel about the present crisis? What do they want to do to achieve change in the present crisis? How do they want to go about it?

4. Background Information of child

- The child's age, features, cultural background, how the child was raised by the parents (have they been abused, neglected, etc?) What type of role models did the child have, i.e. own parents?

- What were the significant/critical events in their lives that they could not forget which have created an impact on their present life? How they feel about these events and how did they cope with the critical events at the time?
- What is the present relationship between father and mother, relationship with in-laws, between parents and children, between siblings?
- How are the roles defined among the family members? Are the parents fair in assigning roles? Are the children acceptable of their roles? Do they have resentment/anger?
- Who controls the decision-making in the family? Is there controversy about this? How do the family resolve controversies?
- What is the pattern of communication in the family? Are the children/couple able to freely communicate their feelings and problems? Whom do the children normally communicate with if they have problems? Why?
- Are the parents and children able to express love, care, and affection towards one another? How is this demonstrated? Is there fear among members — particularly the children? Is there a common feeling in their relationships?
- Are the parents supportive of the children's activities in the school, community, and in other endeavours?
- What is the situation of the family after the crisis? Who is more supportive to the child and why?
- How do they think they will manage family life and relationships after the crisis, within themselves and the community?
- What are the things that the children like about the parents/family?
- What do the children not like about their parents/family? Why?
- How are the family members coping with the present problem? What are their feelings about it? Who are the most affected and why?
- What efforts are being made by the family members to resolve the crisis and present family conflict?

5. Psychosocial History/Description of the Child

- Age, distinguishing physical features.
- What can the parents/substitute parents recall about child's bio-psychological growth, physical, and maturational stages? Identify noted difficulties, problems, observations such as bed-wetting, banging of the head, disabilities, motor development, sleep walking, excessive crying, etc.
- **Has the child had any serious illnesses and how did it help/affect present physical and emotional growth?**
- Who are the child's friends in school/at the centre? What are the child's intellectual capabilities, scholastic record, extra curricular activities, quality of participation in school, etc?
- Life experiences: Did the child experience a severe crisis in his/her life that created an impact on her present life? How did s/he cope with these in terms of feelings and behaviour?
- What are his/her hopes or ambitions in life, wishes, and plans?
- How is s/he relating with peers in the community and in the centre?
- How is her/his behaviour, reaction to discipline? How does s/he display misbehaviour? How is s/he able to resolve these?
- What are his/her likes and dislikes? Why?

- How is s/he adjusting to the centre-based programme activities?
- If abused, what are her feelings about the abuser/s? How did s/he cope or handle the feelings of being abused?
- Who are the significant people who helped or are helping him/her during and after the abuse?
- How/what is his/her relationship with the abuser?
- Is the child co-operative with the persons helping him/her resolve the abuse?
- How many times was s/he abused? What were the circumstances?
- What are the child's plans for discharge? Who will s/he stay with? Why?
- Is s/he ready to forgive the abuser? If yes, in what way?
- What are the child's strengths and weaknesses? What are his/her internal resources? What are/have been his/her coping strategies?

Fact sheet 4.10.2

Form C: Record-Keeping Sheet

Take notes during sessions with the structure of this sheet as a guideline if necessary. When writing about *your* feelings or thoughts refer to *I*. The questions under each heading are just examples of that section.

Child's Name:
Date:
Duration:
Next Meeting:

Contact

- How was the general atmosphere?
- How did you feel?
- How did the child feel?

Problem/Subject

- Description of problem-situation (if first meeting)/subject (after first meeting)
- Describe from different contexts (such as positive and negative factors, other relevant people's context)

Focus/Goal of the session

- What was the focus of the session?
- What was your goal for the session?
- Did you achieve this? How? If not, why not?

New Information

- Relevant new information (after the first meeting)

In between session tasks

- Is the child supposed to do/try something for the next session (e.g. writing a diary or letter, drawing, trying out a particular task or activity related to the process)?

Opinion

- Linking this session with previous ones and the overall process
- Give your professional views, interpretations, and observation about the session.

Session 11:

Field Practice

Objectives

At the end of the session, participants are expected to:

- Integrate the learned knowledge and skills in a practice session with a child.

Activities

Time: minimum several days

Explanation of procedure for trainers:

Note 1: Counselling cannot be learned without sufficient clinically supervised practice with 'real' children. The training course should include an extensive period for clinical practice and subsequent supervision ('internships'). Supervision meetings enables one to share the experiences, difficulties, questions, and concerns of counsellors, and allows for discussion with peer counsellors facilitated by a senior counsellor.

Note 2: If an extensive period for such internships is not possible, the field practice described below should be repeated for at least several days with several childs/children.

- Introduce the session by explaining field practice. Emphasise that though it is a learning experience it involves the feelings and situation of a child, which is at all times most important. The participants are required to maintain sensitivity. *It should be clearly stated that it is not a counselling session, but rather an opportunity for the trainees to practice their newly acquired skills.*
- Participants will visit children in a local organisation dealing with CEDC. They have to understand that it might be an awkward situation for the child (even though the child will be given thorough information and an explanation beforehand). However, if the children ask about the reasons for the 'session', participants should be open and honest and explain the purpose of the session to them.
- The child should not be in an obvious state of emotional distress (vulnerable) to minimise the risk of re-victimisation. Furthermore, make sure that the local organisation provides appropriate follow up sessions for the child involved.
- The participants analyse a case report (jointly prepared by the trainers and staff of the local organisation) and discuss the case. Participants should be focussed before conducting the session. Themes/questions and goals can be used as guidelines for the session.
- Trainees and observers/trainers should focus on:
  - The atmosphere created by the counsellor and his/her attitude.
  - The questions the counsellor asks (open, closed, or suggestive) and the effect these have on the child.

- The use of counselling skills: in particular summarising, reflecting, and exploring the subject (instead of jumping topics).
- The goal and/or focus of the session.

- The session should take between 45 – 60 minutes. At the end of the session, the participant should focus on the child's feelings during the session. The counsellor can ask the child if s/he would like another session and then fix a time with the organisation.
- Fix a schedule for all the sessions. Sessions should take place at the local organisation, so that logistically things can run smoothly.
- Participants present their 'exercise' as well as their thoughts and feelings about it with focus on the feelings of the child, the counsellor, and the possible learning that has taken place.
- Finally, everybody should get the opportunity to practice certain aspects or details of the session again, to try different approaches or questions for parts of the session that they thought were difficult.

Methodology

- Preparation workshop
- Field practice
- Group sharing and discussion

Resource Material

The local organisation should provide case reports of the children who will participate in the sessions.

Key points

One can read many books and attend many training workshops however actual face-to-face counselling is something very different every time. One can prepare for it but not plan it.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Highlight the objectives, main outcomes, feelings, and thoughts of the day.
- All the skills and knowledge so far acquired in the training should be utilised as much as possible during the session.

Evaluation

Ask participants to write down three words that reflect the day's learning for them. Afterwards if they wish, each participant, shares their three words with the rest of the group.

MODULE V

Alternative Modes of Counselling[1]

General objective:

Participants gain a basic understanding of the different modes of counselling.

Specific objectives:

At the end of the module, participants will be able to:

- Understand and conduct a basic session of community counselling, family counselling, group counselling, and task oriented counselling.

[1] It is important to realise that basic communication and counselling skills remain the same whether conducting family, community, group, crisis intervention or task oriented counselling. Secondly, it is important to realise that this training package mainly focuses on individual counselling and that to become a family or group counsellor, one needs more training than these sessions provide.

Session 1:

Introduction to Family Counselling

Objectives

At the end of session, participants are expected to understand:

- How the family functions and how to classify families according to their level of functioning, in a local context.
- The basic principles and strategies of family counselling and be able to discuss the knowledge and skills necessary for family counselling.

Activities

Time: 4 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Ask the participants about a (Nepali) family and how it functions. List the responses from the participants on the board.
- Ask the participants to read the *fact sheets 5.1.1 & 5.1.2* and *General Manual, Annex 1, 'Family counselling'*.
- Participants divide into groups of approximately five people each, and discuss, share, and analyse their own families using the assessment aspects in the *General Manual*.
- Conduct a lecture on the basic principles of family counselling *(see transparency 5.1.1)* and strategies in family counselling *(see transparency 5.1.2)*.
- Participants openly brainstorm what causes a family to be dysfunctional.
- Ask each group to invent a case study of a dysfunctional family situation. Each member of the group will be a member of the family for a role-play later. One member will assume the role of the counsellor.
- The groups should first brainstorm effective ways of conducting family counselling and its steps for the dysfunctional family they have just invented *(see also General manual — Family counselling)*.
- Give each group 25 – 30 minutes of preparation time before they enact their role-plays. The other participants should be active observers, writing down their observations and feedback.
- Finish/evaluate each role-play by giving all the participants the opportunity to share their feelings, observations, feedback, and suggestions.

Methodology

- Role-play
- Lecture
- Workshop

Resource materials

Text for lecture:

Transparency 5.1.1 Basic principles of counselling
Transparency 5.1.2 Strategies in family counselling

Text for Trainees:

Fact Sheet 5.1.1 Classification of family
Fact Sheet 5.1.2 Effective communication

Text for Trainer:

General manual, Annex 1 — 'Family counselling'
Reference Material 5.1.1 The family

Key points

A family is a resource base for every problem and its solution. The family is the best unit for the protection and care of children.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focused on the use of counselling for families. Family intervention counselling uses many of the skills, principles, and steps in individual counselling. Family counselling can be a valuable method for change or to resolve a problem situation since the family is the cornerstone of a child's development. A family intervention can therefore be both preventative and curative.
- Emphasise that family counselling is very suitable for cases in Nepal. Family life and collective identity play an important role in Nepali society — a value that should be acknowledged and used.

Evaluation

Ask the participants to share their previous (if any) experiences of family intervention and to express whether they think family counselling will be useful or not in their specific environment.

Transparency 5.1.1

Basic Principles in Family Counselling:

- The relationship between the family and the counsellor is a partnership.
- Base the treatment or helping goals on the family's goals and wishes for change.
- Initially, shift the level of intervention and treatment from past events to resolving present conflicts.
- Interventions must be action oriented, based on the strengths, and needs of a family.
- The focus of intervention can be on the parents and the child, alternately.
- Assist the parents to learn different ways of parenting.
- Assist the family to fulfil practical needs as well as emotional needs.
- Concentrate on recurrent patterns of relationship and interaction.
- Help restructure dysfunctional patterns of interaction.
- Help the family gain access to community resources.

Transparency 5.1.2

STRATEGIES FOR FAMILY COUNSELLING

A. DEVELOPING STRENGTHS

1. Teach the family new positive ways to address recurring problems through discussion and implementation of alternative solutions.
2. Teach or assist the family how to access and use internal and external resources.
3. Address concrete difficulties; help the family to define small, achievable tasks that will change the way they manage the situation. This will give them a sense of accomplishment and motivate them to address other issues.
4. Help the family to learn to use effective interpersonal skills amongst themselves, i.e. new ways to interact with one another.

B. ROLE MODELLING

1. During sessions with the parents and children, demonstrate new behaviour and ways to cope.
2. Demonstrate a different way of negotiating differences during a family meeting.

C. COMMUNITY ORGANISATIONS

1. Co-ordinated services
2. Networking among resources
3. Support groups

Fact sheet 5.1.1

Classification of family functioning levels[2]

The following classification provides a broad overview of how families function.

1. The OPTIMAL FAMILY (most desirable or satisfactory)

- Relationship patterns and communication indicate high levels of affection.
- Differences of individual members respected; personal limits are clear.
- Intimate interpersonal relations; children are viewed as individuals in their own right.
- Members do not compete; instead, they rely on negotiation to approach conflicts.
- Members express a wide range of feelings and a high level of understanding for one another.
- Family is harmonised and positive.

2. COMPETENT BUT DISTRESSED FAMILIES

- Mothers often have partnership with one child.
- Personal limits are distinct however there is not the same degree of closeness as in optimal families.
- Individuals have a tendency to "scape-goat" situations (action or process of casting blame for shortcomings) and to be critical.
- Individuals express restricted range of feelings.
- Parental conflict is present but subdued or suppressed, although the impact on the family is obvious.

3. DYSFUNCTIONAL FAMILIES

There are three categories in this classification:

a) The dominant - submissive families
b) The chronically conflicted families
c) The severely dysfunctional families

3.1 Dominant - Submissive

- The dominant – submissive: one parent dominates and controls every aspect of family life. The dominance is either accepted or circumvented through acting-out behaviour.
- The members do not negotiate. The dominant parent makes all the decisions, and pays little or no attention to the opinions and feelings of the others.

[2] This does not necessarily hold true for a Nepali family, it is generally based on Western literature and therefore only serves as an example of how families function.

- Members are quick to attribute blame on one another, rather than to accept responsibility.
- The prevailing mood is hostility and sadness.
- There is not much understanding between one another.
- Either parent may seem dysfunctional but experience shows that it is more likely to be the submissive parent.

3.2 Conflicted Families

- They are always fighting.
- Each parent seeks to dominate the other; neither will share power, and neither is willing to accept a submissive role. Struggles are maintained through any devise or manipulation.
- The children are drawn into the conflict, sometime in stable coalitions with one parent, but often in transient coalitions — first, with one parent, then with the other.
- They cannot negotiate because each problem will precipitate into another round of conflict — the parents never work things out together and the children do not learn to solve problems.
- These families tend to deny any difficulties.

3.3 Severely Disturbed Families

- These families neither support maturation and growth for the parents, nor encourage autonomy in the children.
- Two patterns of dysfunction:
  1. One parent who holds a peculiar view of the world dominates the family. Typically, the dominant parent has a *psychiatric disorder*.
  2. *Chaotic family:* There is not enough influence from any one member of the family to provide leadership. This family shows vague and indistinct boundaries between members. Consequently, it is often difficult for a counsellor to understand family communications. The members often appear strange and bizarre to others and they do not relate to their surroundings.

Fact sheet 5.1.2

Helping develop effective communication in families

The counsellor should help the family develop effective ways to share information and feelings with each other. The counsellor can help the members to identify things that they do that interfere with effective communication.

Things that interfere with communication:

1. Interrupting - not allowing a person to finish what he is saying.
2. Confronting - attacking the person for what he is saying.
3. Dominating - doing all the talking.
4. Judging - saying, " That is good" or, "That is bad."
5. Advising - saying, " If I were you…"
6. Interpreting - putting words into someone's mouth.
7. Probing - being nosy (unnecessarily curious and intrusive).
8. Putting down - minimising the value of what others are saying.

The counsellor can help the family identify their patterns of communication in the sessions by helping members recognise what they are doing.

Through these methods, the counsellor can strengthen positive elements in the interaction between the family members, and thus strengthen effective communication.

1. Identify and observe the child's (or other members') initiatives for interaction. There are always *initiatives* for interaction, — either positive or negative, though it depends on the reaction whether the interaction will escalate in a conflict or not.
2. By responding positively to these initiatives, (e.g. *rather than acting upon the behaviour one can react upon the reason behind the behaviour*) the family members can subsequently develop positive interaction patterns.

Reference 5.1.1

Family

1) Characteristics:

- The family is composed of people united by ties of marriage, blood, or adoption.
- The members of the family typically live together under one roof and constitute a single household or if they live apart, they consider the household their home.
- The family is composed of people who interact and communicate with one another in their social roles such as husband and wife, mother and father, son and daughter, brother and sister.
- The family maintains a common culture derived mainly from the general culture, but each family has some distinctive features.

2) Functions of family:

Functions vary over time and from one society to another. Though seemingly universal, functions involve:

1) Providing care, nurturing, rearing, challenging, and protecting the young.
2) Socialising: the family is the main social institution responsible for the early development of the personality of the individual. It is the first *group* that will influence the child's attitude, norms, values, and practices. This is the individual's first interpretation of the physical and social world and the establishment of the likes and dislikes.
3) Reproducing and regulating sexual behaviour: reproduction is a prerequisite for the survival of society.
4) Providing affection, love, and emotional support: the warmth and affection that children get from their parents can hardly be obtained from outside.
5) Providing the means by which an individual can grow to his/her full potential.

Basic philosophy in family welfare and development

1) Every member of the family has the right to be provided with opportunities to develop his/her personality.
2) Every member of the family has the right to be loved and respected. The family should encourage the total development of a holistic personality of all the family members.
3) Family life remains the single, strongest social force in human development.
4) The family is the focus — of realising human survival and the transmission of culture and values.
5) The family is the system — it consists of members and any change in one member affects every other member.
6) The family is an important element of social cohesion and an essential factor in the general social and spiritual/religious life of its members.

Session 2:

Introduction to community-based counselling

Objectives

At the end of session, participants are expected to:

- Understand the basic principles of community-based counselling.
- Be able to conduct community-based counselling at the basic level especially for rehabilitation cases.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Explain to the participants that community-based counselling can be helpful in rehabilitating the child especially in situations where family or community relationships are directly involved.
- Explain the purpose/give a definition of community-based counselling and ask the participants to read the materials, s*ee fact sheets 5.2.1 & 5.2.2 and General Manual, Annex 1 'Community-based counselling'.*
- Conduct a lecture emphasising the following aspects of community-based counselling *(see transparencies 5.2.1 & 5.2.2)*:
  - Basic principles of Community-based Counselling
  - When to conduct Community-based Counselling
  - Steps in Community-based Counselling
- Divide participants into four groups for a role-play session lasting between 20 – 25 minutes. Provide a case study *(refer to the case of "Raju"; module 6, session 3).* The objectives of the role-play are to strengthen counselling skills and to learn about the differences and similarities between community-based counselling and other modes of counselling.
- Evaluate and discuss the role-plays.
- Ask the participants to brainstorm the roles/functions of the counsellor in community-based counselling and to write down the points on a flip chart.

Methodology

- Lecture/Discussion
- Brainstorming
- Role-play

Resource materials

Text for lecture:

Transparency 5.2.1 Principles of Community-based Counselling
Transparency 5.2.2 When to use Community-based Counselling

Text for Trainees:

Fact Sheet 5.2.1 Community-based Intervention Strategies
See General Manual, Annex 1 'Community-based counselling'

Key points

In societies such as in Nepal where the collective identity plays an especially important role, community counselling can be very helpful to reach a greater amount of people, and the method of intervention adapted to suit collective needs.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Community-based counselling can be especially helpful in rehabilitation cases involving the family and the community. Community-based counselling enhances the involvement of the community to facilitate the problem solving process of the members.
- The participants should realise that **communication and counselling skills** are necessary to conduct community counselling, as well as skills to mediate groups *(see next session)*.

Evaluation

Ask the participants to remember and write down at least two situations from their experience or from their own community where community-based counselling could have been helpful. Collect these examples to get an idea of the level of understanding.

Transparency 5.2.1

Principles of Community-based Counselling

- Community counselling should take place in an informal setting within the community. The counsellor can be any person in the community that the child appreciates such as a local leader, teacher, monk, one of the child's peers, a traditional healer, a mother, etc.

- Enable the community to provide counselling in an informal setting that aims to reduce the individual's psychological stress and problems within the family and the community. Training should be provided for those who are willing to offer counselling services to the community.

- Help members of the community to make decisions about various aspects of problem situations, if necessary. This is achieved through (active) listening, talking, patience, respect, enforcing problem-solving skills, and coping mechanisms.

- Initiate a mechanism for best utilising the local resources/ people in the process of counselling.

- Provide information and examples to make the child feel comfortable and free from the existing stressful situation.

Transparency 5.2.2

When to use Community-based Counselling

Community-based counselling can apply when:

- A father beats a child, who wants to leave the house and needs to talk to you or somebody who is helpful. S/he also needs a place to stay.

- A young teenage girl, who is pregnant, comes to you for help because her boyfriend refuses to accept her.

- A mother needs your advice/help to convince her husband not to allow their twelve year-old daughter to marry.

- A young boy who is feeling hopeless about the poverty situation at home tells you that he wants to go to the city.

- A mother informs you that her husband threw his step-daughter out of the house and told her to go and earn money.

Fact sheet 5.2.1

Community-based Intervention Strategies (CBIS) in working with CEDC

CBIS is a process whereby the effort of the government and the different groups in the community unite with the effort of the people, and help facilitate the issues and needs of CEDC.

CBIS involves the maximum utilisation of existing systems, resources, and formal or informal structures in the community to bring about changes and improvements in the condition of children in urban centres.

CBIS ensures a co-ordinated and systematic approach to alleviate the plight of poor children living in urban areas.

Guiding principles in utilising CBIS:

1) **Maximum participation:** Individual members' capabilities are fully utilised in an effort to address the problem. They should not be referred to as beneficiaries but as active participants.
2) **Maximum utilisation of resources:** This involves the mobilisation of resources inside the community, e.g. material, manpower, technical know- how, etc.
3) **Issues and needs** must be relevant to the people.
4) **People's consultation and collaboration**: An element of partnership should always exist in the helping process between and among groups/structures involved.
5) **Utilisation of CBIS**: Develop the capabilities of indigenous leaders/sectors in the community to provide community-based services for CEDC by continuing the educative process.
6) **People's ability to understand and cope with problems**: Respect people's ability to help themselves.
7) **Working together collectively**: Decisions are made with all sectors of the community to respond to child-oriented issues.
8) **Co-ordination process:**
    1) Know the existing conditions of CEDC.
    2) Determine what kind of improvements you want to see happen.
    3) Determine how CBIS can be utilised to achieve No. 2.
    4) Choose CBIS based on assessment, importance, and readiness of target groups.
    5) Identify resources needed.
    6) Determine the different groups involved and determine roles, responsibilities, and actions in implementation.

Session 3:

Introduction to group Counselling

Objectives

At the end of session, participants are expected to:

- Understand the basic principles for a group intervention.
- Be able to conduct group counselling on a basic level.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board

Explanation of procedure for trainers:

- Explain that group counselling can be a very useful alternative to individual counselling, at least for some problem situations and especially in centres.
- As an energiser, initiate the following game of 'trust'.

  Participants split up into groups of approximately six people.

  Ask them to stand shoulder to shoulder in a circle (very close) and put their arms out in front of them. One participant has to stand in the middle of the circle, closing his/her eyes (or using a blindfold) and tries to completely relax.

  The participant in the middle should let him/her self 'fall' to one side leaving his/her feet in place. The nearest person in the circle catches the person softly and gently pushes him/her back again.

  The participant in the middle repeats the action again, with his/her eyes closed, falling in another direction and landing in someone else's arms this time. S/he is pushed upright again.

  This game should be taken seriously. It is about trust and how a group develops trust for one another. The person in the middle should trust that his/her fellow participants will catch him/her, trust being the only way s/he can relax.
- Definition of group counselling: Using the group as a means for change is a process in which a counsellor, together with the group, tries to solve a problem or change a situation. The process should be formalised, and last at least several meetings. The counsellor is 'merely' a facilitator and mediator not a leader or advisor.
- Working with a group of children (especially when they are of a similar age group and especially when it concerns a group of adolescents) can be a very powerful method to realise change. Group counselling can be implemented for any subject/group-problem that might surface, or needs attention. The basic principles of individual counselling, again, apply for group counselling.
- Conduct a lecture on group counselling *(see transparencies 5.3.1 and 5.3.2)* and ask the participants to read the materials *(fact sheet 5.3.1* and *General Manual, Annex 1 'Group counselling'.*

- Group role-play: ask one participant to be the counsellor in the group. Themes for the rest of the members can be based on sharing experiences/emotions of maltreatment and harassment in the work place or about the feelings, activities, and rules of living in a centre *(General Manual, Annex 1, 'Group counselling'),* or feelings of loneliness and anger about living on the street.
- During the role-plays, ask another 'counsellor' to take over, without changing topic, and without restarting the interaction. In this way, more people can practice and the participants can experience different styles. Furthermore, give additional focus for every new counsellor.

  The role-plays should last 45 minutes followed by a discussion/evaluation, focussing on how the members felt during the role-plays, how the counsellors felt and about suggestions on how or what could have been done differently.
- Take notes and facilitate the evaluation session, adding your observations.
- Brainstorm a list of topics/situations for which group counselling could be beneficial.
- Finally, conduct a group-session about *the group dynamics of each group of participants* (as themselves *not* in their roles).

  Ask them: How do they feel in this group? How do they feel the group is functioning? Participants can give personal feedback to other participants, etc. Let the participants take turns mediating and facilitating the session.

  The purpose of this session is twofold: 1) To practice group mediation and 2) to give insight about group dynamics.

Note for the trainer:

If there is any time left, conduct some group games as an icebreaker and to focus on the different aspects of group processes and activities.

Methodology

- Lecture
- Role-play
- Energiser

Resource materials

Text for lecture:

Transparency 5.3.1 Purpose of group counselling
Transparency 5.3.2 Role of the group counsellor

Text for Trainees:

Fact Sheet 5.3.1 Example/guidelines for a first session
See General Manual, Annex 1 'Group counselling'

Text for Trainer:

Reference material 5.3.1 Principles of group counselling

Key points

Group counselling is about clarifying concerns, feelings, problems, values, ideas, and suggestions through discussion with others who are in similar circumstances.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Group counselling is a strategy for psychosocial intervention that utilises the group as a means to achieve treatment goals for individual members. It is based on the same principles as individual counselling but has the advantage of people working together, learning from one another, belonging to a group, and enhancing the empowerment of the group members.

Evaluation

Ask each participant how s/he felt about the session.

Transparency 5.3.1

Purpose of Group Counselling

Group counselling enables groups to:

- Develop a harmonious relationship among the members so that the members can receive support, positive and constructive feedback, and protection through collective effort and goals.
- Share information and issues affecting their lives.
- Bring about behavioural, structural, and/or emotional change.
- Form and conform to common norms and values.
- Enhance problem-solving skills and solve problems that exist in the group.
- Share and discuss feelings (worries, fears, etc.) and create a sense of belonging.
- Give space for expression of thoughts, emotions, and ideas/ suggestions.
- Learn to understand other people and their viewpoints and encourage respect for others.
- Gain greater social skills to communicate with peers.

Transparency 5.3.2

Role of the Group Counsellor

A group counsellor:

1. Directs the process and flow of communication.
2. Gives equal opportunity to all participants to speak; does not permit interruptions whilst a participant speaks; encourages everyone to speak/verbalise their opinions, and adheres to time.
3. Ensures that participants are not intimidated or threatened by others.
4. Makes sure that each party hears the other side's point of view.
5. Periodically summarises the present stage of the communication.
6. Avoids suggesting his/her own solutions or advice.
7. Puts the group's agreements into writing, asks all the participants involved to sign it (if literate), and helps set up a monitoring and evaluating mechanism.
8. Does not interrupt if participants disagree unless the participants become disrespectful or unless there is a need to guide the discussion by summarising (which brings calm and clarity to the discussion).
9. Clarifies the content of the discussion by making links, defining, and summarising.
10. Facilitates: s/he helps to reformulate or clarify messages and/or helps to find solutions if necessary.

Fact sheet 5.3.1

Example/guidelines for a first session of group counselling

Start with an icebreaker/fun activity. Make sure you have clearly identified *why you as a counsellor want to start this group process, or more generally, what the reason for the group counselling is*. Make sure everyone is sitting in a circle.

- Explain why you are having this group activity.
- Create a 'we-feeling' by talking about the opportunity for the group to come up with solutions/rules for existing problems — not just the subjects you raised, but also subjects from their point of view. For example: about the daily running of the centre. **Ideally, the participants come up with their own topics.**
- Do not create a clear division between the counsellor and the children; create an atmosphere where you are working together on common goals, e.g. to make the centre as nice as possible for everybody involved.
- Ask the group clear questions about how they feel about the subject and give them the opportunity to express feelings/experiences about the subject.
- Ask them clear questions about if they want to do something about the raised subject/s.
- **If the group still does not show awareness or a will to continue** ask the group why not.
- Listen to their arguments (e.g. if they do not see the problems). Ask them if they are at least willing to have another session to discuss, and if they are willing, ask them to think about/observe the subject (e.g. aggression) during the coming week.
- In the next session try to create awareness and explain, using examples, why you think it is in the best interest of all to continue sessions. If possible, conduct an exercise to stimulate awareness.
- **If the group shows awareness and a will to continue,** then explain in more detail what the process will entail. Then either in the first or possibly next session you can start focussing on what the rules for the process will be, other practicalities, and share common goals for the process.
- Set up a routine for group counselling where any subject (emotional and practical) can be raised. Have new children join in. Possible subjects: *freedom, money-addiction, respect, daily programme/management of the centre, feelings, etc.*

Reference 5.3.1

Principles of group counselling

The principles of group counselling mentioned here are additions to the basic principles and ideas that are described in individual counselling in this training package.

Hidden or overt rules and forces — **group dynamics,** exist in any group. This will be one main focus of the counsellor. Group counselling focuses on several 'curative/ positive factors' (Verheij & Verhulst, 1996).

- *Hope*: despair is a very prominent feeling among children. After a while, a child might see the possible results from the sessions, which might in turn give that child hope for a better situation.
- *Universality*: it is a very comforting idea for children to realise that they are not alone with their thoughts, feelings, or ideas. This way feelings of shame can disappear.
- *Altruism*: even though youth (and often adults) focus on themselves a lot, the experience that they may actually be of help to others might be a positive factor and in turn be positive for the self-worth of the child.
- *Social skills*: through this experience children have the chance to learn adequate social skills (essential for change of situation).
- *Modelling*: children might imitate each other's behaviour but they may imitate the counsellor even more. The counsellor becomes a role model of adult success. Do not under estimate the strength of modelling and therefore **be a good example**.
- *Group cohesion*: the feeling of belonging to a group, the 'we-feeling' is essential to succeed. For children living in the centre, there might already be a group feeling. However, it is good to create a group feeling **in the sessions**. For the members of the group this 'we-feeling' should be equal to being accepted by others.
- *Differentiation*: the opposite of universality, differentiation means that it is good and acceptable to be different from other children, from your parents, from the counsellor. If this is the reason for a child to disagree with others, then it should be accepted and encouraged.

Additionally, group counselling can be especially useful for existing groups, for example in centres. Groups living together naturally have tensions and conflicts on an interpersonal level and on an organisational level (especially about the daily running of the centre). Group counselling can assist members to solve problems. It can be used as a tool to enhance feelings of responsibility and feelings of belonging and self-esteem — members can feel included in decision-making processes about the centre.

Any group discussion or any disturbance that involves the group can be addressed in group sessions that are systematic and reoccurring (e.g. once a week). However, it is important to keep in mind that the focus is not merely on practical issues. Group sessions emphasise the emotional well being of the individuals. The focus should always be to empower the members to handle their own problems and difficult situations.

Session 4:

Introduction to Crisis Intervention & Task Oriented Counselling

Objectives

At the end of the session, participants are expected to:

- Understand the basic principles of Crisis Intervention and Task Oriented Counselling.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, markers, board

Explanation of procedure for trainers:

- Ask the participants to read Introduction to Task Oriented Counselling (TOC) in the *General Manual, Annex 1 'Task oriented counselling'*.

  Case: A very violent argument between two children is taking place and the counsellor has to intervene and mediate. One of the children suspects that the other has stolen some money of him/her. The counsellor has already initiated counselling with one of the two children who has recurring outbursts of aggression, that the child (14 years old) him/herself wants to change.

- Divide the group into smaller groups.

  Ask each group to brainstorm how to implement TOC for the aggressive child that has already started counselling sessions.

  The target problem is outbursts of aggression (not the money issue). The brainstorming should focus on *Step 3; Developing Solutions* of *General Manual, Annex 1, 'Task oriented counselling'*.

- Discuss the outcomes and ask two people to role-play one TOC session (integrating the outcomes of the group discussions).

- Introduce crisis intervention counselling and ask the participants to read Introduction to Crisis Intervention Counselling in the *General Manual, Annex 1, 'Crisis intervention counselling'*.

  Case: A 15 year-old girl has just ran away from home, because of an unknown threatening situation. She knows that you are somebody who works with children. She has no place to stay for the night and still feels threatened, even though she ran away.

- Divide the groups into smaller groups of three (one child, one counsellor, one observer).

  Each group does a role-play, for at least 25 minutes, based on the crisis described above.

  Make it clear that the objective of this initial crisis intervention is to get the crisis or immediate results of the crisis under control and relieve the high level of distress. The counsellor should try to solve the immediate crisis, and therefore has to go through a full counselling process cycle! (Further problem solving or looking at the causes of the crisis comes at a later stage.) The observer can use the checklist *(see fact sheet 5.4.1).*

Note for the trainer:

- The reason why Crisis Intervention Counselling and Task Oriented Counselling (TOC) is integrated into one session is that TOC can be a very useful method of intervention for crises, mainly because it is action oriented. However, this does not limit the use of TOC only to a crisis.
- Secondly, mention that the example 'immediate crisis' in this session was one that could be relieved in a short time. However, crises situations often need much more time and need to be handled in more depth especially with cases such as suicidal tendencies, support after rape, etc.

Methodology

- Individual reading
- Role-plays
- Brainstorming and group sharing

Resource materials

Text for trainees:

Fact Sheet 5.4.1 Observer's Checklist on Handling Crisis
General Manual, Annex 1 sections on 'Crisis intervention' & 'Task oriented counselling'

Key points

Each problem, situation, or individual needs a fitting/appropriate intervention, especially in the case of a crisis. If not, intervention will be more damaging than helpful.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- This session focussed on two forms of counselling that are very useful in times of crisis and the resolution of the crisis.
  A crisis can be physical conflicts occurring in a centre, direct effects of a traumatic event, suicidal tendencies, taking in a child who has just walked away from home, etc.
  A crisis needs a direct, practical, and empathetic approach that aims to resolve the direct reactions of the crisis.
- At a later stage, one might need to give attention to the cause of the crisis. Task oriented counselling (TOC) can be a valuable tool and is not restricted to crisis situations. TOC stimulates the child's input to change a situation in a practical manner. It also stresses the role of the child's direct environment in helping to resolve the problem.

Evaluation

Ask the participants to express what they have learned from this session.

Fact sheet 5.4.1

Observer's checklist

Handling Crisis Situation

Please put a check mark on the blank space provided if the following behavioural indicators are observed in the counsellor. Write your comments in the "Comments/Remarks" portion. These indicators reflect important elements of handling crisis situations.

____1. Displayed a calm and relaxed behaviour	1.
____2. Communicated clearly	2.
____3. Demonstrated interest and concern	3.
____4. Provided a sense of reassurance and openness	4.
____5. Used calming and encouraging statements	5.
____6. Demonstrated ability to assess situation and act upon that assessment (such as the direct cause of conflict)	6.
____7. Was attentive and responsive	7.
____8. Attended to immediate needs and issues	8.
____9. Allowed child to ventilate and express evaluation, ideas, thoughts, feelings etc.	9.
____10. Was able to formulate an explanation or summary of the crisis	10.
____11. Demonstrated control of the situation	11.
____12. Showed non-emotional involvement and yet was able to emphasise	12.
____13. Gave opportunity for each party to express	13.
____14. Was objective and non-judgmental	14.
____15. Is able to plan and communicate a crisis treatment plan	15.

MODULE VI

Closing

General objective:

To develop a plan to put into practice the knowledge gained in the training and to provide consolidated services for CEDC through the establishment of collaborations.

Specific objectives:

At the end of the module, participants will be able to:

- Prepare a plan of action to implement goals in counselling.
- Understand the importance and possibility of building networks amongst organisations working for/with CEDC on a local level so that organisations can provide integrated services to needy children.
- Evaluate the training sessions to ensure their effectiveness for the future based on the strengths and weaknesses of the sessions and the trainers.

Session 1:

Linkages and planning

Objectives

At the end of the session, participants are expected to:

- Share and discuss the services offered by various organisations that provide services to CEDC.
- Have a deeper understanding on the importance of collaboration in order to provide various services for CEDC.
- Discuss possible networking amongst agencies to offer comprehensive services to children using a holistic approach. This includes establishing networks among like-minded organisations and strengthening a network.

Activities

Time: 2 hours

Materials: meta-cards, flip chart, marker, board, ingredients needed to make *'Chana-Chatpate'*

Explanation of procedure for trainers:

- Introduce the session with an energiser game called *Chana-Chatpate* — an outdoor game of making 'Chat'.
- Prepare the ingredients for *Chana-Chatpate* and put them into separate plates.

  Divide the participants into three or four groups and ask each group to sit in a separate corner of the room.

  Give only one or two items (out of onion, chilly power, puffed rice, fresh lemon, radish, cooking oil, soaked grams, turmeric powder, etc.) to each group.

  Ask each person in the group to eat (test) the ingredient/s given to them. The item will of course be tasteless or will taste terrible, as they will be eating it on its own.

  Now ask all the groups to unite and mix all their ingredients together to make *Chana-Chatpate.* Let all the members of the group taste the result. This time it will taste good because all the ingredients have been included.

  This activity illustrates that if things are put together properly in the right way, the result can be powerful.
- Ask the participants what they have learnt from this exercise, note down the points on the board, and hold a discussion. Conclude with the importance of collaborative work/efforts.
- Divide the participants into four groups according to their geographical area where they live, and ask them to identify agencies/persons, with whom they think they should have a potential link in the future in order to provide effective counselling services for CEDC.
- Ask the groups to list the type of services these organisations are providing, their strengths, or their area of expertise and then to write down the expertise of their own organisation. Each group should prepare this overview for at least four organisations they are working with or that they know.
- Present the Plan of Action *(see transparency 6.1.1).* Ask participants to take time to prepare a plan of action — one for themselves and one for their organisation/programme. This plan of action should focus on how they will integrate, implement, and follow up the knowledge and skills they have learned during this training.
- Initiate a group discussion where participants can share *'what they are planning to do after the training to improve or implement psychosocial counselling'.*

Methodology

- Group discussion/workshop
- Open discussion
- Simulation exercise

Resource Materials

Text for Lecture:

Transparency 6.1.1 Counselling Plan of Action

Key points

When spiders connect their webs together, they can tie up a lion (Ethiopian proverb).

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Psychosocial counselling is only one way of assisting CEDC. A child who is in a difficult circumstance is often in need of other services as well, i.e. rehabilitation, para-legal services, medical services, schooling, foster home support, help from the police department, etc. It is the task of the counsellor to refer the child to these other services, if necessary.
- Linkages can also take place without referring the child to another service; it can be asking advice or support from other psychosocial counsellors for example.

Evaluation

Ask the participants what they have learned from this session.

Transparency 6.1.1

Counsellor Plan of Action

Name of participant:
Name of NGO:

Goals	
Activities	
Time – Frame	
Responsible Person	

Session 2:

Training Evaluation

Objectives

At the end of the session, participants are expected to:

- Share their impressions about the training.
- Give feedback and suggestions concerning the overall training programme.

Activities

Time: 1 hour

Materials: meta-cards, flip chart, marker, board

Explanation of procedure:

- Distribute training evaluation forms to all the participants (s*ee facts sheet 6.2.1 & 6.2.2*), so that they can evaluate the training.
- Conduct the *Suitcase and Ashtray* game (*see reference for trainer 6.2.1*) with the participants.

Methodology

- Singing and simulation game
- Writing exercise
- Lecture

Resource materials

Text for Trainees:

Fact Sheet 6.2.1 Participant's reactions
Fact Sheet 6.2.2 Feedback on the trainer

Text for Trainer:

Reference 6.2.1 Suitcase and Ashtray game

Key points

The most effective way of securing success is through gaining experience and the only way of gaining experience is by making mistakes.

Synthesising

Provide an opportunity for questions and summarise the session with the following points:

- Thank the participants for their input and express the hope that their newly acquired knowledge and skills will ultimately benefit children.

Fact sheet 6.2.1

Training Evaluation/Participant's Reactions

INSTRUCTION: Please rate the training by making a mark to indicate:
1. Excellent
2. Very good
3. Good
4. Not so good
5. Poor

SN	Reactions	1	2	3	4	5
A.	Overall effectiveness in meeting learning objectives					
B.	How well the training programme was prepared and implemented					
C.	Appropriateness of training methodologies					
D.	Sufficiency of training contents					
E.	Appropriateness of hand-outs					
F.	I now feel that my understanding of my own strengths and limitations in working with CECD is …					
G.	Balance between theoretical and practical aspects of the training					
H.	Effectiveness of the trainers					
I.	I now feel I have acquired basic knowledge on psychosocial counselling					
J.	I now feel my active listening skills are…					
K.	Training venue					
L.	Food and accommodation					
M.	I now feel I am equipped to work with children with psycho-emotional problems					

* Please feel free to give your comments in detail about any of the statements above or give comments and suggestions on the overall training or specific sessions/topics and write these on an additional sheet of paper.

Fact sheet 6.2.2

Feedback/Comments On The Trainer

Please rate the trainers' performance by encircling the number to indicate:
1 - Excellent; 2 - Very Good; 3 - Good; 4 – Not so good; 5 - Poor
Trainer's Name:

A.	**Teaching Expertise**					
	• Possessed knowledge of the subject	1	2	3	4	5
	• Presented subject matter logically and sequentially	1	2	3	4	5
	• Emphasised key points	1	2	3	4	5
	• Used simple and understandable vocabulary	1	2	3	4	5
	• Provided situations suited to participants' needs, interests, and abilities	1	2	3	4	5
	• Emphasised participants' contribution of ideas	1	2	3	4	5
B.	**Communication Skills and Personality Dynamics**					
	• Spoke clearly and proceeded with a moderate pace	1	2	3	4	5
	• Used visual aids and non-verbal communication methods to enhance presentation	1	2	3	4	5
	• Demonstrated enthusiasm and interest in the subject matter	1	2	3	4	5
	• Stimulated interest and held the attention of the group	1	2	3	4	5
	• Showed a sense of humour	1	2	3	4	5
	• Was patient	1	2	3	4	5
C.	**Facilitation Skills**					
	• Encouraged group participation through appropriate questions	1	2	3	4	5
	• Provided responses to questions directly and precisely	1	2	3	4	5
	• Kept discussion focused	1	2	3	4	5
	• Sensitive to participants' attitude and needs	1	2	3	4	5
	• Did not impose his/her ideas or answers on the group	1	2	3	4	5

*Comments/Remarks:

Reference 6.2.1

Suitcase And Ashtray Game

Steps

- Prepare a drawing of a large suitcase and a large ashtray. Place it on the board.
- Ask everyone to write the following things on cards:
  - What we want to take with us from this training (this can be anything from a particular session, a new friendship, the food — to something you learned specifically).
  - What we would like to forget/leave behind (this can also be anything).
- The participants place their cards under the drawing of the suitcase and the ashtray — the suitcase for the things they want to take with them and the ashtray for the things they want to forget/leave behind.

Things we want to take from this training. (Draw a suitcase here)	Things we want to forget/leave here. (Draw an ashtray here)

MODULE VII

References materials & Bibliography

Reference Material 7.1.1

A Domestic Girl Child Labourer — Bina

Bina Niraula has an elder sister, an elder brother, and three younger brothers. Her father sells firewood and her mother is a housewife. Her mother is suffering from asthma. Her parents are very poor.

Bina left home with her uncle's daughter to look for a job with the hope to get food and clothes; her own parents could not manage to provide food and clothes for the children.

She is now working as a domestic child labourer in Pokhara Municipality. She looks after the landlord's cattle and does several other domestic works. To complete all the work is beyond Bina's capacity — she is a young girl child.

Her landlord and the landlady physically abuse her everyday for not completing tasks. Sometimes they rub cow dung on her body and put it in her mouth when they are upset. They do not even provide her with a proper place to sleep, except for a damp floor. Sometimes they throw her out of the house when she makes a small mistake.

She tried to commit sucide by jumping from the roof once. She said to a social worker that she would die if she had to stay there any longer. She receives fifty rupees a month. Bina does not know where to go and she does not want to go back home because of the poverty and misery there.

She does not like to share her feelings with anybody. Somehow, she managed to express her feelings to a Social Worker. Bina has had sad feelings since her childhood. Now she is 13 years old. She regrets that she lost the opportunity to study and play with friends. She felt very happy when the social worker helped her and admitted her to a non-formal education class. She gets annoyed when the landlady says, "You can go to your class a bit late…but come back early!"

Bina sometimes stays up to study after her work, but her employess do not allow her to keep the light on. She remembers her parents and the affection of family members.

Reference Material 7.1.2

A Domestic Girl Child Labour- Sunita

Sunita Gurung is a girl of 14 years old. Her father expired when she was very young. Sunita's mother left her alone in a neighbour's house. Her mother did not return. She has been working as a domestic child labourer at the neighbour's house ever since.

Sunita always wonders why her mother left her alone. She thinks she will be happy if she lives with her mother again, however she feels her mother has been very cruel towards her. She sometimes cries all day and tries to recall her mother's face. She wonders what will happen to her if the owners ask her to go away.

Sunita feels like an orphan. She is worried that she will not recognise her mother if she returns someday.

The landlord and the landlady are kind-hearted people. The landlady treats Sunita very well. The landlady admitted her to one of the ongoing classes of the Urban-Out-of-School Children's Non-Formal Education (NFE) Programme. She seems to be intelligent and she can learn fast.

Sunita frequently recalls the pain of her father's death and how her mother left her alone.

Reference Material 7.1.3

A Domestic Girl-Child Labourer - Gita

Gita said that there was a quarrel between her father and mother when she was about 5-6 years old. Her father left after that quarrel and did not return so her mother began to work in hotels. One day her mother asked her to join her in a hotel in India and left her there, alone. Her mother never returned.

The owner of the hotel was cruel and started to beat her frequently. Gita ran away from the hotel when she could not tolerate the abuse anymore.

Gita began wandering around the streets of India, looking for food and shelter — she was starving. One day, she was at a railway station and she began to cry. Tanka, a Nepali from Nepalgunj in the Indian army, was on his way back home during his holidays, and saw Gita crying. Tanka brought Gita back to his home in Nepalgunj and employed her as a domestic child labourer. She calls Tanka her father, and his wife her mother.

Now, Gita is approximately 14 to 15 years old. She does not know where to go and is looking for her parents. She is still working as a domestic child labourer in Tanka's family.

Tanka's son and daughter go to school. Gita desires to also go to school. Tanka and his wife sent Gita to attend non-formal education classes for a couple of days, but now they do not allow her to go anymore. Both Tanka and his wife have the view that Gita is in the family to work and not to study. Gita feels very helpless and has no hope for the future.

Reference Material 7.1.4

List of the Participants

Workshop for pre-testing Counselling Training Materials
(4-15 May 2000), Lumle, Kaski, Nepal

Name	Organization
Ms. Radhika Singh	Nepalgunj Municipality Urban
Mr.Dilly Prasad Sharma	CHILDREN- Nepal,
Mr Om Raj Poudel	Pokhara Sub-Metropolitan City
Mr. Khila Nath Niraula	Forum for Human Rights and Environment (FORHEN)
Mr. Indra Dahal	Children's Contact Centre, Butwal, Nepal
Ms. Dipa Regmi	Nepal RUGMARK Foundation (NRF), Kathmandu.
Mrs. Seema Acharya	Rural Reconstruction Nepal (RRN), Bardia
Mr. Lal Man Limbu	Under Privileged Children Association (UPCA),
Mr. Shiva Sharma Chapagain	CHILDREN- Nepal,
Ms. Yashoda Baral	CHILDREN- Nepal,
Mr. ShivaHari Adhikari	Child Welfare Society (CWS), Pokhara
Mr. Kamal Raj panthi	Awareness for Development, Nepal (AFORD-Nepal)
Ms. Jamuna Maharjan	Centre for Victims of Torture (CVICT)
Ms. Sushila Sharma	Centre for Victims of Torture (CVICT)
Mr. Bir Bahadur Limbu	Centre for Awareness Promotion (CAP), Sunsari
Mr. Chet Raj Shrestha	Women Rehabilitation Centre (WOREC), Kathmandu
Resource Persons/Facilitators from the NGOs	
Mr. Ram Chandra Paudel	CHILDREN- Nepal,
Mr. Chandrika Khatiwada	Save the Children-UK
Ms. Shakuntala Subba	Under Privileged Children Association (UPCA)
Resource Persons/Facilitators from UNICEF	
Mr. Mark Jordans	UNICEF- Country Office. Kathmandu
Mr. Datta Tray Roy	UNICEF- Country Office, Kathmandu
Mr. Sundar Gurung	UNICEF-Field Office, Pokhara
Mr. Bhanu Pathak	UNICEF-Field Office, Biratnagar
Mr. Toya Raj Giri	UNICEF-Field Office, Pokhara
Staff for Logistical management and Secretarial Support	
Ms. Shushila Dhakal	CHILDREN-Nepal, Pokhara
Mr. Subas Chandra Bastola	Everest Computer Centre, Pokhara

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शब्दावली (Glossary)

कठिन अवस्थामा रहेका बालबालिकाका लागि मनोसामाजिक मनोविमर्श बारे सामान्य पुस्तिका र हस्तपुस्तिकामा प्रयोग भएका प्राविधिक एवं अप्ठ्यारा शब्दहरुको अर्थलाई बुझ्न सहज होस् भन्ने हेतुले यहाँ तिनका अर्थ खुलाउने जमर्को गरिएको छ। मनोविमर्शका सन्दर्भमा शब्दहरुको भावार्थलाई अती विशिष्ट रुपमा बुझ्नु पर्नेहुन्छ। नेपालको परिप्रेक्ष्यमा यो अवधारणा नौलो भएको हुँदा पुस्तकमा प्रयोग भएका शब्दहरुलाई विषयवस्तुको परिप्रेक्ष्यमा अर्थ लगाउने खोजिएको हो। सामान्य बोलीचालीको भाषामा तिनको अर्थ बेग्लै लाग्नसक्छ। शब्दका अर्थका लागि सृष्टि प्रकाशनको बालचन्द्र शर्मा सम्पादक रहेको नेपाली शब्दकोष, रत्न पुस्तक भण्डार प्रकाशक रहेको प्रा. बाबुलाल प्रधानको रत्नज नेपाली–इङ्लीस–नेपाली डिक्स्नरी, एम्.पी. रेग्मीको एङ्लो–नेपाली डिक्स्नरी र कोलिन्सको कोबिल्ड इङ्लिस डिक्स्नरीलाई आधार मानिएको छ।

शब्द	English	अर्थ
स्वीकार्यता	acceptance	नैतिक वा अरु कुनै पनि कुराहरुमा आधारित नभई जस्तो अवस्थामा छ त्यही अवस्थामा स्वीकार गर्नु
सक्रिय श्रवण	active listening	ध्यान दिएर सुन्ने र आफूले बुझेको कुरा सुनाउने व्यक्तिलाई अभिव्यक्ति गर्ने
आरोप	accusation	दोषारोपण
अभियुक्त	accused	अभियोग लागेको व्यक्ति, दोष लागेको व्यक्ति
ग्रहण गर्नु	adapt	लिनु
प्रौढ	adult	पाको अवस्थामा पुगेका पुरुष वा स्त्री
वयस्क	adult	किशोरअवस्था भन्दा माथिको उमेर, उमेर पुगेको, बालिग
प्रतिकूल	adverse	असहज स्थिति, अनुकूलको विपरित
पैरवीकर्ता	advocate	आफ्नो पक्षको समर्थनमा बहस गर्ने मान्छे, अधिवक्ता
वैकल्पिक	alternative	सट्टामा, बद्लीमा
चिन्ता	anxiety	पीर, सुर्ता
बाहिरी आवरण	appearance	हेर्दा देखिने बाहिरी झलक
विधि	approach	काम गर्ने परिपाटी, तरिका, शैली
समायोजन	adjustment	जति आवश्यक छ त्यसलाई जुटाउने र जसलाई आवश्यक पर्‍यो त्यसले पाउन सक्ने
स्वेच्छाचारी	arbitrary	बिना खास कारण जे इच्छा लाग्यो त्यही गर्ने
कृत्रिम	artificial	अप्राकृतिक
लेखाजोखा	assessment	वस्तुपरक यथास्थिति, यसको अर्थ मूल्याङ्क होइन
उपस्थिति (सामिप्य)	attendance (being with the person)	समस्या र भावनालाई नजिकबाट बुझिदिनु (उपस्थिति)
प्रवृत्ति/मनोवृत्ति	attitude	कुनै कुराप्रतिको झुकाव, मनोवृत्ति
विवाद	conflict	बाझ्नु, नमिल्नु
भिडन्त	confrontation	विषयवस्तु वा सामस्याको सामना गर्नु
सानिध्यता	congruence	नजिक हुँदाको भाव, निकटता, सामिप्य
उपभोक्तावाद	consumerism	उपभोग्य वस्तुको अधिकतम खरीद र प्रयोगलाई पश्रय दिने अवधारणा
परिप्रेक्ष्य	context	सिलसिला, सन्दर्भ, प्रसङ्ग
प्रतिवाद	contradict	असहमती जनाउनु, खण्डन
सामना गर्ने सीप	coping skill	समस्यासँग जुझ्नसक्ने क्षमता वा सीप
प्रत्युत्तपादक	counter productive	अपेक्षित परिणामभन्दा ठीक विपरित

उन्माद	crazy, mindless energy and enthusiasm	विवेकहीन जोश, मन बुद्धि बसमा नरहने मष्तिस्कको रोग
सिर्जना	creation	नयाँ विचार वा कुराको आविष्कार
आलोचना	criticism	निन्दा, नकारात्मक चर्चा
उदासी	depression	अप्रिय तथा अति जटील परिस्थितिका कारण उब्जने एक किसिमको मानसिक अवस्था वा रोग, जसले व्यक्तिलाई दुःखी तथा कुनै पनि कुराबाट आनन्दको अनुभव गर्न नसक्ने बनाउँदछ
वाञ्छनीय	desired	इच्छा गरिएको (सही, ठीक)
विध्वंसात्मक (नकारात्मक)	destructive	विध्वंस हुने खालको (सकारात्मकको विपरित)
द्विविधा	dilemma	यो वा त्यो भनेर रोज्न वा निर्णय गर्न नसकेको अवस्था
हतोत्साही	discourage	कुनै पनि काम गर्न निरुत्साहित गर्नु
विभेद	discrimination	अन्तर, फरक, भेदभाव
विग्रह	disintegrate	टुक्रिनु, बिखण्डन हुनु
अभिलेख	documentation	लिखित प्रमाण, रेकर्ड
प्रभावहीन/निष्क्रिय	dysfunctional	काम नलाग्ने, प्रभाव नभएको
अहं स्थिति	ego states	सामान्य हस्तपुस्तिकाको Transactional Analysis हेर्नुहोस्
प्रष्फुरण	emanate, emerge	उत्पन्न हुनु, निस्कनु, विकसित हुनु
अनुभूति	empathy	आफ्नो मूल्य, मान्यता, पूर्वाग्रह, पूर्वधारणाहरुबाट अलग रही समस्या व्यक्त गर्ने व्यक्तिको भावनालाई बुझेर सोही कुरा व्यक्त गर्नु ।
भावनात्मक समस्या	emotional problem	विचार, चित्त, मनबाट उत्पन्न हुने समस्या (म्वेगात्मक समस्या)
सशक्तिकरण	empower	कुनै कार्य गर्न वा लक्ष्य हासिल गर्न शक्ति प्रदान गर्नु
उत्साहवर्द्धक (खेल)	energiser	उर्जा, उत्साह प्रदान गर्ने
प्रतिस्थापन	establish	स्थापना गर्ने काम
अन्वेषण	exploration	खोजवीन
वाह्य	external	बाहिरी
वाह्य स्रोत	external resources	बाहिरबाट प्राप्त गरिने सहयोगका स्रोत
सहजकर्ता	facilitator	कार्य, अन्तरक्रिया वा अभ्यासको लक्ष्य हासिल गर्नको लागि निष्पक्ष रुपले तटस्थ रही सहयोग पुऱ्याउने व्यक्ति
अनुकूल	favorable, compatible	हितकर, सहयोगी, सहज स्थिति, प्रतिकूलको विपरित
पृष्ठपोषण	feedback	कार्य प्रगति बारे कसैले जनाएको प्रतिक्रिया, जसले तपाईंको कार्य प्रगति राम्रो वा नराम्रो भएको जनाउँछ । साथै तपाईंले कार्यलाई कसरी सुधार्न सक्नुहुन्छ भन्ने विषय बारे पनि सुझाव दिन्छ ।
भावना	feelings, emotion	आवेग, सम्वेगजस्ता मनोभाव बुझाउने सबै शब्दहरुको स्थानमा भावनाको प्रयोग गरिएको छ ।
अनुगमन	follow-up, monitor	गरिसकेको कार्यलाई ठीक वा बेठीक के भइरहेछ हेरी सो कार्यलाई निरन्तरता दिनु
मैत्रीपूर्ण	friendly, amicable	मित्रतापूर्ण
क्रियाशील	functional	काम गरिरहेको, चालू हालतको
मौलिक अधिकार	fundamental right	जीउधनको सुरक्षा, वैक्तिक स्वतन्त्रता, कानूनी समानता, धार्मिक स्वतन्त्रता, वाक स्वतन्त्रता, संगठन स्वतन्त्रता, प्रकाशन स्वतन्त्रता आदिको हक
सामान्यिकरण	generalisation	एउटा उदाहरणबाट साधारण नियमको अनुमान गर्नु जस्तैः एउटा अमेरिकनको कपाल खैरो देखेको भरमा सबै खैरो कपाल भएका अमेरिकी हुन्छन् भन्ने अवधारणा बनाउनु
विश्वव्यापीकरण	globalization	विश्वव्यापीकरण
समूह गतिशीलता	group dynamic	समूहका सदस्यबीचको पारस्परिक कार्यशक्ति

मार्गदर्शन	guiding philosophy	बाटो देखाउने काम, उपाय बताउने काम
अपराधबोध	guilt	आफूले गरेको कामलाई गलत ठानी त्यसबाट उत्पन्न हुने हीनभावना
हिच्किचाहट (अनिच्छा)	hesitant/reluctance	कुनै पनि कार्य गर्न देखाइने धक, अनिच्छा
तहगत	hierarchical	सम्मान र मर्यादा क्रम मिलाएर राख्नु
बढी जोखिम	high Risk	बढी खतरा
सर्वाङ्गिण	holistic	सबै कुरा एवं क्षेत्रलाई समेट्ने
सर्वाङ्गिण सहयोग	holistic care	शारीरिक, मानसिक, सामाजिक सबै पक्षहरुलाई समेटेर प्रदान गरिने उपचारात्मक सहयोग
दिग्भ्रमित	illusion	भ्रमपूर्ण
कार्यान्वयन	implementation	विचार, विधि वा योजनालाई व्यवहारिक रुपमा लागू गर्नु
अनुकरणीय	immutable, worthy of imitation	अनुकरणयोग्य, अनुकरण गर्न लायक
अभिवृद्धि	increased	गुण वा संख्याका हिसाबले वृद्धि हुनु
अन्तरदृष्टि	insights	कुनै विषय वा जटील समस्या वा अवस्था बारे अन्तरदृष्टि पाउनु भनेको त्यसको अचुक जानकारी, समझदारी प्राप्त गर्नु हो
स्थापित गर्नु	institutionalise	सामाजिक संस्कार वा व्यवस्थाको अंगको रुपमा प्रचलित गराउनु
बुज्रुक	intellectual, senior	जान्ने, मोद्धिक व्यक्ति, बुद्धिजीवी, पाको मान्छे
अन्तरक्रिया	interaction	दुई वा दुईभन्दा बढी व्यक्तिबीच हुने विचारको आदान प्रदान, सम्वाद वा छलफल
आन्तरिक स्रोत	internal resources	व्यक्तिमा अन्तरनिहीत सक्षमता वा दक्षता
नियतपूर्ण	intentional	जानाजानी
सोधपुछ	interrogation	जानकारी प्राप्त गर्नका निम्ति सीधा प्रश्नहरु राख्नु
अन्तरवैक्तिक	inter-personal	व्यक्ति–व्यक्तिबीच हुने कुनै पनि कुराहरु
हस्तक्षेप (सहयोग)	intervention	समस्या अवस्थामा रहेका व्यक्तिलाई उसको अवस्थामा सुधार ल्याउन, परिवर्तन ल्याउन अथवा समस्यालाई निर्मुल पार्न प्रदान गरिने सकारात्मक सहयोग
अन्तरनिहीत	intrinsic	आन्तरिक
न्यायिक	judgmental	नैतिकता वा कानूनी आधारमा गरिने (न्यायिक) मूल्यांकन
क्रन्दन	lamentation	पीडाजन्य रोदन
स्थानीय निकाय	local government/bodies	सरकारको तल्लो तहका निकायहरु
दीर्घकालीन	long term	लामो समयसम्म
न्यून आत्मासम्मान	low-self esteem	आफ्नो आत्मासम्मान कम भएको, हीनताबोध, म काम नलाग्ने मान्छे हुँ भन्ने भावना
व्यवस्थापन	management	व्यवस्थित गर्ने निकाय
हस्तपुस्तिका	manual	हाते पुस्तिका
भौतिकवाद	materialism	पैसा तथा भौतिक सामग्रीहरुलाई बढी महत्व दिने दर्शन अथवा वाद
संयन्त्र	mechanism	यन्त्रको रचना
न्यूनतम	minimum,	कम्तिमा
परिमाजर्न	modify	संशोधन गर्नु, सुधार गर्नु, रुपमा परिवर्तन ल्याउनु
पारस्परिक	mutual	दुई पक्षीय
सञ्जाल	network	जाली झै जोडिएको वा मिलेको संरचना
शब्दरहीत सञ्चार	non-verbal communication	शब्दको प्रयोग नगरी शारीरिक हाउँभाउँबाट गरिने सञ्चार, अमौखिक सञ्चार
वस्तुगत	objective	यथार्थपरक
अवलोकन	observation	निरीक्षण, परिवेक्षण
उन्मुख	oriented (towards)	अग्रसर भएको, निर्दिष्ट दिशातर्फ अग्रसर भएको
विहङ्गम दृष्टिकोण	overview	सामान्य हेराई, सरसर्ती हेर्ने काम
आफ्नै शब्दमा व्याख्या गर्नु	paraphrasing	अरु शब्दहरुमा उही अर्थको विवरण
आवधिक	periodic	केही समयको लागि, अवधिको लागि
नियोजित	planned	पहिला नै योजना बनाइएको
पूर्वधारणा	pre-conceived notions	कुनै पनि विषयमा पहिले नै बनाइएको धारणा
सम्वर्द्धन	preservation	जगेर्ना

निजी गोपनीयता	private-space	नितान्त निजी गोपनीयता, अरुसँग भन्न वा बाँड्न नमिल्ने गोपनीयताको दायरा
प्रवर्द्धन	promotion	बढावा दिनु, माथि उकास्न सहयोग गर्नु
स्वाभिमान	proud, pride, selfrespect	आत्मा सम्मान, गर्व
मनोचिकित्सक	psychologist	मानसिक रोगको उपचार गर्ने व्यक्ति
पी.टी.एस.डी.	PTSD (post traumatic stress disorder)	भावानात्मक आघात परे पश्चात व्यक्तिको मानसिकतामा देखिने तनावपूर्ण विचलनको अवस्था/रोग
कठपुतली	puppet	धागो, तार आदिबाट नचाइने काठ, कपडा आदिको पुतली, कुनै एक व्यक्तिप्रति अन्धभक्त भएर उसैको इसारामा काम गर्ने
तीव्र	rapid, quick	अती छिटो, चाँडो,
वास्तविक	realistic	यथार्थ, सत्य, स्वाभाविक
सिफारिश सेवा	referral services	सिफारिश गरेपछि प्राप्त हुने सेवा, जस्तैः स्वास्थ्य चौकीले सिफारिश गरेर डाक्टरकोमा पठाएपछि पाइने सेवा
तिरस्कृत	rejected	बहिस्कृत, स्वीकार गर्नु वा त्यागिएको
पुनरावृत्ति	repetition	दोहोऱ्याउनु
प्रतिवेदन	report	तथ्यको विवरण, रिपोर्ट
स्रोतव्यक्ति	resource person	विशेषज्ञ, जसबाट विशेष ज्ञान वा जानकारी हासिल गर्न सकिन्छ
पुनर्स्थापना	restore/reestablish/ rehabilitate	पूर्वस्थितिमा ल्याउनु, पुनःनिर्माण गर्नु,
समीक्षा	review	जाँच्नु, समालोचनात्मक टिप्पणी गर्नु
भूमिका निर्वाह	role play	परिभाषित गरिएको परिवेशभित्र रही आफ्नो व्यवहार आचरणलाई सोही अनुरुप ढाल्नु
गोपनीय	secrecy, confidentiality	गोप्य, अरुलाई भन्न नमिल्ने
स्वजागरण	self awareness	बाह्य सहयोग नलिई आफैँमा प्रस्फुरण भएको सचेतना
आत्माविश्वास	self-confidence	आफूभित्र रहेको विश्वास
आत्मारक्षा	self-defense	आफ्नो रक्षा
स्वप्रतिविम्बन	self reflection	आफूले आफ्नै भावना, विचार, आचरण, समस्या आदि बारे गहिरोसँग गरिने मनन्, चिन्तन
सत्र	session	कुनै पनि कार्य गर्नलाई निश्चित गरिएको समय, बैठक
आदान–प्रदान	sharing	विचार, भावना आदि अरुसँग बाँढ्नु
निपुण	skilled, expert	पोख्त, जान्ने
मनोदैहिक विचलन	somatization disorder	मनोवैज्ञानिक कारणले शरीरमा देखापर्ने शारीरिक अस्वस्थताका लक्ष्यणहरु
उत्तेजना	stimulate/stimulation	प्रेरणा, प्रोत्साहन
शैली	style	काम गर्ने तरिका,
विषयगत	subjective	आत्मागत, व्यक्तिगत लहड वा दृष्टिकोणमा आधारित
सुपरिवेक्षण	supervision	गरिएको कार्यलाई सम्पूर्ण पक्षबाट राम्रो नराम्रो के छ भनेर निरीक्षण गर्ने काम
सहयोगात्मक सम्बन्ध	supportive relationship	लक्ष्यित उद्देश्य प्राप्तिका निम्ति सकारात्मक सहयोग पुऱ्याउने किसिमको व्यक्ति–व्यक्तिबीचको सम्बन्ध
पद्धति	system,	शैली, परिपाटी, प्रणाली
परीक्षण	test, trial	जाँच्नु
साधक	the one who practices	साधना गर्ने व्यक्ति
झेल्नु	to cope	सामना गर्नु
देहव्यापार	trafficking	वेश्यावृत्ति
स्थित्यान्तर चरण	transitional phase	परिवर्तनको चरण
अचेतन	unconscious	चेतनाविहीन, थाहा नभएको
मूल्यमान्यता	values, recognition	कुनै पनि सिद्धान्तलाई मान्य हुने भाव
शाब्दिकरण	verbalise	विचार, भावना आदिलाई शब्दको प्रयोग गरी मौखिक रुपमा अभिव्यक्त गर्नु
प्रताडित	victim, sufferer	कुनै पनि समस्या वा अवस्थाबाट पीडित/ग्रसित व्यक्ति
सौहार्दपूर्ण	warm	आत्मीय, हृदयपूर्ण, राम्रो
कल्याण सिद्धान्त	welfare theory	कल्याण सिद्धान्त
कार्य अभिमुख	work/task/job-oriented	काम गर्नतिर अग्रसर गराउनु, कार्यमा केन्द्रित
कार्य सम्बन्ध	working relationship	कार्यसम्पादनको निम्ति आवश्यक पर्ने व्यक्ति–व्यक्तिबीचको सम्बन्ध

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