

GENERAL MANUAL ON Psychosocial Counselling for Children in Especially Difficult Circumstances

Third Edition

GENERAL MANUAL ON Psychosocial Counselling for Children in Especially Difficult Circumstances

Third Edition

United Nations Children's Fund 2000

Third edition 2003

Published by:
UNICEF Nepal
P.O. Box 1187
Kathmandu, Nepal

Further copies of this document may be obtained from UNICEF
Nepal

The material in this Manual has been commissioned by the
United Nations Children's Fund (UNICEF). The contents do
not necessarily reflect the policies or views of UNICEF.

Any part of this manual may be freely reproduced with the
appropriate acknowledgement and prior written permission
of UNICEF Nepal.

Acknowledgements

UNICEF wishes to thank all agencies and individuals that have
contributed their insights and expertise to this Manual.
Special thanks are due to the primary writers of this publication,
Asuncion Cueto, Mark Jordans, Chandrika Khatiwada, Shakuntala
Subba, Ram Chandra Paudel.
Illustrator: Ekaram

Editor: Mera Publications
Design: Format Graphic

Content

Foreword	6
Introduction	7
CHAPTER 1: RATIONALE	8
Problem Statement	8
Child Welfare Philosophy	10
Legal Basis	11
CHAPTER 2: FRAMEWORK & OBJECTIVES	13
Conceptual Framework	13
Objectives of Counselling	13
Target Groups	14
Linkages with other services	15
CHAPTER 3: IMPLEMENTATION	17
Basic principles in counselling CEDC	17
General Counselling Skills	19
<i>Communication Skills</i>	19
<i>Skills to handle reluctance</i>	25
<i>Skills to deal with emotions</i>	26
<i>Problem-solving skills</i>	26
<i>Alternative tools and skills</i>	28
The counselling approach	29
Modes of Counselling	29
Methodology of Counselling	30
Functions and qualities of a counsellor	31
Counselling Process	33
<i>Stage 1: Identification</i>	33
<i>Stage 2: Beginning of the counselling process/rapport building</i>	33
<i>Stage 3: Assessment/Getting to the problem and defining it</i>	36
<i>Stage 4: Formulating goals in counselling /helping plans</i>	37
<i>Stage 5: Implementation of counselling goals/Problem-management</i>	39
<i>Stage 6: Ending the counselling process</i>	40
<i>Stage 7: Follow-up</i>	40

ANNEX 1: DIFFERENT FORMS OF COUNSELLING	41
Crisis Intervention/Crisis Counselling	41
Group Counselling	45
Task Oriented Counselling (TOC)	51
Family Counselling	54
Community Based Counselling	59
ANNEX 2: COUNSELLING STRATEGIES FOR SPECIFIC CASES AND SITUATIONS OF CEDC	61
Counselling for Victims of Child Labour/Domestic-work violence	61
Counselling Children with Disabilities	64
Counselling for child victims of Sexual Abuse	66
Counselling for child victims of disaster/trauma	73
COUNSELLING IN CASES OF SUICIDAL TENDENCIES	76
ANNEX 3: APPENDIXES	78
List of Participants of a Workshop on developing Counselling Materials	79
Things to remember when dealing with teen-agers	80
Counselling in Brief	81
Indicators for Abuse and Suicidal tendencies	83
REFERENCES	85

Foreword

The **General Manual on Counselling for Children in Especially Difficult Circumstances** and **Handbook on Psychosocial Counselling for Children in Especially Difficult Circumstances** have been published to fulfil 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 additional forms of assistance, besides educational or practical interventions for a child's development. Through psychosocial counselling, one enables the child to express emotions, worries, and thoughts that aim to restore feelings of dignity and self-worth. This type of support assists and guides the child to find solutions, and strengthens coping strategies by listening, empathising, and understanding the child.

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

Stewart McNab
Representative
United Nations Children's Fund

Introduction

The **General Manual on Counselling for Children in Especially Difficult Circumstances (CEDC)** is for those who are involved or interested in providing psychosocial counselling. This manual gives an overview of the psychosocial intervention. Although it covers the main elements of general counselling theory, this manual has been adapted to the situation in Nepal.

Theoretically, this manual uses an approach that combines supportive counselling with problem-management counselling. Initially, it was developed to improve assistance for the children of the UNICEF assisted Urban Out of School Programs (UOSP), however it can be used more generally as well, for both **children and adolescents**.

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. This manual is for psychosocial counsellors.

It is important to keep in mind that counselling is originally a Western concept. When applying this approach, one should be aware of the local social-cultural reality and its strengths. Counselling can therefore be a valuable additional intervention.

This manual goes hand in hand with **Training Handbook on Psychosocial Counselling for Children in Especially Difficult Circumstances (CEDC) – a trainer’s guide**, which is developed for the master-trainer and the trainees. This general manual gives an overview of the theory of counselling and the handbook frequently refers to it for background information, introduction, or explanation of a subject.

The objective of this manual is to introduce people, who have little or no experience with psychosocial counselling, to the main elements of this approach. Therefore, it does not cover all areas of counselling in all its professional depth. It mainly stresses two components of psychosocial counselling: providing **emotional support** (through skills such as active listening and empathy) and **assisting in problem solving** (by strengthening coping skills and setting goals). It should be clear that merely reading this manual is not enough to be able to conduct counselling; it needs intense training and supervision.

These materials have been developed in the hope that children who have little chances in life or who are pushed 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 through giving attention, support, understanding, and one’s ear, we hope to guide children through their emotions, problems, and thoughts to change their present situation, gain self-confidence, and have a positive perspective of the future.

Chapter 1 Rationale

Problem Statement

Nepal's situation

- a. Poverty in the rural areas encourages children to move to urban centres for survival. Feelings of hopelessness, loss of family support, lack of access to services, advice, and protection, make these children very vulnerable to all forms of abuse, harassment, depression, humiliation, and exploitation.

Children are defenceless and are the most vulnerable to abuse, neglect, and exploitation, which may occur within the family, on the streets, in the work environment, in schools, as well as during natural and man-made conflicts and disasters. Their basic right to participate and decide for their own well being during these situations is often disregarded by adults.

- b. Children, particularly girls, who have had a poor education, are prevented from participating in making decisions about matters that affect their lives. Lack of education also hinders children from normal development processes.
- c. Consumerism and materialism creates a change in values and individual attitudes, for example, some parents sell their children into prostitution to generate an income.
- d. Children from disadvantaged ethnic groups suffer from humiliation and discrimination and have become easy victims of child trafficking and exploitative labour practices. These children lack the benefits of education, recreation, and social acceptance. Ethno cultural factors such as these, results in their inability to participate in normal activities enjoyed by most children.
- e. Intra-familial conflicts due to poor parenting, strict adherence to socio-cultural and religious norms and taboos have become stress factors for many children. These situations force them to leave their homes and live on the streets or elsewhere. Adequate social support is lacking in their daily life therefore these children become helpless and vulnerable to many forms of neglect and abuse.
- f. The practice of rampant child labour in industries, factories, and domestic labour employment has implications for the health, education, and psychosocial development of many children. Political will is lacking on the part of national leaders to curb the problems that fuel a negative scenario for most children in the lower income levels.

- g. Due to the lack of legal support for children in especially difficult circumstances, children are unprotected and easily manipulated. For example, there are no specific laws or rules in Nepal to protect children against paedophilia. The child victims of these acts suffer from severe physical, emotional, and mental abuse.
- h. With the open border between Nepal and India, children face greater risks of being trafficked, sold, and used for organ transplants and as illegal drug carriers.
- i. Disruption of the family structure: families, the cornerstone of society, fall apart due to socio-cultural reasons such as: multi-marriages, child marriages, and pre-arranged marriages. Children are often the victims in these difficult situations.

Children with disabilities also face wide scale discrimination and are unable to participate in certain activities that are vital for their survival and development.

- j. The armed conflict in Nepal has increased the risk of severe disturbances in children's psychosocial well being, especially for children in already difficult circumstances. Situations of loss, intense fear, anxiety, bereavement, and being witness to horrific scenes prevail at this time. These can affect children.

Child Welfare Philosophy

The philosophy for counselling children in especially difficult circumstances is based on the following general child welfare philosophy:

Adults who care about a child, are responsible for protecting a child's rights and promoting his/her best interests. . These adults should be open and willing to share their time and energy to listen to the child's perspective on his/her life.

Often a child's behaviour is part of the natural consequence of his/her development. Lack of physical and sufficient attention may result in a serious need for affection, recognition, and social security. The inability of adults to recognise these needs may affect the child's positive human relationship with family, peers, and society in general.

Children who are devoid of ethno-cultural barriers (that hinder normal development, social acceptance, and psychological well being) are capable to plan and decide, with adequate support from adults, their own course of development within certain limits.

It is important for children to be active participants in society for it stimulates their abilities and promotes their opportunities. This includes (as much as possible) their participation in decisions that affect their well being, and thus the need, scope, and course of treatment. More specifically, this entails that

children have an active role within the counselling process itself; children themselves decide what their main problems are, what they want to share, and what they want to do to improve their situation.

Legal Basis

Counselling interventions for children in especially difficult circumstances support the following international agreements and laws:

Convention on the Rights of the Child

Article 39:

- State Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim who has experienced neglect, exploitation or abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment or armed conflicts. Such recovery and reintegration shall take place in an environment, which fosters the health, self-respect, and dignity of the child.

Article 40 - 1:

- State Parties recognise the right of every child, 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, taking into account the child's age and promoting the child's reintegration for assuming a constructive role in society.

Nepalese legal provisions:

Legal provisions regarding counselling are lacking. However, the Constitution of the Kingdom of Nepal 1990, Common Code 1964 (2020) Children's Act 1992 (2048) and its regulations contains some provisions, which are relevant to psychosocial well being.

Children's Act 1992 (2048):

- The preamble of the act states that for the physical, mental, and intellectual development of children, it is expedient to make timely legal provisions in order to protect their rights and interests.
- Chapter 3 of the Act has a provision regarding the protection of the child that relates to the guardians. Article 23 has provisions that address the guardians to safeguard the interest and property of the child. The Articles reads:

“The main duty of the guardian shall be to safeguard the interest of the child. The guardian shall give special attention to the following points:

 - 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 being involved in bad habits or bad influences.”

- Article 34 has the provision of the establishment and operation of Children's Welfare Homes and Rehabilitation Homes by the government, to keep abandoned children (article 35).
- HMG shall constitute juvenile courts as required. The juvenile court shall have the power to hear and decide the case of a first instance in which the child is a plaintiff or defendant. Social Workers, child specialists, or *child psychologists* may be included besides the judge while presiding the bench. (Art 55)

Chapter 2 Framework & Objectives¹

Conceptual Framework²

Psychosocial counselling is a planned interaction between the child and/or parents and the counsellor, and aims to assist the child to alter, improve, or resolve his/her present behaviour, difficulty, or discomfort. It is the process of helping the child to discover the coping mechanisms that have been useful in the past and how these can be used or modified for the present situation, or how to develop new coping mechanisms.

Psychosocial counselling is about strengthening the ability of the child to solve problems and make decisions. It is different from giving advice. The counsellor is generally not an advisor or person of strict authority in the counselling relationship. The process involves a mutual responsibility between the counsellor who aims to respect and follow the child's perspective, and the child.

However, there does exist natural 'power' differences between the counsellor, who is an adult, and the child.

Psychosocial counselling enables the child to freely discuss feelings and worries beyond cultural, gender, and social discrimination. Counselling should reduce these disturbing conditions. The child is encouraged to express emotions, worries, thoughts, fears, etc.

The aim of counselling is to increase feelings of dignity and self-esteem and to assist the child to find solutions. The counsellor provides emotional support through listening, giving empathy and by being supportive and understanding.

By talking to a counsellor, the child can express worries, release tension, and share feelings of suffering. Discussing problems in detail often has a clarifying effect, from where solutions can be found.

Objectives of Counselling

To build a trusting relationship, through which the child can communicate his/her concerns and discuss his/her problems, feelings, and behaviour without fear of judgement.

To encourage the child to see the helping or problem-solving process as a mutual responsibility where his/her own ideas and endeavours are valued.

¹ This manual focuses on *psychosocial* counselling as opposed to legal counselling or AIDS counselling, etc.

² When this manual refers to *children* it refers mainly to early, middle, and late adolescents rather than to young children (e.g. under 10 years of age). The majority of the interventions in this training package are verbally oriented and need a certain amount of reflection to make them useful. At the same time, the training package includes some techniques that can also be used for younger children (e.g. play and draw) and can be effective for any age group (obviously excluding the very young). However, due to the nature of the intervention, the nature of the target group, and the presented needs the overall emphasis lies on later childhood.

The child is encouraged to develop a sense of responsibility and self-confidence. Ultimately the child learns how to cope with a certain situation.

To support the child and allow him/her to explore and try out his/her own solutions, so that the child becomes aware of his/her own capabilities to cope with problems.

Counselling

Counselling means that a helper listens and, with empathy, provides comfort and encouragement to people in need so that they become empowered to solve their own problems and learn new strategies to deal with their difficulties. A person can re-build hope and implement changes in life through counselling using a process of steps and skills, talking and listening, drawing or playing.

Target Groups

Counselling is appropriate for the following children in especially difficult circumstances.

- Children who have been emotionally, physically, or sexually abused.
- Children that were abandoned or temporarily missing.
- Children who have been neglected by parents or guardians.
- Children in jail with parents, or jailed children.
- Street children.
- Victims of domestic family violence.
- Children who are refugees.
- Victims of natural calamities.
- Victims of child labour exploitation:
- Children in conflict with the law.
- Disabled children.
- Children who have been affected by armed conflict.
- Children who have witnessed traumatic events.

(In Nepal, these children are usually identified during the outreach service in communities. Normally, they do not come to the agency to ask for counselling interventions.)

Linkages with other services

For the efficient and effective management of counselling interventions, the agency and counsellor should establish alliances and networks with other organisations, services, and individuals, in the form of *Holistic care*. Holistic care is a multidisciplinary collaboration for the treatment of children. Counselling is only one element in the overall provision of care. In counselling, emphasis is on helping the child to alleviate distress directly through the counselling sessions at the same time acknowledging that other agents of care are vital for recovery or healing.

- As a primary agent of care, the counsellor should work with the child's family, school, club, etc., which all play a role and provide basic care to

children. The people involved with these various aspects of children's lives can also identify other children in need of specialised care and can help with treatment. These social agents can limit negative psychosocial impacts such as re-victimisation and stigmatisation of already affected children.

Holistic care involves:

- Psychiatrists and psychologists to assess, give treatment, consultations, and therapeutic services to children with psychosocial and emotional problems/pathologies.
- Traditional healers for various forms of care, if they comply with the child's belief system.
- Medical health clinics/hospitals that provide treatment and consultation services for children with physical problems and for the provision of medico-legal services.
- School officials and teachers who can assist with issues regarding children who face difficulties in school.
- Police and military units that provide security services and management for children during events and detentions.
- Local Government Units that provide social services, other basic services, and funds for resources needed by children and families.
- Non-Government Organisations (NGO) that provide services for staff development, co-ordination work for programme development and referral services for children in especially difficult circumstances.
- Other related services that are needed to improve the situation of children.

The Child's Perspective

For the counselling described in this manual, it is essential to view the problem situation from the child's perspective.

This means;

- Giving attention to topics and problems that the child experiences. These might be irrelevant or unimportant topics in relation to the counselling process, however in the child's perception these might be crucial. Therefore, by giving attention to the topics that the child brings up (e.g. not having enough money to buy a packet of instant noodles) discuss what the child finds important. This will give the child the feeling of being listened to and respected and it might even lead to feelings and worries identified as being important for the counselling process.
- Reacting and interacting with the child from the child's perspective, not from your perspective as an adult, a teacher or a social worker, etc. It is not your function as a counsellor, to provide or *arrange* education, to *make* the child stop smoking cigarettes, to *initiate* a micro-saving plan to fight poverty, etc, rather deal with the psychological, emotional, and social effects that such problems generate. Assist the child to resolve the undesired situation.

Basic principles in counselling CEDC

- It is essential to accept the child exactly as s/he is and to trust him/her.
- Establish a feeling of permissiveness in the relationship so that the child feels completely free to express his/her feelings. To create such an atmosphere it is important that to make the child feel comfortable and to be genuine in one's actions, communication, and reflection.
- Recognise the feelings that the child is expressing and reflect those feelings back in such a manner that the child gains insight into his/her own behaviour and feels understood and emotionally supported.
- Understand the child's feelings, behaviours, needs from his/her point of view and not your point of view. 'Empathy' means putting oneself in the child's place. It is one of the most important elements of counselling.
- Help the child recognise that s/he is not alone in resolving his/her present difficulty/problems. S/he must feel that you are always ready to provide safety and security until s/he is able to improve the relationship with important people in her/his life (social support network).
Counselling involves a focus to protect the child.
- Allow and encourage the child to explore his/her own problems and help him/her to become aware of her/his own capabilities. Counselling focuses on the development of these capabilities. Allow her/him to try out solutions s/he has chosen and support her/him in the problem-solving process.
- Always remember that you as a counsellor are not to provide direct solutions to the problem; just provide options and opportunities that will help the child decide or sort out what is best. Use a variety of techniques, such as careful listening, role-playing, brainstorming, etc. Rarely give advice.
- It is essential to have a focus during counselling. This focus (treatment plan) should be set-up in the first phase of the process and should deal with the child's most destabilising feelings and dilemmas. For example, for children who are victims of maltreatment and sexual abuse, the basic premise is for the counsellor to make these children feel that they are not to be blamed nor should they feel guilty about the abuse. It is not their fault; they are victims of adults. The lack of protection given by adults in the society is a basic reason why children suffer.

³ These principles are mainly based on client centred and problem solving approaches.

- Always respect children who have reported abuse, neglect, or exploitation. It is not for you to decide whether events actually happened or not. This allows you to be a strong child advocate and this helps in establishing a rapport with the child during counselling sessions. Furthermore, always respect confidentiality.
- Understand that in counselling, you must always think of what the child can do and not what s/he cannot do to resolve the present problem or difficulty. Believe in the capacity of the child.
- Children should be taken seriously at all times, even though their stories might seem strange, unreal, and not meaningful. The story might be his/her way of expressing or sharing something. The child will feel respected, heard, and will not feel that you are trying to belittle his/her problems.
- Reward the child for any positive input, insight, or change in the process of counselling. This will reinforce the child in the future to make similar steps to reach the target behaviour and will simultaneously improve her/his sense of self-worth.
- Avoid discrimination of any kind during counselling sessions.
- It is essential to be sincere, completely yourself and as genuine as possible, and make sure that you, yourself are emotionally and psychologically balanced.

General Counselling Skills⁴

Apply skills that will assist you in effective counselling. The skills identified below, are a combination of techniques from different theoretical perspectives (generally accepted as basic psychosocial counselling skills; Egan, 1994; Nelson-Jones, 1993; Burnard, 1995) as well as general methods to facilitate interaction with children.

Communication Skills

Basic communication skills are useful to provide emotional support and to communicate understanding to the child. Below are some tools that will encourage interaction between you and the child that you can also use to obtain information.

Summarising Skills

Make a brief summary after each topic or part of a conversation; this involves restating and connecting relevant aspects, feelings, and topics of the session.

- (1) It is important to check whether you, as a listener, have understood the message.
- (2) Summarising makes the child feel that you are listening and therefore interested.

⁴ The division of skills described here might differ from those commonly found in literature. It appears in this way to stay in line with the general level of this manual that aims to clarify and operationalise abstract concepts into straightforward skills.

- (3) Large amounts of information are exchanged during counselling and summarising helps to provide a structure for both you and the child.
- (4) Summarising encourages the child to continue his/her story.
- (5) When a conversation is 'stuck' or is 'going nowhere', summarising can help. You should typically begin with "So if I understand it correctly you..." Nevertheless, it does not mean exactly repeating (parroting) what the child has said; rather it should focus on the core messages and feelings that the child has expressed.

This technique can be useful for:

- Clarification
- Summarising the child's problem-situation
- Summarising the child's feelings
- Summarising at the end and beginning of every session

Use these summaries to:

- Highlight important discoveries.
- Give feedback about the broader picture by linking different ideas and feelings of the child in the entire session and over different sessions.
- Summarise the things discussed and raised during the entire session, together.

Reflecting on feelings

Reflections are attempts to restate (in different words) the message conveyed by the child. The counsellor concentrates on expressed feelings or the meaning of the message. Reflections of feelings thus refers to the method of rephrasing a part of something that has been said such as words that express feelings, non-verbal expressions of feelings, or emotionally charged words.

This is the main tool to express empathy (see below).

Example — *Client: "When I first heard that my mother is terminally ill, my world fell apart, I was shocked. I am still very frightened and think about it a lot."*

Counsellor: "You still feel very scared by your mother's illness"

Or

Client, angrily: "Today I went to school and the teacher hit me on my hands because he thought I wasn't listening!"

Counsellor: "You are angry because your teacher wrongly hit you."

Reflection of feelings help to create a safe emotional environment, convey the counsellor's understanding of the client, and helps the child to get in touch with his/her feelings to check and show understanding (Nelson-Jones, 1993).

Paraphrasing

Paraphrasing means restating in your own words the content or the essence of the child's message. Paraphrases are important, again to check and convey the your understanding what the child has said, and encourages the child to continue talking on the issue being paraphrased.

Repeating key words (Restatements)

Repeating key words/restatements: when you directly return/echoe parts of a phrase or some words the child has said to highlight a certain aspect of her/his experience. *Repeating* also encourages the child to continue talking, and expresses that you are listening.

Example — *Client:* “Today I went to school and the teacher hit me on my hands because he thought I wasn’t listening!”
Counsellor: “He hit you.”
 The counsellor should be attentive to not do this (‘parroting’) too often.

Active Listening: non-verbal communication and attending

Active listening refers to a set of fundamental skills in counselling. Generally, this is a method of giving the child and his/her problems/feelings attention. It will orient you physically and psychologically to the child (*attending*; Egan, 1994). It makes the child develop a self-reflective and analytic stance towards the problem.

Active listening involves hearing verbal messages, perceiving non-verbal communications and responding properly to both.

Non-verbal communication can be facial expressions, sitting position, silence, hand gestures, nodding, humming (saying *hm...hm... in acknowledgement*), exclamations, (saying *oh... ah*) and small ‘rewards’ (*I see... or yes... or Really...)* that indicate that you are listening or to guide and encourage the conversation. It does not mean just hearing but listening with all your attention, all your body, and all your feelings.

Basically active listening means listening carefully to what the child is saying/trying to communicate to you, and understanding what s/he really means and reflecting that back to the child. It means trying to understand the core messages being expressed. A counsellor can become an active listener by using the skills of attending, non-verbal communication, summarising, reflecting, and repeating key words.

Active listening gives an opportunity to:

- Show the child that you are really listening to him/her (giving attention).
- Check whether your understanding of what the child has said is consistent with his/her intended meaning.
- Give feedback about the child’s stated concerns thereby strengthening his/her awareness of thoughts and clarifying his/her own feelings, reasons for changing behaviour.
- Facilitate and stimulate communication and expression.
- Encourage the child to express his/her opinion.

Empathy

- Empathy as a form of human communication, involves listening to the child, understanding the child and his/her concerns, and communicating this understanding to the child. More specifically, it often means

expressing your understanding of the client's emotions (*you feel — emotion— because —reason—*), but can also be conveyed through other skills such as paraphrasing, summarising, or even questions.

- Empathy simply means that you are putting yourself in the other person's place, looking at the world through their eyes and asking, "What is it like to be in this person's situation?" and then to communicate this.
- Empathy is different from sympathy. If you feel sympathy, you will tend to take sides and this will distort or affect your ability to hear the whole story concerning the problem. You will no longer be objective in understanding the reality of the child's problem situation. For example, if you happen to cry together with the child because you sympathise with the problem, you might overlook the way in which self-pity is preventing him/her from taking a more constructive form of action.

At the same time it can be important to express that the child's story does affect you, however keep the necessary emotional distance to be able to summarise or structure the situation to the child.

- Empathy does not mean that you agree with the child's opinion. Rather, it involves accepting his/her view and being interested in exploring its implication on his/her behaviour.

Skills to formulate open-ended questions

Ask the child questions that will encourage further discussion. These questions are essential in counselling. Open questions enable the child to give general answers in his/her own words thus, stimulating the child to structure his/her thoughts. Open questions cannot be answered in a few words or with just a 'yes' or 'no'. They typically begin with *how, what, why*, etc.

Closed questions restrict the answer and the interaction process, however are useful to obtain specific information. You should not fall into the trap of asking suggestive questions. These questions suggest a particular answer and therefore direct the conversation. These should be avoided at all times for they give a reflection of your ideas and attitudes and not those of the child. Further, you should not ask too many questions that begin with '*why*' for these can sound like accusations or rejection, and often result in defensive or withdrawn responses from the child. Example:

Open question: "What do you think about school?"

Closed question: "Are you positive or negative about school?"

Suggestive question: "You like school, don't you?"

Skills to relate with the client

Relating involves:

- Accepting people as they are — This includes understanding and accepting cultural and genetic backgrounds. It means that the counsellor should have an attitude of respect and acceptance.

- Protecting the confidential nature of the counselling sessions.
- Allowing and encouraging a child to participate and become self-determined in his/her plan of action.
- Listening and respecting a child's opinions and perspective.
- Giving children the opportunity to ask questions and ask for clarifications about you as a counsellor.
- Using clear and simple language that is suitable to the level of education or development of the child.

Skills in observing the child

Be sensitive to the facial expressions, body movements, and physical appearance of the child. These indicate meaning and reasons why the child experiences tension during the session. However, it is important to differentiate between what has directly been expressed (*objective message*) and what has not openly been expressed (*subjective message*).

Skills to avoid judgement

The key to an emphatic approach is to avoid being judgmental or communicating evaluative responses. You are trying to understand how it is for the child to be in a situation, not how it should be. The following are judgmental approaches that hinder the counselling process that you should avoid.

- Ordering or commanding the child regarding what s/he should do.
- Warning or threatening.
- Giving direct advice or providing solutions.
- Arguing or persuading a child to do something that s/he may not even like to do.
- Moralising.
- Disagreeing, judging, or criticising children for their behaviour or decision.
- Ridiculing or negatively labelling them.
- Interpreting or analysing, without communicating or checking these thoughts with the child.
- Reassuring or making promises without knowing if these can be fulfilled.
- Sympathising.

Guidelines in Communicating with Children:

1. Physical environment: Make sure there is a sense of privacy and arrange the seats (if any) so that you and the child are not too far or too close to one another (and that there is no desk between you).
2. Introduce yourself: explain in simple terms who you are and what is going to happen. Remember, it may be the first time that the child is being interviewed and s/he may not understand the event. Smile. Sit on the same level as the child.
3. When children come for an interview, they are likely to be feeling anxious, fearful, or nervous. Thus, it is very important for the interviewer to help the child feel comfortable and at ease. Therefore, assure the child of the confidentiality of the meetings (if appropriate mention that only when information reveals that the child or others are in danger, will you have to involve a third party to resolve a certain situation).
4. Remember that the child will interpret your tone of voice, rate of speech, volume, facial expression, movements, gestures, as well as your words. Try to be warm and accepting and do not make sudden changes in any of the above.

5. Never assume that the child understands you. When checking to see if you are understood, ask the child to repeat your questions rather than saying, "Do you understand?" to him/her.
6. Rephrase misunderstood questions (using different words). Repeating the question word for word may be taken as an indication that the child has given an incorrect answer therefore, the child may change his answer.
7. Assess the vocabulary and grammatical complexity of the child's statements and adjust your language so that you and the child speak at a comparable level.
8. Their world is different from yours and you need to know about their world. It helps to try to remember when you were their age. It is essential that you relate to the child from his/her perspective on the problem, the situation, and life.
9. End the session by indicating a desire to see the child again at a time convenient to him/her.
10. Do not promise anything that you cannot fulfil.
11. End the session on a positive note.
12. Be creative in the way you interact with children. You need to be creative in order to encourage and stimulate children to understand their (fantasy) world and adapt accordingly.

Skills to handle reluctance

Sometimes children might be unwilling to talk, they avoid certain topics, are silent, etc. This behaviour can be a response to the content and style of an interaction between you and the child. The child can also be reluctant about a certain subject or about the entire counselling process.

- (a) It is important to avoid being confrontational or strengthening reluctance.
- (b) The more a child does not want to talk the less likely s/he is to change his/her present behaviour or situation (reluctance is often a way of expressing one's limit). Therefore, strive to create further create an atmosphere of trust and care.
- (c) Use indirect techniques such as drawing, writing, or painting to get the child to communicate.
- (d) Agree on small, easily achievable steps towards resolving reluctance.
- (e) Switch to a less difficult subject and if reluctance persists, it might be a good reason to stop the process.
- (f) It might be useful to actually discuss the reluctant behaviour.
- (g) A significant person within the child's environment can be contacted to help.

Remember to respect the child's point of view and *only* pursue the subject if you think it is necessary for a solution. To better understand and recognise the ambivalence, which some children bring to the counselling session, remember that the child

- Might have been coerced by somebody to participate in counselling sessions.
- May believe that other (psychosocial) interventions are more appropriate for him/her.
- Might have low self-confidence and has little belief in his/her ability to change.
- Is perhaps not feeling well enough to attend the counselling session.
- Lacks trust or belief in your personality or you as an adult figure.

- Might have an emotional block making it too difficult or too confronting to talk about or face his/her own situation.
- Might fear the consequences of disclosing information and/or a response from external threats.
- Might be fearful of expressing him/herself or might not even have a need to express him/herself due to a religious faith.

Skills to deal with emotions

One of the essential elements of counselling is that it is a place and opportunity to express emotions. These emotions often play an important role in the behaviour or situation identified by the child or others as problematic. Emotions such as anger, fear, grief, and embarrassment may show in behavioural traits such as physical discomforts, difficulty in decision-making, faulty self-image and/or beliefs.

In order to change, the child might have to deal with these emotions. This involves both the open expression and exploration of the feelings as well as coming to terms with these feelings, understanding them, accepting them, and finding ways to cope with them.

You might need to actively guide the child to explore his/her feelings by giving her/him permission to do so and encouraging him/her to express emotions. This should be done without pushing the child and always respecting his/her choice. For the child to trust and to disclose information, patience is required as well as the right atmosphere. (Burnard, 1994)

Problem-solving skills

The approach that this training programme is based on, 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 form of assistance that is needed. Counselling, therefore, has two main components: providing emotional support and assisting to solve problems.

Skills that can enhance the counsellor to assist the child to find a solution for a problem situation are:

Setting Goals

One major way of assisting the child from his/her perspective is to work from his/her own expectations. These expectations should be converted into (achievable) *goals*.

These goals guide the counselling process for they provide a focus of attention and action and will probably increase the child's effort, persistence, commitment, and motivation (Egan, 1994). Goals should not restrict the process therefore be flexible, and make allowances for change and exploration (*See also paragraphs on the use of goals later on in this manual*).

Practically, setting goals means asking questions that explore the desired outcomes of counselling from the child's needs (*e.g. how can you help the child? What would the child like to change by talking to you?*).

After identifying the goals:

- (1) Specify goals that are too general to be implemented
- (2) Explore them in more depth
- (3) Clarify with the child which ones are suitable for counselling and which ones need to be modified to make them suitable (e.g. those expectations that involve that the counsellor only provides solutions),
- (4) Prioritise which goals to work on first (if applicable).

Brainstorming

This refers to a simple idea stimulation technique for exploring different aspects of the counselling process (Egan, 1994). These aspects include exploring the goals of counselling, finding specific solutions for a certain problem, idea, feeling, and reactions, etc. It is one way to assist children to think divergently and creatively (e.g., there might be more than one right answer).

Encourage the child to say anything that comes to mind in relation to the subject, without it being correct or incorrect or without your judgements.

The child can be encouraged to use one idea as a starting point. Your role is to listen, note, keep up the speed, encourage as many and different responses as possible and provide empathy if necessary. Note that children are often not aware of the concept of brainstorming. It is therefore important to introduce brainstorming as an *alternative exercise* (it should be differentiated from the basic question and answer interaction) and to explain the reason and 'rules'.

After finishing the exercise, take time to explore the outcomes in depth (this is not done during the brainstorming for it disrupts the process).

Coping strategies

One way to assist the child to find a solution is to emphasise the child's present internal capacities. These refer to the child's previous ways of dealing with (similar) situations of distress or problems; these are called coping strategies (e.g. praying, avoiding, taking alcohol, crying).

Acknowledge coping strategies during counselling; the constructive ones should be strengthened, while ideally the destructive ones should be replaced. (Keep in mind that from the child's perspective almost all coping strategies are positive).

Modifying destructive coping strategies can be done through

- (1) Brainstorming alternatives,
- (2) Recognising the onset of negative coping behaviour, and then
- (3) Replacing the negative coping behaviour with one of the alternative behaviours.

By focussing on coping strategies, one sends the message that the child is capable of solving problems and at the same time, it assures solutions that suit the child.

Examples of questions to probe coping strategies:

"What have you done in the past when this happened?"

Or

"What would you suggest to your friend if s/he had this problem?"

Identifying strategies for change

Once goals are set, both you and the child should try to identify ways to achieve these goals, and thus reduce the problem situation, or the impact of that situation. This involves working with coping strategies, prioritising which problem or which goal to tackle first, stimulating solutions (e.g. through brainstorming), working with the child's social and cultural resources, and making a plan of action for implementing the strategies.

Alternative tools and skills

Children are often less verbally oriented and less skilled than adults. Tools and skills that are an addition or that facilitate the talking and listening are sometimes necessary such as non-verbal techniques that encourage the child to express his/her story, emotions, and thoughts. Detect certain themes in the child's activities.

Activities/tools include journal writing, letter writing, drawing, play, and drama. Drawing and play are especially useful to deal with traumatised children for whom verbal expression might be too confronting. At the same time, non-verbal techniques can be generally used to adapt the counselling process to the level of the child because children are commonly less verbal-oriented than adults are, and because these activities often match children's interests (e.g. children like to draw or to play).

The counselling approach

- a) *Clinic*-based counselling takes place in a clinic or agency and is usually undertaken by a trained counsellor, social worker, psychologist, or psychiatrist.
- b) *Community*-based counselling is provided by any person in the community who is trained to counsel other members of the same community. Counselling may be done by important people in the community such as elders, teachers, priests, peers, traditional healers, local leaders, mothers and/or women's groups, community health volunteers, teachers, etc.

The community-based approach may also include the peer-to-peer approach, where for example a 16-year old adolescent, who has experience in working with other adolescents in especially difficult circumstances, may be trained and asked to conduct counselling for peers with problems.

Modes of Counselling

Counselling tends to take place in three modes: individual, group, and family. The appropriate mode is chosen according to cost, convenience, the capabilities of the counsellor, the nature of the specific problem, the behaviour of children, and cultural beliefs.

- a) *Individual mode* — This is a 'one-to-one' session involving one child and one counsellor. It involves talking sessions and can make use of additional methods such as play, arts, crafts, and drama.

- b) *Group mode* — This refers to a group of individuals (who often have something in common) grouped together for counselling. The advantage of the group mode is that children practice or learn important social skills and gain companionship/mutual support. Learning can take place through observation of other participants' input and behaviour, and the subsequent consequences of these (this is called *modelling*).

Modelling among participants during group interactions becomes a strong learning tool partly because of peer group pressure, especially among adolescents. The counsellor can directly evaluate problems such as aggression, withdrawal, and deficient social skills within the group.

- c) *Family mode* — Several or all members in a family come to help reduce family (relationship) problems. In Nepal, several people in the extended family can be consulted to help find a solution to a family conflict. This mode may be useful when there is dysfunctional interaction or impaired communication within the family system. The family sits together with the counsellor to discuss how the members view the causes of the problem and what needs to be done to solve it. The counsellor places emphasis on the interactions, communication, and on the coalitions created among family members.

Methodology of Counselling

The methodology for counselling CEDC is based on providing emotional support and assisting the child through problem-management. This approach is non-directive and non-confrontational and has the following features:

- a. The child, after having been referred by somebody, defines what s/he perceives to be his/her problems.
- b. The counsellor's attitude (non-judgemental), non-verbal expressions, encouragement, and communication skills (empathy, questions, etc.) provide the child with emotional support. If the child is understood, listened to, and accepted, s/he will feel emotional support. The goal of providing emotional support is to reduce the distress experienced by the child and can be effective for problems such as interpersonal problems, low self-esteem, depression, helplessness, and trauma recovery.
- c. The counsellor assists the child in problem management by following a process of understanding the child's problem, setting goals, and finding strategies or solutions for change. As indicated above, this involves paraphrasing, working with coping strategies, working with existing internal and external resources and strengths of the child, and making plans of action. The overall aim is to find ways to reduce the problem situation or reduce the impact of that problem-situation.
- d. The child's story and experience guides the counselling sessions.
- e. The child is as an active participant in the problem solving process. The child is treated as a resource person and as an expert in his/her own life.

- f. The child discovers that, with an appropriate support system, s/he has the strength to heal, change, or recover.
- g. Other forms of expression and communication are used besides talking such as drawing, play, role-playing, writing, etc.

Psychosocial

The approach followed in this programme focuses on psychological well being and/or mental health, which means the emotional, cognitive, and behavioural stability of a child.

Secondly, it uses the social environment of the child to understand the problem situation as well as to solve the problem (using the child's social or cultural resources). Thirdly, it involves working appropriately within the existing culture and values of a given society.

A counsellor understands and deals with the child's problems and situation through an assessment of interrelated factors that come with a child's psychological, social, and cultural surroundings.

Reasons why a counsellor should not give advice

Providing advice is perhaps a much quicker and easier method of assistance. There are several reasons why this should be avoided.

- By providing advice, you could strengthen the idea that the child him/herself is not capable to solve the problem. If instead you assist and encourage the child to find a solution him/herself, it might strengthen trust and belief in internal capacities, as opposed to solely being dependent on adults.
- A solution from your perspective as an adult is not necessarily the best solution from the child's perspective.
- Though providing a ready-made solution might be much quicker, it neglects the value that the child might be capable of coming to a solution her/himself.
- You often do not have enough information or insight into the child's life to give good advice. Therefore, in general, most advice is bad advice.

Functions and qualities of a counsellor

A counsellor:

- a) Is responsible for initiating and conducting counselling for children with (psychosocial) problems, within the context of social and cultural norms and traditions.
- b) Establishes contact and interaction with the community and the social environment of the children. If necessary, a counsellor establishes the interest and confidence of the community.

- c) Assists the community in identifying children in need of counselling who will benefit from counselling interventions.
- d) Evaluates progress in the sessions by documenting each session. This will also be helpful for planning, obtaining an overview, supervising, and teamwork.
- e) Follows-up on children who have undergone counselling, after counselling has terminated.
- f) Must be a good adult role model for the child. The counsellor is a person from whom the child can learn social skills, attitudes, values, and strategies, etc.

Qualities of a good counsellor

A good counsellor:

- a) Is interested in the child's life and accepts the frame of reference of the child.
- b) Shows genuine care and warmth.
- c) Has credibility in the agency and community.
- d) Has adequate training in counselling.
- e) Has the ability to communicate with children and community residents.
- f) Has common sense and is action oriented nature.
- g) Shows self-awareness (though does not impose personal concerns on other people).
- h) Is creative and imaginative.
- i) Is willing to spend time and energy for children in especially difficult circumstances and is able to work in the child's socio-cultural environment if needed.
- j) Is good at listening and at conversation skills.
- k) Has an empathic, open, co-operative, non-judgemental, and constructive attitude.
- l) Has an awareness of the socio-cultural norms and traditions affecting children's development.
- m) Has case management knowledge and skills.
- n) Has the ability to interpret feelings (often unspoken) and to reflect to understand the link between ideas, feelings, and conversations.
- o) Has the ability to re-name the child's feelings and thoughts to show him/her a more positive view on the situation.
- p) Has patience.

Note: Counsellors are generally better when they have the above qualities. It is important to be aware about these qualities as well as about possible weaknesses or personal histories and personalities, which counsellors often bring into the counselling process.

Counselling Process

Psychosocial counselling of children in especially difficult circumstances is described in the following stages and procedures.

Stage 1: Identification

The first stage is identifying children in need of help/guidance. This means being able to differentiate between adaptive and maladaptive behaviour related to societal, psychological, and/or developmental perspectives.

Signs of psychological distress include:

- extreme sadness and crying,
- aggressiveness,
- returning to behaviour which is adaptive for a younger age group,
- not having interest in anything,
- not sleeping or eating properly,
- not communicating or is unresponsiveness, and has
- feelings of helplessness or hopelessness.

If a state of psychological distress is recognised, follow it up by deciding whether psychosocial counselling (or another form of assistance) will help the child or not.

If indeed the child, counsellor, and parents/guardians express motivation or need to start counselling, then counselling can be initiated. This should be more than a chat with the child; it means *engaging in a process*.

Stage 2: Beginning of the counselling process/rapport building

- a) Make the child feel comfortable. Do not begin by directly asking many questions about the problem and immediately start to try to solve it. Instead, allow time for the child to get used to this new situation (e.g. offer some tea, ask the child where s/he comes from, etc.)
- b) *Relating to children* can be challenging and requires creativity. You can use different ways to relate to the (more playful) level of interaction that children are more accustomed to, for example a game of question and answer while throwing a ball

Example: *“Tell me something you like/do not like every time we pass this ball to each other.”*

You can also use alternative tools as discussed earlier in this manual (paragraph 3.2.5). Finally, it is important that you do not solely concentrate on the problems of the child; to set the relationship and to establish trust it might be useful to talk about the child’s friends, hobbies, the cinema, his/her village, etc.

- c) *Introduce yourself* (tell the child a little bit about yourself) and *explain what counselling means*.
- d) Show your concern, interest, and respect for the child. Be warm and inviting towards the child, and be mindful of the child's social norms and needs.
- e) Have an initial meeting with the person(s) involved so that the child is already aware of what counselling is and how the session will start.
- f) Look for cues that will indicate the child's preferred style of communication and cultural identification. Modify your communication style or responses, if needed, to build a rapport with the child. Address children the way they prefer (Ram, *Bhahinee* or *Bhai*⁵, Deepa, etc).
- g) Begin where the child wants to and keep to his/her pace. Look at the problem situation from his/her perspective, and try to understand him/her.
- h) Be open, natural, and spontaneous— and be yourself.
- i) Arrange to meet at a place that is private, comfortable, and free from distractions.
- j) Create an atmosphere of warmth, openness, and trust. This can be shown by the way that you sit, the room that you are in, your tone of voice, your empathetic reactions, understanding, etc.

*Note: See section on **Guidelines in Communicating with Children** for further information.*

After a while, the child might gain an understanding of the nature of counselling and might begin to be more open, and begins to trust you. This may take minutes or hours, depending on the personality of the child and the severity of the child's problems and is generally characterised by:

- a) Concerns, interests, and responses to present feelings.
- b) Establishing communication — meaning that you already have a good idea of how the child expresses him/herself. A counselling relationship is now developing between you and the child.
- c) Much of what the child communicates appears to be fragmented, repetitious, or seemingly aimless. Patterns of core messages and corresponding feelings gradually emerge, as the child feels more secure in the counselling situation.
- d) Referral to a psychologist, psychiatrist, or others, if necessary, can occur now. Help the child to understand why she needs to be referred to someone else. Make sure that the person/agency does not make the child

⁵ *Bhahinee* and *Bhai* in Nepali language means little sister and little brother, respectively.

suffer by aimlessly repeating questions that have already been asked. Submit a referral report; this way the child's does not have to go through the process of answering the same questions again. However, first ask for the child's approval for it is important to be sensitive about the confidentiality of the information.

Ending a counselling session⁶

- a) The child should understand that a counselling session lasts for a specific amount of time. Time can be extended with mutual agreement. Counselling for children should last at least 30 minutes but should not exceed one hour and a half.
- b) Near the end of the counselling session, indicate that the session is going to end. The child has a few minutes to react to this reminder and to bring up any matter that s/he feels is important.
- c) Counselling is a shared responsibility, therefore it should not be too difficult for the child to make an appointment or impossible to cancel it. If the child seems hesitant suggest s/he think it over and contact you as soon as possible. Otherwise, you can contact him/her yourself.

Utilising the time between sessions⁷

A lot of learning takes place between sessions. You can plan ways to facilitate the child's development, which can help the child to decide what s/he wants to focus on during the counselling sessions.

- a) You and the child can set up limited tasks to accomplish before the next session. Suggest keeping a diary.
- b) The first few tasks should be ones that the child is sure to accomplish and can gain success in. Make the task specific, for example, ask the child to make a drawing for the next session.
- c) The activity above could be the starting point for the next session. Praise the child for his/her accomplishment, which will help develop his/her sense of self-worth.
- d) In order to assist you to accomplish certain counselling goals, with prior approval from the child, talk to his/her teacher, employer, or parents/family members.

*Note: see **Formulating counselling goals/helping plans** for examples of activities to ask children to do between sessions.*

⁶ This topic does not only relate to the second stage but can be used in the entire process

⁷ This topic does not only relate to the second stage but can be used in the entire process

Stage 3: Assessment/Getting to the problem and defining it

After the identification and rapport building stages, you can start to extract information about the child, the problem situation, and related information. The child might share the problem with you at anytime during the counselling sessions however, it often emerges after exploration and after the child develops a sense of understanding of him/herself. Emphasise on the child's social and cultural background.

Through an assessment, one gets a clear picture of the presented problems and about the factors that cause these problems (ask yourself, are the causative factors internal or external, changeable or unchangeable?).

- a) Start to gather relevant information about the child's perceived problem and situation. Ask questions calmly and avoid sounding like an interrogator.

For example, ask the child:

- When do you get angry?
- Who was present when you were beaten?
- How often do you feel afraid?
- How did you feel when your father was in prison?

Find out the following:

- What are the consequences or effects of the situation or behaviour on her/him and on others in her/his social environment? *E.g. ask "How did you feel when your father was in prison?"*

- b) When appropriate help the child recall psychological situations that created a severe impact on the current situation, for example:
 - Critical negative events/stresses in her/his life that s/he can recall.
 - Happy events (these should also be shared as the basis for determining the child's resilience, despite his/her present condition).
 - Corresponding feelings, anxieties, emotions that s/he experienced for each of these events/stresses.
 - Her/his coping behaviour for each of these events/stresses.
 - The social support system that helped her/him to deal with feelings and behaviour during each of these events.
 - The impact of the above psychosocial situations on his/her present life.
- c) At this stage one can also determine and assess how the child functions. Certain behaviour will indicate the level of the child's maladjustment.
- d) Determine and assess how the child survived and functioned after the crisis or problem or previous problems in her/his life. This means identifying the child's coping strategies and their effect.
- e) Help the child identify and assess current efforts to improve or change his/her behaviour or attitudes. This includes *creating awareness* of the problem situation and of his/her motivation, intellectual, physical, and emotional capability, or potential to manage or improve the present situation. Assess the influence of the child's social support network as well as its possibilities for treatment purposes.

- f) It is also very important to ask the child what s/he wants to do about her/his present problem. How will s/he do this and who are the people whom s/he thinks can help her/him achieve this goal? You must support the child in this decision and believe that s/he really can do it.
- g) During the counselling sessions always summarise what has been going on and how the activities/sessions are helping (or not helping) the child to achieve her/his desired goals. You must however, understand that the process depends on the ability of the child to discuss her/his feelings and thoughts openly with you.
- h) Before the end of this stage, you will more or less have an idea about the strengths and weaknesses of the child, her/his resilience, and other characteristics that will be very helpful to formulate a counselling treatment plan. You are already aware of the inconsistencies, conflicts, and sensitive areas in her/his life as a total person.
- i) Keep in mind that the focus of counselling is to help the child use her/his internal and external resources and to improve her/his problem-solving capabilities rather than just providing a solution or giving advice.

Stage 4: Formulating goals in counselling /helping plans⁸

This activity closely relates to the child's identified need or problem. The concept of goals is used here to indicate what the child wants to accomplish, with your guidance, in order to change or improve her/his present conditions.

- a. Work with the child to determine the objectives of the helping/counselling process. What are the desired outcomes (goals) and ways to achieve them (preferably based on the child's coping skills)? Brainstorm to identify the goals or strategies to reach the goals.
- b. Setting goals involves a deciding on the most important questions to pursue. For example, the might child say, "I want to get along better with my mother" or "I want my father not to beat me."
- c. Often, the child will not explicitly indicate what s/he wants to do but will indicate the need to resolve the disturbing feelings or reactions. These may include feelings of:
 - Isolation and depression after a series of abuse.
 - Suicide after sexual abuse.
 - Depression and anger/hatred for being mistreated by the father.
 - Lacking trust in others.
- d. Goals should focus on specific situations or behaviour that need to be changed and should be realistic, and concrete, such as:
 - Resolving anger towards the father for maltreating him/her.
 - Improving relationships with peers or parents.

⁸ For goal setting (as a skill in problem solving) also see paragraph on **Problem Solving skills**

- Stopping the abuse.
 - Handling and managing aggression.
 - Improving self-esteem or self-confidence.
 - Resolving feelings of self-hate after getting pregnant out-of-wedlock.
 - Improving ability to cope with a disability.
 - Resolving feelings of guilt for not telling the parents about the sexual abuse, immediately.
 - Resolving feelings of rejection and hopelessness after having been involved in prostitution.
 - Resolving anger and hate towards parents for pushing him/her into child labour.
 - Resolving feelings of shame.
 - Handling or resolving interpersonal conflicts.
- e. The child should be involved to decide if there are other persons (aside from the counsellor), who could participate in carrying out counselling goals, such as his/her parents, teachers, peers, psychologist, psychiatrist, etc. The child must be told the specific purpose for which these people will be involved.
- f. You should provide the necessary information for major decisions that the child or parents are considering to resolve. However, you should not help generate direct solutions. Instead, you should provide options, information, and opportunities that may be needed to handle or manage a particular goal throughout the counselling process.

Stage 5: Implementation of counselling goals/Problem-management

This is the process of carrying out what has been jointly planned with the child. By now, one assumes that the child is ready to participate in the strategies and activities needed to achieve his/her desired goals.

- a) You and the child will now start to manage the problem based on the specific goals. Explore the options for solutions (possibly through brainstorming), and discuss the advantages and disadvantages of each. When a satisfactory idea emerges, you and child can identify how to implement that idea (plan of action).
- b) The activities need not be a “one-on-one” talking session but might include other activities, which are directed/focused to resolve a particular problem or difficulty. These activities are also mentioned above in *alternative tools*. These can include:
- 1) Diary/journal writing to express feelings.
 - 2) Drawing/painting to express feelings.
 - 3) Writing letters to people whom the child wants to express feelings to.
 - 4) Participating in activities with other children to test and encourage improvement in social skills.
 - 5) Relaxing and/or physical exercises to release tensions.
 - 6) Doing drama or role-plays to express feelings or to practice coping strategies.

- c) Throughout this stage clarify/evaluate how these activities help the child to change and how they help to achieve the goals that have been planned.
- d) Make sure information is available to the child if s/he has difficulty to achieve the goal or to understand the situation.
- e) Some goals can be changed if the child feels s/he cannot undertake them. These can also be changed when new problems occur and new feelings and behaviour have to be resolved.
- f) You should be a role model to the child in terms of being patient, providing a caring attitude, and carrying out specific activities supportive to the counselling goals. This is part of the mutual responsibility in the counselling process.
- g) The following skills can assist the problem management process: *setting goals* (see above), *brainstorming* (e.g. finding possible solutions or actions to achieve goals), establishing *coping strategies* (strengthening coping behaviour that is constructive and modifying those that are destructive for the problem solving process) and identifying strategies for change. See paragraph on **Problem Management Skills** for further explanation of these skills).

Overall, you should have a clear plan of action⁹ that:

- Clearly states the problem(s)
- Determines the goals and objectives
- States the steps to reach these (e.g. what problem to start with)

Stage 6: Ending the counselling process

Whether the total counselling process takes only a few minutes, several sessions, or is much lengthier, a mutually satisfying ending is desired. While the focus is upon helping the child, you have also made a personal investment in the process; your feelings about terminating the sessions are important. Ending the counselling process occurs when:

- a) Previously formulated goals have been achieved and desired behaviour is maintained over a period and applied to daily life situations.
- b) The child decides to terminate counselling sessions. If, in the your judgement, the decision to terminate seems premature, the child's reasons may be explored.
- c) The child may give indications that s/he feels ready to terminate counselling because the conditions in his/her life have changed or improved and s/he has resolved negative feelings.
- d) Counselling does not result in the desired changes.

⁹ Based on Jong and Clarke, 1994

Stage 7: Follow-up

As successful as the intervention might have been, it does not guarantee that the situation will not persist once the counselling stops. It is therefore very important to verify the continuity of the stable situation, which was, hopefully, the outcome of the counselling process.

Follow-up activity can take place; either visit the child, or ask the child to come to visit you, or ask the child to do a questionnaire, etc. This should occur several times and allow for a longer amount of time each time.

Different Forms of Counselling

These are techniques of counselling interventions can be used effectively for children in especially difficult circumstances and can be applied in different modes (individual, group, and family).

Crisis Intervention/Crisis Counselling

Crisis is defined as an “upset in a steady state,” an emotional reaction on the part of the individual, family, or group to a threatening life event. In a state of crisis, there is temporary disturbance in one’s equilibrium, possibly resulting in the immobilisation of problem solving abilities and in other aspects of daily functioning (*an example of a crisis is after a child has been abused*).

Crisis Intervention/Crisis Counselling: This is the process of actively influencing the psychosocial functioning of individuals, families, and groups during the period of acute crisis.

Objectives of crisis intervention/counselling

1. To cushion the immediate impact of the disruptive, stressful event.
2. To help those directly affected, as well as significant others in the social environment. Help those involved to mobilise and use their psychosocial capabilities, interpersonal skills, and social resources for coping adaptively with the effects of stress.

Steps in crisis intervention/counselling

The following specific steps deal with feelings, doubts, ambivalence, anxieties, and despair which can arise while trying to carry out what you and the child agree needs to be done in a crisis situation.

Step 1 Meet the child in crisis as soon as possible and do not delay. This means making help available within 24 to 72 hours of the request or “cry for help.”

Step 2 Rapidly establish a constructive relationship with the child. Present yourself as the helping person. Introduce yourself. The child should be treated with respect, acceptance, and eagerness. Most importantly, sensitise yourself to the child’s feelings about seeking help.

Provide full trust and confidence to the child and give continuous assurance of help. Assure confidentiality. Show genuine concern for the child; s/he should feel safe with you and feel that s/he is not alone in handling this crisis.

Step 3 Encourage expression of painful feelings and emotions. Allow the child to grieve and cry, as counselling is a safety net for releasing emotions.

Example questions:

“Can you tell me what is causing you to feel that way?”

“Can you tell me how you are feeling now?”

“Can you describe what this situation is like?”

If another person refers the child, it can be helpful to interview the person and inquire about the case. This will prevent repeating questions to the child, which may be too painful for her/him to deal with at this stage.

Step 4 Discuss the precipitating events after painful feelings and emotions have been ventilated. This is an integral part of the counselling session.

Encourage the child to give an account of the incident — this should be the child’s personal version of what happened and therefore do not direct the conversation with too many questions. If there are still questions that need answers, you can proceed gently with questions that are more specific and let the child set the pace. For example:

- When did it happen?
- How many times did it happen?
- Who was the abuser?
- Who was present when it happened?
- What did you do when the abuse happened?
- How about your parents and siblings? What did they do or how did they react to the abuse?
- What is your relationship with the abuser?
- What were the feelings after the abuse?

Focus on the manner in which the child in crisis explains and accounts for the difficulties s/he experiences at that moment. If the child is inconsistent and illogical, interviewing techniques should focus on helping her/him to clarify feelings, perceptions, and thoughts. Allow the child to narrate his/her story in his/her own words and expressions.

Be aware of gaps during the interview and gently request the child to fill in the missing links. Gaps in the stories sometimes represent the most traumatic/painful part of the experience, often selectively ‘forgotten’. After the disclosure, emphasise your appreciation for the child’s efforts.

Step 5 Assess and evaluate. Determine possible causes of the crisis condition. Assess the degree of the child’s cognitive functioning, conduct ‘reality checks’, and assess perceptions about the event and efforts of adaptation and coping mechanisms. Furthermore, determine whether there is a need to refer the child to a doctor, psychiatrist, or another professional who can provide the appropriate help.

Step 6 Formulate a dynamic explanation. This is your understanding of the causes for the child’s reaction to the event. What is important is not “what” but “why” the child reacts the way s/he does.

Step 7 Cognitive restoration. The premise of cognitive restoration is the belief that, after thorough ventilation of feelings, knowledge and understanding will reduce emotional overloading. At this stage, restore the child's cognitive functioning and facilitate to regain cognitive control by finding causes and explanations for the crisis to gain an understanding of its results and consequences.

Step 8 Crisis treatment-plan and goals.

A specific plan that includes the child's motivation, strengths, and capacities should be formed, discussed, and shared. Ask the child:

"What do you want to do for yourself now with your present feelings (about the abuser), with your future, and your relationship with family and friends?"

"Who are the persons whom you think can help you now?"

"Where can you contact them?"

(Get the address and telephone number.)

If the child wants you to contact the identified support person, dial the phone and let the child speak to the person. Later, you can talk to this person.

You have additional choices to go further with the crisis treatment plan:

- **environmental manipulation** (trying to assist the child to do something to improve the situation in the child's immediate environment)
- **referral of the child** to a clinic/hospital for medical-legal examination; seeking advice of a lawyer; psychiatric evaluation and treatment, etc.

When the child is ready for the restoration phase, s/he may need further counselling for healing and recovery from possible long-term emotional problems. If the agency cannot provide this intervention, arrange for appropriate referral to another agency.

Step 9 Terminate. After the initial crisis has been resolved and the child returns to the pre-crisis level or is now ready emotionally for a more long-term healing and recovery treatment or counselling intervention. This indicates the termination of the crisis intervention phase. S/he now attends regular counselling sessions.

Step 10 Follow up. At the end of the last session, inform the child that you will be interested to know how s/he will get along and say that you will contact him/her in the future.

Group Counselling

A) Definition

Group counselling is a strategy for psychosocial intervention that utilises a group to achieve changes in behaviour, situation, and well being for individual members and/or the group as a whole.

B) Objectives

- To enhance problem solving skills and social skills to bring about behavioural and emotional change.

- To come up with solutions for issues related to the individual, the group or, for example, the daily running of a centre or programme. This participation may lead to a sense of fulfilment or achievement and subsequently may create a sense of awareness and empowerment.
- To provide an opportunity to share feelings and information about life; this stimulates learning from each other and learning through group dynamics.
- To receive support, positive and constructive feedback, and protection through collective efforts and goals. Thus group counselling helps the child realise s/he is not alone with her/his situation or problem.

C) Steps in Group Counselling

Step 1 Pre-group interview/intake.

- Select children with similar characteristics and problems/needs. When starting, it should be clear whether the counselling involves an open or closed group. 'Open' means that there is ongoing membership and 'closed' means that after the first session no other participants will be included.
- Prepare them emotionally to join a group and clarify purpose and expectations.
- Agree on a length of process and procedure, for example in the case of dropping out of sessions, the child must inform the group in person.

Step 2 Convening phase.

- Introduce each member of the group as individual children meet for the first time.
- Assume the lead role and use appropriate activities to get the participants to connect and be oriented with each other. This facilitates the group's path towards group formation.
- The participants will engage themselves in various social rituals and amenities so that you can observe varied behaviour such as restlessness, tension, talkativeness, or withdrawal as the participants interact with one another.

Step 3 Group-formation phase.

- This is the period when the group becomes organised. This can be achieved in one session depending on the members, their capacities, and purpose of the group, etc.
- Initiate a discussion about the goals individual members hope to achieve through this group experience. Ask individual members what their motivations for joining the group are.
- Help the group to agree on its shared purpose for joining and ask what the group's goals are. The group should at least agree to try these out.

- Establish rules together with the group that must be applied during the counselling process. These rules should ensure basic respect for one another and should encourage a positive and smooth process. For example, participants can only speak when it is their turn to, and must listen to one another, respect each other; speak in the “I” form (instead of ‘they’ or ‘we’, etc.). Other rules can include refraining from physical violence, screaming, or putting each other down.
- A system begins to develop and the participants will start to identify and discuss topics that they think/feel are relevant to their particular situations.
- Emphasise the confidentiality of the counselling. This means that anything that is said during any of the meetings ‘remains in the room’. Both you and the participants should be loyal to this confidentiality.
- Personalities emerge and members begin to influence one another. Interactive patterns and cohesion can now be observed and indicators become evident.

Step 4 Group interaction, disintegration, or reintegration phase.

- Interaction between the participants increases and a sense of group bonding or a “we” feeling becomes apparent.
- The group tackles activities directed by goals or topics. A status in the group structure begins to emerge. Group discussions or activities are carried out with a great deal of enthusiasm. Integration becomes evident.
- Disagreements or conflict will also occur on issues or interpersonal problems. Members may openly express anger, frustration or hostility and withdraw from participation. This phase is also called the ‘storming’ phase. This happens because members have already established themselves in the group. They already know one another and no longer have inhibitions to express thoughts and feelings.
- The counsellor should assume a directive stance for group treatment so that treatment goals regarding certain topics and activities are discussed and achieved.
- It is normal for some participants to still feel ambivalent about becoming a member or continuing membership in the group. At this point, be open to questions they raise and present them the benefits of remaining or joining the group (depending on open or closed groups).
- Sometimes, in order to save the group from total disintegration, some members may be asked to leave the group. This may be necessary to keep the treatment process/goals intact for those benefiting from the group counselling.

Step 5 Group functioning and maintenance phase.

This is described as the “maturation” or “problem-solving and stabilisation phase.”

- A group culture emerges, including the establishment of an ethical system and a social contract in order to change or improve group behaviour. There is also emotional integration, an increase in sharing, and a lowering of defences.
- The sense of belonging to a “group” promotes social functioning and maintains positive group behaviour, which is acceptable to the group and to others in the children’s environment.

Step 6 Evaluation and termination phase.

- At the termination-phase review the progress that has been made on an individual and group level, and decide whether or not to continue group counselling. Base the review on periodic evaluations of appropriate treatment goals for each child.
- Prepare the child and the group for impending separation once termination has been decided.
- Group treatment terminates for the following reasons:
 - 1) When it is apparent that treatment goals have been substantially achieved.
 - 2) When it appears that the members have attained maximum benefits or when any anticipated additional gains are insufficient to merit continuation.
 - 3) When children are dropping out.
 - 4) When the agency is unable to continue providing the service.

D) Implementation

Counsellors should fully understand the procedure of group counselling with a theoretical base (as described above) and agree with its process, otherwise implementation will not succeed.

Counsellors should not be authoritative in their mediation, and should direct sessions as if ‘*behind the screen*’. Here are some general guidelines on how to implement group counselling.

- Create a warm and open atmosphere where people feel safe to express or not to express — an atmosphere in which the participants feel respected and heard.
- The first task is to create awareness about the problems. How does the group experience their situation? Do they want changes to occur? Define the problem behaviours.
- Decide the purpose for group counselling by clearly identifying the problems, both overt and hidden (try to pin-point the core problem), **for example by:**
 - Increasing awareness of the problems
 - Talking openly about the problem

- Helping the children express their feelings, thoughts, and suggestions.
- Explain the reasons and purpose of group counselling (*why* it is beneficial; then ask whether they agree with the reason). Explain the procedure (when will the sessions be? Who comes to the sessions? How many times will the sessions take place?).
- Clearly state and share the group's goals. For example, to:
 - Reduce aggressiveness, lying, or stealing
 - Create a group atmosphere based on respect
 - Deal with feelings of loneliness or hopelessness
 - Resolve situations of conflict or disturbance
- Divide the sessions into themes. For example, each problem behaviour can be the focus in each different session (possibly more than one session for one theme). Additional sessions can be more general (but not less important). Themes are often good introductions to group work, and can and set the mood for the counselling process.

Example topics: *respect, tolerance, safety/security, the future, etc.*
The topics should be of interest to the children.

- Set basic rules for the counselling process and explain them to the group. Everybody has to agree to these basic rules, however a compromise might be necessary. Give the participants the opportunity to propose other rules that in turn can be discussed (and accepted or adapted) by the group.

Suggestions for group counselling

The following are some specific suggestions and to implement group counselling. Make the sessions as varied as possible in order to hold the attention of the children.

- Always sit in a circle so that each participant can see the faces of all the participants.
- Make the sessions *fun* for the participants; they should look forward to coming. For example, use exercises or games, and have the participants involved in making decisions.
- One way to reinforce the group rule of 'one speaker at the time' is to require that the speaker hold an object. This object should be returned to the centre of the circle when the speaker has finished talking so that the next person can take it. In case of heated discussions, you could ask the participants to raise their hand when they want to talk. Note their names down in chronological order and call these names out when it is their turn to speak.
- If the topic asks for the group's opinion, initiate a 'round' where participants, one after the other in the circle take turns to express (or not express) their opinion. It is important to initiate the round by a clear question to the group.

- A big group drawing can be an alternative to talking, depending on the subject of discussion. The drawing should have a clear theme and made with group co-operation. When the drawing is complete, initiate a discussion based on the drawing.

Use theatre/drama as an alternative method for 'discussion'. For example, divide the group into smaller groups. Each group prepares a certain play on the consequences of lying, or about the difference between aggression and non-aggression, etc.

- Group counselling can be *very efficient for centre-based programmes* for example, to solve problems that have arisen in the (child) centre or to for the children to raise their criticism and suggestions about the daily running of the centre.
- During discussions/brainstorming, make sure to use lists (preferably on paper) where the major points mentioned by the group are recorded (i.e. in response to a clear question such as: "*what can we do about stealing in our centre?*").
- Sometimes it can be very useful to split the group up into smaller groups to discuss a certain question or subject. In this way, children are stimulated to express different points of view. For example, you can ask each group the question "*how do we define respect?*" or "*how can we encourage respect in our centre?*"
- Role-plays are useful exercises that address interpersonal problems. For example, if the group has just discussed how to eliminate aggression and one possible solution was to talk about the problem with the person(s) involved, then divide the group into pairs or small groups so that they can practice talking to one another about the conflict.
- *It is very important that the participants themselves come up with suggestions/solutions*, which is essential for successful implementation. Furthermore, it is important for the group's self-esteem that they become capable of solving problems themselves and that they are actually listened to and respected.
- One way to help implement group decisions is to have participants sign a contract. The contract ensures responsibility from the children and effective implementation of decisions. It can also be used if activities are unsuccessful.
- Decisions should be made through a **consensus** (the discussion is continued and compromises are made until *everybody* agrees or accepts the decision) instead of voting. The basis for agreement/implementation becomes strong because nobody can say "*But I voted against.*" Although the process might take longer this way, co-operation and commitment are higher.
- You will be responsible to be well prepared for each group counselling session. This means preparing which exercises to do, what questions to ask, and setting goals for each session, etc.

Role of the Counsellor

- 1) Direct the process and flow of the mediation.
- 2) Give equal opportunity to all parties to speak and do not permit interruptions while others are speaking. Stimulate the participants to speak/verbalise. Each participant has to adhere to a limited amount of time.
- 3) Make sure that neither party is intimidated or threatened by the other.
- 2) Make sure that each party hears the other side's point of view.
- 5) Periodically, summarise the present stage of the mediation. Clarify the content of what is being said by making links and by defining.
- 6) *Avoid suggesting own solutions.*
- 7) Facilitate, by helping to reformulate or clarify messages and/or help to find solutions if necessary.
- 8) If parties reach an agreement, put it in writing, get all participants to sign it, and help set up a monitoring and evaluating mechanism.

Task Oriented Counselling (TOC)**A) Definition**

TOC is a strategy for counselling that specifically focuses to change particular conditions and/or behaviour. It involves assisting the child to identify a range of possible problem solving actions. These actions are then carried out or implemented by the child, with collaborative and supportive actions from the counsellor and others.

Components of Task-Oriented Counselling:

- Active participation from the child to identify and define the problem.
- Active participation from the child to assess and identify possible solutions.
- Supportive and modelling role of the counsellor and other identified persons.
- Identifying tasks for the child and the counsellor.

B) Steps in Task Oriented Counselling**Step 1 Child Referral**

When an agency or another counsellor refers the child, find out the reason for referral. Is it because the referring agency does not have the necessary/appropriate resources to assist the child?

- Has the child already been served by the agency? What was done and what were the results?
- Does the child agree with the referral and what does s/he think s/he will achieve if s/he works with the new agency or counsellor?
- If the child is not willing to go to the agency, is he willing to attend on a trial basis?

Step 2 Identifying the Target Problem

Find out from the child:

- How s/he perceives the problem; what are the particular conditions or behaviour to be changed?
- What changes does s/he want in her/his behaviour or condition? The child should be as specific and precise as possible when describing the changes.
- If s/he wants to be responsible to change his/her present situation.

Step 3 Formulating Tasks and Developing Solutions

1. Ask the child what can be done to change conditions or behaviour in order to *avoid* the problem situation.

Example: If a child wants to change the conflict with her/his father s/he should describe specifically, what s/he could do to change the interaction with the father. Ask the child, for example, what s/he can specifically do to avoid conflict.

2. The child thinks of different activities that s/he can do to *change* the problem situation and has to be specific when describing the changes. *List them down in order of priority* (e.g. What will be the first, next, etc). The task should be simple and manageable and specific results are expected.
3. The child lists activities that you have to do in order to assist her/him with the problem.
4. The child lists activities that can be done in her/his environment and/or by other people important to her/him. As with the above three points, s/he might need encouragement, help, or guidance to come up with such solutions. For example, identify prior coping skills together or invite the child to brainstorm an extensive list of activities.

Step 4 Making Decisions and Contract Agreement

The child should make a decision on what course of action s/he chooses to implement. S/he makes an (written) agreement with you about what tasks s/he has to do and what tasks you and the environment (represented by you) have to do. Agree to when these tasks should be done.

Example:

I will not gamble with my friends in the neighbourhood for one month but instead I will help my mother in the house and attend school. I will not take solvents (drugs) for one month.

Step 5 Implementing the Contract Agreement

1. The child performs the agreed upon activities and tasks
2. Support the child in his/her tasks.
3. Be an example to the child and accomplish your tasks.

Counsellor's role in supporting task performance:

- 1) Obtain resources and assist the child to use them.
- 2) Find out about obstacles in providing resources.
- 3) Help the child to prepare to carry out his/her task. Conduct role-plays,

- and simulate situations, if necessary.
- 4) Provide anticipatory guidance: ask the child to think ahead about what s/he would do and how s/he would react to certain situations in the future.
 - 5) Find out what hinders task performance. Plan what action the child will take in the future to remove obstacles and find out what actions s/he expects from you or others.
 - 6) Help the child to revise the agreement, if:
 - a) Tasks are performed poorly and if the ability to solve problems is unsatisfactory. Discuss the alternatives.
 - b) The situation changes or if there are new problems.
 - c) Resources are ineffective.

Family Counselling

A) Definition

Family counselling is a method of psychosocial intervention and is used when there is a dysfunctional family structure or when there are dysfunctional interactions. The counselling involves all members of the family, and sometimes only focuses on some family members at a time (e.g. only parents, parents and only one child, etc). It often involves problems *between* family members or involves “problem children” (as identified and perceived by the parents).

B) Basic Principles in Family Counselling

1. The relationship between you as the counsellor and the family is a partnership characterised by mutual respect and collaboration.
2. Communicate care and accept the family with confidence in its ability to change.
3. Treatment or *helping goals* are based on the *family's goals* and the problem(s) perceived by the family. The goal of treatment changes only when the family defines and desires it. These goals must always contribute to enhance routine family relationships within acceptable social and cultural norms.
4. The level of intervention and treatment must initially shift from past events to resolve present conflicts. Emphasis can be given to past events later on in the process (for these are often the factors that cause present conflict situations).
5. The focus of treatment and intervention is to build on the strengths of the family and reinforce its problem-solving capacity.
6. Interventions must be action and need oriented.
7. Assist the parents to learn new ways of parenting that benefit all the children in the family, not only the child who may be identified as the “problem child”. The focus of counselling therefore often lies on the

parents for they have the most capacity to reinforce changes in family dynamics.

8. Help restructure dysfunctional patterns of interaction within the family by making all members conscious of these patterns, the causes, and the consequences.
9. Concentrate on recurrent patterns in relationships and interactions e.g.; focus on *what* they disagree *on* and *how* they disagree.
10. Help the family gain access to community resources that will strengthen how the family functions.

C) Strategies in family counselling

- a) Teach the family new positive ways to address recurring problems by discussing alternative solutions to these problems and how to implement them.
- b) Teach or assist the family to locate and use family resources.
- c) Help the family define small and achievable tasks that will change the way they manage solutions. This will give them a new sense of accomplishment and motivate them to address larger issues.
- d) Assist the family to interact more effectively with one another.
- e) Observe the existing bonds and allies within the family system (both vertical and horizontal). These are often hidden however they affect the quality of interaction among members. Family members should be encouraged to restore the natural and healthy pattern of inter-familial relationships (horizontal camps).
- f) The counsellor should assist the family in community resource mobilisation. This includes support from relatives, neighbours, and community leaders to resolve critical problems which the family may be having difficulty with resolving.

D) Assessing Aspects of Family Counselling

1. *Roles* — Each member of the family has certain expectations of one another and the fulfilment of these expectations sustains the family and supports the personal development of its members.
 - a) Are the roles of each member clearly and appropriately defined?
 - b) How are responsibilities allocated among the members?
 - c) Is there acceptance or resentment among the members for their roles?
 - d) Are the family members ready to help one another?
2. *Problem Solving* — Every family has its own way of resolving difficult situations that threaten or enforce its stability and ability to function effectively.
 - a) How are the members participating to resolve critical conflicts in the family?

- b) Who makes the decisions?
 - c) How did the family resolve previous problems?
3. *Communication* — In order for families to function in a unified and balanced manner, they have to share information with each other.
 - a) Is there a pattern of communication in the family?
 - b) Are the members able to freely communicate feelings/problems?
 - c) What are the common things/issues that they discuss?
 - d) Are the children free to discuss issues that are bothering them?
 4. *Responsiveness* — The family should nurture its members and provide an environment of emotional support.
 - a) Do they express love and affection towards one another? How do they demonstrate this?
 5. *Involvement* — The families should sustain the emotional growth of its members through encouragement and appreciation of each other's activities.
 - a) Do the family members show interest and appreciate the activities of the other members?
 6. *Behaviour Control* — Families establish patterns to handle social interaction between themselves and with others outside the family. Certain patterns of behaviour could endanger the family's stability.
 - a) Do these patterns of interaction and response promote the family's acceptance and integration into the community?

An adequately functioning family provides a climate and balance and all its members are comfortable.

E) Effective guidelines for conducting family counselling

- 1) *Attendance* — co-operation or reluctance to attend family counselling sessions provides a first clue as to how the family operates and what roles members play in the family.

Your task is to get as many, if not all the members to participate. Responsible members of the extended family may also be included. Explain the reason for the counselling sessions, its importance in the solution of a member's problem, and the importance of attendance as a family unit and as individual members of the family.

- 2) *Choice seating arrangement* — make sure that every member has a comfortable seat. Allow each member to choose where they want to sit. Seating arrangements provide clues as to who are allies, leaders, etc, and can give clues about family hierarchy.
- 3) *Conversation* — observe who initiates conversations or discussions. Often, the one who initiates has the leadership role. Observe who agrees and who disagrees. This may indicate who are allies.

- 4) *Provide the opportunity to speak* — give everyone the opportunity to speak, especially regarding feelings about the problem or situation and the necessity for family counselling.

Create a climate of concern and safety for everyone to freely express their feelings without being judged, reprimanded, or rejected. This can be accomplished by clearly explaining that everyone will be asked to speak and everyone will be listened to during the counselling session.

- 5) *Teaching Communication Skills* — family counselling provides the opportunity to observe communication patterns of the family.

When dysfunctional communication patterns are observed, use this opportunity to teach members communication skills. Teach the following communication skills:

Active Listening — emphasise the skill of listening to one another openly and attentively (see paragraph on *Active Listening: non-verbal communication and attending*).

Making 'I' statements — point out the blaming effect of "you" statements ('you said this...' 'You did not...'), encourage the use of 'I' statements to express how one feels towards another. It stresses openness and directness in communication patterns.

Seeking clarification — poor communication often creates interpersonal problems. Some words, phrases, or sentences have different meanings to different people. It is important to ask for clarification about any verbal or non-verbal communication.

The communication between adult and child should be open and free. The adult should show approval of the child's positive initiatives for interaction, either verbally or non-verbally. Every child shows positive initiatives for interaction and the adult should observe, recognise, acknowledge, and respond to these initiatives. If this is done in a positive manner, the communication pattern will become a constructive one. Both the adults and children have capacities for such communication.

- *Handling Arguments* — arguments are often symptoms of deeper family problems. While the present argument can be resolved and put under control, the counsellor needs to understand the underlying problem and help the family resolve it. Clearly observe what is going on in the interaction at all times, and see the relevance of the argument to the present problem. Address the argument and encourage collective clarification and resolution of the problem.
- *Handling Reluctance to attend counselling sessions* — if family members show reluctance to attend family counselling sessions, find out the reasons why. The reasons must be understood and managed by the counsellor.

Since each member is possibly important for the effort to resolve the family problem, particularly if it involves a child, the following suggestions may be helpful to convince the “reluctant” family member to participate in the counselling session.

1. Clearly explain the purpose of family counselling sessions in relation to the child’s problem.
2. Make the “reluctant” member feel important. Explain how his/her participation can help to resolve the problem.
3. Be flexible with the time and place of the counselling session, to accommodate his/her availability.
4. Ask others how they can influence the “reluctant” person.
5. If any family member is relatively silent during the session, address the observation.

F) Steps in Family Counselling

- Step-1** Identify the specific problem area or behaviour that needs to be improved or changed; this is the focus of the counselling process. Include community relations, living standards, and family history in the assessment.
- Step-2** Meet all the members of the family (together or individually) and discuss the causative factors of the problem, i.e. why the problem occurred or happened. Discuss each member’s feelings about any particular event or incident.
- Step-3** Identify and decide mutually acceptable solutions or tasks. All members should agree to try out the solutions.
- Step-4** Implement the solutions — family members have to agree on who will do what and when.
- Step-5** During the following meetings re-evaluate the solutions. Revise what is ineffective. Evaluate what contributes to the desired behaviour changes, particularly for the person initially identified with the problem.

Community Based Counselling

A) Definition

Trained community residents, in an informal community setting, provide community-based counselling. The counselling aims to reduce psychological stress and problems faced by individual(s) in the community and aims to help them improve their ability to make decisions.

Counsellors can be elderly leaders, shop owners, village leaders, teachers, priests, monks, youth, lawyers, doctors, community social workers, housewives, nuns, imams (Muslim religious ‘priests’), traditional healers, and members of mother’s groups. This method is valuable in Nepal because of the relevance and importance given to community life.

It is important that the counsellors have at least minimal training and they should be respected figures/role models for the child.

Community-based counselling can be useful for many situations such as for family conflicts, school problems, health problems, and for emotional problems.

Community-based counselling is appropriate, for example when:

1. Someone tells you that s/he might have a sexually transmitted disease.
2. A wife is in doubt of her husband's faithfulness and she thinks he is having an extra-marital affair.
3. A child is beaten by his/her father and the child wants to leave the house.
4. A 16-year-old girl comes to you for help, and informs you that she is pregnant and the father of the child refuses to accept the responsibility.
5. A young woman, who is depressed, tells you that her husband regularly beats her. Feeling hopeless, she wants to commit suicide.
6. A mother asks for help about how to convince her husband not to arrange a marriage for their 12-year-old daughter.
7. A young boy is feeling so hopeless about poverty at home that he wants to go to the city and does not know where to stay.
8. A child is misbehaving in school and at home.
9. A girl is about to be sold into prostitution by her stepfather.

B) Steps in community based counselling

- Step 1** Introduce yourself and the intervention to the child. Make the child feel at ease and create a feeling of trust, so that s/he can show and express feelings about the problem s/he is experiencing. Introduce yourself (and if necessary the situation) to the community, possibly through a meeting.
- Step 2** Talk to the person and use his/her level of understanding. Use simple language and the local dialect if appropriate. Express that you are interested in listening to him/her.
- Step 3** When a child tells a true story as part of the sharing experience, you may tell him/her that it is not important to mention real names, in order to protect the person(s) mentioned.
- Step 4** Allow for occasional silences so that the child can think and reflect.
- Step 5** Allow the child to ventilate his/her feelings. Let him/her cry if s/he wants to.
- Step 6** Ask the child what s/he has already done about the problem and what the results have been.
- Step 7** Ask the child what s/he wants to do about the problem; assess the potential for immediate resolution. It is important to first know if s/he has a plan to do something about the problem.
- Step 8** Identify the severity of the problem and the resources (internal and external) available. Assess if the community can play a role to resolve the situation, and if so, act as the mediator.
- Step 9** Develop a counselling plan together to resolve the problem. A time frame is very important. Identify situations that the person thinks s/he cannot handle.

- Step 10** Help to carry out the plan. Select the most appropriate counselling mode for the child's situation. You might want to seek help from a person in the community who is close to the client, for example, a member of the extended family. Provide alternative interventions when necessary.
- Step 11** Regularly evaluate the results of the counselling sessions until you and child feel that the situation has changed.
- Step 12** Do a follow-up on the child to see how s/he has adjusted into the family and into the community. Follow-up activity should be conducted after the counselling sessions have ended.

Counselling Strategies for Specific Cases and Situations of CEDC

Counselling for Victims of Child Labour/Domestic-work violence Common Reactions, Symptoms, and Behavioural Manifestations

A victim of child labour/domestic-work violence has the following types of problem situations:

1. Deep anger/hate towards the exploitative and abusive employers. The child might have difficulty to express his/her feelings.
2. Displays apathy and the inability to relate to peers and adults.
3. The majority of children desire to be reunited with their family.
4. Claims for increase in salary encourage them to work harder even in exploitative conditions.
5. A tendency to isolate themselves from the peer-group.
6. Feelings of loneliness and/or sadness for not being able to participate in important cultural events.
7. Is depressed and is scared due to frequent abuse by employers.
8. Is insecure and unsafe about his/her present condition.
9. Experiences trauma due to severe maltreatment.

Steps in Counselling Intervention

- Step 1** Local governments or community authorities are responsible for rescuing the child from the exploitative workplace. The state/local authorities should be responsible for prosecuting the abusers. Provide crisis intervention if needed.
- Step 2** Invite the child for an interview. Introduce yourself and make the child feel at ease. Establish trust so that the child feels that you are a different adult from her/his employer and from other adults who have been exploiting her/him. S/he should feel safe and secure in your company.
- Step 3** Closely observe the child's physical appearance for any physical traces of abuse. Ask her/him if s/he has been sick or injured while employed and what medical treatment the employer gave. Inquire further about how s/he feels now.
- Step 4** If necessary, refer the child to a clinic/hospital for medical treatment or consultation. Obtain a copy of the medical report from the physician, as this may be useful as evidence in court.
- Step 5** If psychosocial problems are present make an appointment with the child for a counselling session. Explain to her/him the meaning and purpose of the counselling intervention. When s/he is ready to listen to you, explain what counselling means and how it can be helpful to improve her/his present condition.

Explain further that counselling is a mutual responsibility and will need her/his full co-operation in order to achieve desired changes. Start obtaining relevant information (without *interrogating* the child) regarding her/his experiences about the labour, such as:

- Who brought her/him to the workplace? When?
- Was s/he forced or was it voluntary? What were the reasons for such employment?
- Allow her/him to describe the first day at work. What were her/his feelings being in a new environment?
- How did s/he handle separation from parents/siblings?
- What were the activities in the workplace aside from work?
- How long were the working hours? How much was her/his salary?
- Who received the salary?
- How did s/he feel about having somebody else use her/his salary?
- Was s/he given part of her/his salary? How did s/he spend it?
- Has s/he been maltreated/abused by the employer? How many times? In which manner and for what reasons was s/he maltreated? How does s/he feel about this?
- Has s/he been visited by parents/siblings in the factory/workplace? How many times? Did they discuss the situation often? How did s/he feel when they visited her/him?
- What is her/his view about the employer? Did s/he treat her/him as a child?
- How did s/he generally feel? What did s/he normally do during cultural events?

Step 6 After gathering this information, ask the child if s/he wants to start counselling. Ask him/her to formulate what goals s/he wants to achieve in terms of improving her/his present condition after being a child labourer. Identify how the child would like to overcome her/his negative experience or how s/he would like to deal with the apparent problems.

Step 7 Formulate a counselling plan together around these goals and assist the child to decide which, among the negative feelings and experiences, s/he wants to resolve first. What does s/he want to do to improve her/his present condition? Determine the social support system that can help her/him achieve these goals. Write these down and tell, or give the child the goals and plan. Set the date(s) when you will meet again for the next counselling session.

Step 8 The counselling interaction must focus to help the child understand and cope with inner feelings that have affected her/him emotionally and physically, and help to reintegrate the child after the situation of exploitation.

The parents could be invited to participate in some of these counselling sessions so that they can get an insight about how the child is affected by the child labour experience. During the sessions, evaluate changes in the child's behaviour and attitude towards life and towards people who have caused her/him emotional and physical discomfort.

Step 9 Terminating the counselling process: the child should initiate the need to

terminate the counselling relationship. Explain to the child and his/her parents that the sessions have reached to an end. It will be helpful to discuss the activities and discoveries that have helped improve the child's situation.

Inform the child that you are interested to know how s/he will do in the future. Thank the child for his/her co-operation in the counselling process. Tell the child that you will be available at any time if the need arises.

Counselling Children with Disabilities

A. Disabled children include those that are:

1. Hearing impaired
2. Visually impaired
3. Physically disabled
4. Mildly intellectually handicapped
5. Mildly multi-disabled

Note: The child must at least have the ability to engage in a counselling relationship to participate in this intervention.

B. Common Reactions, Symptoms, and Behavioural Manifestations

- 1) Severe depression due to inability to participate in children-activities, including school and play.
- 2) Rejection by the community, peers, and/or by their own family.
- 3) Isolation from community (remains at home most of the time).
- 4) Uneducated, unable to attend special education or even community based rehabilitation (CBR) activities.
- 5) Feelings of hopelessness, apathy, and feels ridiculed.

C. Steps in Counselling

- Step 1** Co-ordinate with government agencies and staffs of other NGOs that implement Community-Based-Rehabilitation (CBR) programmes in the community.
- Step 2** Create awareness amongst community members for the need to provide psychosocial intervention for this category of children. Conduct outreach programmes with the help of the community. Counselling can be helpful to express and deal with negative feelings, and helps children to find strategies to cope with everyday challenges. It enhances integration of these children in the society.
- Step 3** Visit these children. Introduce yourself to the family and the child. Explain the meaning of counselling and how this can assist the child to improve his/her present condition. The CBR staff in the community might help to facilitate your meetings with the children. Encourage children and their families to attend the counselling sessions.
- Step 4** If a child experiences psychosocial problems, when the child is ready to

participate in a counselling session visit him/her in the home setting. Introduce yourself, develop a trusting relationship, and show an eagerness to help the child. Remember that these children may be aloof because of extreme isolation and feelings of distrust.

- Step 5** If the child agrees to participate in counselling, arrange a meeting with the family so you can start the sessions. During the initial counselling visit, ask the child how s/he feels about his/her disabling condition. Observe manifestations of deeper feelings through non-verbal expressions. Make the child feel that something can be done about his/her psychosocial condition. Ask the child what s/he wants to do to change feelings of rejection, hopelessness, and depression. Develop a counselling plan based on the child's behaviour and feelings.
- Step 6** Develop the counselling plan with the child and his/her family. Focus the plan to help the child resolve inner feelings such as, rejection, humiliation, and hopelessness if these feelings are present. A treatment plan should focus to gradually integrate the child into the community.
- Step 7** Implement the plan together and include the family and the CBR staff whenever possible. Provide support to carry out the plan and use community resources available outside the home. Gradually introduce the child to the community and negotiate for his/her participation in school, play, and community activities.
- Step 8** Create awareness among community members about how these children can contribute to their families' and eventually to community affairs. Try to gain access to community activities and facilities that help to rehabilitate these children.
- Step 9** If the child resolves the major negative feelings about his/her disability, reintegrates, and is able to cope in the community you may terminate the counselling process.

Counselling for child victims of Sexual Abuse

Introduction

Sexual abuse is defined as any act with sexual intention or arousal in the abuser against the child. This is a traumatic experience for the child, which often results in severe behavioural and emotional problems (such as feeling depressed, fears,) as well as physical complaints (such as frequent stomach-aches) and learning difficulties. These symptoms can be short term as well as long term.

Note: see Indicators of Abuse and Suicidal Tendencies.

Counselling

The counselling process

A) General

- The counsellor should have previous experience with victims of sexual abuse.

- There should be no pressure of time; build a relationship based on trust.
 - If possible, observe the child's behaviour in the family setting.
 - Indirect techniques, such as drawing, play, or puppets can be very useful.
 - Make sure not go too far in the search for information. Let the child decide what s/he wants to say and when.
- B) Give sincere reflections of emotion and understanding of what the child expresses.
- C) It is essential to express that it is **never** the fault of the child.
- D) Be aware of the child's possible feelings of betrayal towards the abuser, the secondary traumatic effect of any treatment, fear for repercussions from the abuser, and feelings of guilt. Do not underestimate the child's loyalty towards the abuser (if the abuser is 'close' to the child).
- E) Tackle the problem/situation in small steps. These should be in order of difficulty for the child, keeping a clear goal in mind for the duration of the counselling process. To prevent a blockage from occurring, tell the child to use the term "event" or "secret".
- F) Anxiety levels in the child will be high, therefore deal with it first before working on the actual problem. The child might be, for example, excessively nervous about the counselling or about revealing what happened. In a situation such as this, you can use relaxation exercises, questions about other things (pleasant subjects), or attempt a diversion, such as talking about yourself a little.
- G) Work on the child's self-esteem, self-confidence, and social skills during the entire counselling process. This is vital in the process.
- H) Legal systems: the experience of testifying in court and even awaiting trial can cause serious psychological stress to many children. Unsympathetic behaviour in court by legal representatives has traumatised many child victims. This can be prevented by:
- Provision of continued emotional support, for example at the time of the verdict
 - Arranging a pre-trial meeting
 - Familiarising the child with the courtroom before the trial
 - Conducting the trial in closed-door sessions

The beginning

Make sure the child feels totally at ease to talk. Therefore, consider both the counselling atmosphere and the sex of the counsellor. Keep in mind that your feelings of sadness, powerlessness, or disgust should not be obviously expressed for it can contribute to the child's feelings of guilt. Your focus is on the child's emotions. Use counselling goals and a counselling plan.

Themes

- A) **Distance and approach.** The child's personal boundaries have been massively neglected. An important theme, therefore, might be the rediscovery of these boundaries. It will take time for the child to approach you in the conversation and even more time to talk about the 'event'. Let the child explore the personal distance and the approach. You are his/her test case.
- B) **Fear.** The abuser, who tells the child not to say anything to anyone, often threatens the child. The fact that the child confides in you may therefore result in fear, which you should acknowledge and eventually deal with. Remember, the child might also fear repetition of the abuse.
- C) **Guilt.** The child might experience feelings of guilt because (of):
- Talking to you and disclosing a secret.
 - The act of abuse has happened to her/him.
 - Feelings of betrayal, especially in case of incest.
 - S/he may feel the abuse was his/her fault.
- D) **Shame.** Feelings of shame about what s/he had to undergo or undertake are almost inevitable. As with other emotions the child should be allowed to ventilate these feelings. There might be feelings of shame because of:
- Feelings of arousal and/or enjoyment the victim may have experienced during the event.
 - The realisation that in case of incest, her/his parents are dysfunctional.
 - Feeling dirty and unworthy.
 - Feeling s/he caused the abuse.
- These feelings should be *acknowledged, explained* (e.g. that arousal and enjoyment are uncontrollable) and should be met with *reluctance* (e.g. that it is not her fault, and that it is the role of society and adults to protect their children). Overall, you and the child must have *patience*.
- E) **Anger.** Feelings of anger will often come much later in the process. This is a healthy reaction, which should be expressed and dealt with in counselling. Appropriate ways to express and manage anger are:
- Journal writing
 - Drawing
 - Painting
 - Letter writing
 - Relaxation techniques
 - Physical exercises
- F) **Loneliness.** The child might experience feelings of loss and subsequent feeling of loneliness especially when the abuser is someone from the child's close environment (e.g. parents). Moreover, the child has often dealt with the situation (secret) alone, and feels alienated/different from everyone. Initiate a focus on this feeling, for it is a 'lighter' subject and might therefore be a good entrance to the child's other, more difficult feelings.

- G) **Positive and negative feelings towards the perpetrator.** Children need help to sort out and ventilate feelings about the perpetrator and about their positive and negative feelings in both intra and extra-familial sexual abuse. An effective technique might be to ask the child to write his/her feelings down about the abuser.

For example: A father might be an abuser and the more nurturing parent. Letting the child believe that sex is the way love is expressed may have perpetuated this betrayal. The child will need to manage his/her anger. Help the child see the difference between physical contact and love. The task of the counsellor is to deal properly with these love-hate relationship feelings. **It must be clearly emphasised to the child that sex between an adult and a child is not an expression of love but a crime and therefore illegal.**

- H) **Positive and negative feelings towards the non-offending parent.** Dealing with feelings towards the non-offending party is equally important in cases of incest. Sometimes the victims are angrier at this parent than at the parent-perpetrator. Whether the non-offending parent (most often the mother) consciously knew about the sexual abuse or not, is not significant. The child blames her/him for not protecting her/him at the time of abuse, even if this parent was absent from home when the abuse took place.

The child's anger may be more intense when non-offending parent denies the sexual abuse committed by the other parent. It is usually harder to express anger towards the non-offending parent if the child is still living with her/him. Children may fear retaliation and further rejection. In these cases, the child should be temporarily separated from that parent until these negative feelings are resolved either through:

- Person to person meetings with parent and child to resolve this problem/feeling.
- Writing to the parent regarding feelings of anger towards her/him.

- I) **Relationship with peers.** Feelings of shame are critical in cases of child sexual abuse. The relationship with peers, which is most important to a growing child, particularly an adolescent, needs to be maintained even after disclosure. The social worker, with the child's approval, can help encourage this through:
- Meeting friends personally in school and in the community to encourage them to continue to support the child. Stressing that incest was not the child's fault.
 - Talking to parents/teachers of the child to encourage them to allow the child's peers to visit her/him in the centre to maintain proper peer relationships.
 - Writing letters to friends.
 - Meeting new peers in the centre and living in a healthy group situation.

J) Self-esteem

An element used in counselling is enforcing the child's self-esteem. Children who are sexually abused often have low self-esteem. The following are some suggestions that can increase children's positive feelings about themselves (McNamara & McNamara, 1993):

- Praise them for all their appropriate or positive behaviour.
- Criticise as little as possible.
- Do not compare their behaviour with that of others.
- Find activities that they excel in and create the opportunity for the child to conduct these, or activities with a success factor.
- Keep expectations realistic.
- Reinforce effort not just task completion.
- Break tasks into small manageable components.

Treatment intervention

Treatment can be provided through individual, group, and family counselling as well as through the creation of support groups among parents/guardians in the community.

The intervention involves a lengthy emotional process that aims to enhance the child's social functions to improve her/his quality of life. In addition to the topics described above this involves:

- a) Strengthening the ego to help improve self-image.
- b) Learning to trust others.
- c) Beginning to feel secure again.
- d) Restoring social relationships.
- e) Removing ultimate internalisation of shame, guilt, and responsibility for victimisation.
- f) Separating fear from anger.

Long-term consequences of child sexual abuse

- A) Particularly common are vulnerability to a variety of interpersonal and intrapersonal problems/feelings such as low self-esteem and inadequacy. There are feelings of a chronic sense of guilt and episodic depression.
- B) Extreme isolation — feelings of emotional detachment reflect a sense of being different from others and fears that their "real" or "bad" self will be discovered by others. This isolation reflects feelings of worthlessness and inadequacy.
- C) Inability to engage in meaningful interpersonal relationships — distrust of others is very common because of feelings of being "victimised" and having no one that protects him/her.
- D) Sexual dysfunction — problems that range from inability to function sexually at all to promiscuity, prostitution, and masochistic behaviour. Common reactions include inability to have healthy sexual relations.
- E) Severe psychological problems.

Trafficking

Introduction

Trafficking is taking someone from one place to another against his/her desire using force, threatening the person, or making false promises. Often, it involves being 'sold' into bonded labour or prostitution.

Trafficking, in the latter form involves sexual abuse; particularly girls are sent to (mainly) Indian brothels and this problem has emerged as a major social, cultural, economic, and human rights problem in Nepal.

Factors responsible for trafficking include ethno-cultural factors, lack of political commitment from governments, socio-economic reasons, operation of brothels in India, and the open border between India and Nepal (Based on Rajbhandari and Rajbhandari, 1997).

Rehabilitation of survivors of trafficking

In general, prostitution is a social evil in Nepalese society. This is one of the reasons why children sometimes do not wish to return home once they are sexually abused. It is essential therefore, that the counsellor tries to convince the child, and if necessary the community, of the fact that it is never the child's fault.

The child should be treated with warmth, understanding, and acceptance. The basic elements of a rehabilitation programme include the following:

- A) *Basic support*: This consists of housing, food, clothing, as well as social security.
- B) *Active/empowerment*: Victims of trafficking should be actively trying to understand their internal potential for integration in society and they should be empowered to fulfil their potential in practice. Non-formal education is an essential component for this element.
- C) *Medical support*: Most survivors of trafficking have sexually transmitted diseases as well as problems related to health and nutrition, which should be treated.
- D) *Counselling*: Trafficking can have disastrous psychological effects on a child. S/he might lack basic trust in life, and may have lost any sense of safety, self-worth, and experiences deep feelings of anger, hate, shame, and/or fear.

Proper counselling is therefore essential for the rehabilitation of children so that they can revive their self-esteem and motivate themselves to trust in their latent potential.

- E) *Training*: A child that has been trafficked should be provided with training for specific skills or income generation opportunities and other training (such as social skill training), necessary for re-integration into the community.

Counselling for child victims of disaster/trauma

Note : specific target groups discussed in previous paragraphs can also be considered as victims of disaster/trauma. Suggestions described below are also relevant for the groups discussed previously.

Note 2: Trauma treatment is a highly specialised intervention. The information below however, should be included within the counselling process rather than viewed as a treatment on its own.

Introduction

Trauma is an inescapable, and often unexpected, stressful event and overwhelms people's coping mechanisms. Even though this partially overlaps with previous sections, it stresses counselling for children who:

- are exposed to natural disasters.
- are exposed to war.
- had to resettle or repatriate (change of culture).
- had to experience loss/abandonment and/or separation.

During stressful events, a child engages in 'fight' or 'flight' responses. During a traumatising event, however, it is impossible to resolve or escape the situation because of a lost sense of power. Trauma denies children their innocence and ability to trust; they cease to believe in a future, and lose their childhood identity.

Traumatic recovery

Traumatic recovery involves:

- a) Re-establishing and having the ability to create safety.
- b) Making meaning of that which is beyond comprehension.
- c) Re-establishing coping mechanisms by adapting behaviour or meaning.

Signs and symptoms

A traumatic event affects thoughts, feelings, behaviour, and autonomic functioning. Children in these circumstances are often:

- aggressive, violent, or rebellious (e.g. substance use in adolescents),
- apathetic,
- submissive,
- dominating,
- moody,
- hysterical or panicked,

In addition, children under these circumstances have:

- unexpected reactions to trauma-associated events/situations
- medically unexplained somatic complaints

Counselling

1) Ground Rules

Do not...

- Give false promises.
- Make judgements on the child's situation or motivation.

- Put the child down.
- Interrupt the child; listen carefully, and do not put the child through an inquisition.
- Emotionally withdraw from the child.
- Give up your role as an adult.

2) Introduction and information

Start by introducing yourself and providing the child with information. This includes normalising his/her symptoms as a typical reaction to traumatic events.

3) Safety

First, provide the child with safety. Any other healing or recovery is based on a basic sense of safety. Working on safety includes the following:

- A. Help the child recognise personal strengths that will create an inward sense of safety.
- B. Help the child to re-establish a healthy body.
- C. Help the child build personal networks of people with whom s/he can feel safe, express feelings, and tell her/his story.
- D. Provide the child with a feeling of personal safety and structure at home or in her/his living environment.
- E. Have appropriately trained staff that can also provide a sense of safety for the children.
- F. Provide the child with living conditions in a community where her/his gender or ethnic background is not a source of increased danger or stress.

4) Providing a healthy and restoring environment

Following a crisis, rest, food, support, and physical safety are important. A child will need private space and a choice about participating in activities in order to restore a sense of personal control. Furthermore, the environment should have few distractions (e.g. quiet, simple, only a few people around, and few reminders).

5) Expression and exploration of the event

- **Fact phase:** first ask the child what s/he saw, heard, and did. This provides a narrative report of the event.
- **Feeling phase:** the expression of emotions often comes later, when they are asked how they felt during the event or during the retelling of the event. Drawings, stories, or songs, etc, might be helpful in this phase.
- **Meaning phase:** ask the child how s/he is making sense of the event. Make sure that you do not immediately try to reduce misperceptions or confusions; wait for some time.

6) Reprocessing the trauma

At this stage, feelings of guilt, denial, fear, loss of hope, and sense of future emerge. It is therefore important to clarify that the child is not responsible or bad because of whatever happened. At this stage, the child should be ready to look at the traumatic event from different points of view and emotions or themes that come up should be explicitly dealt with.

The child may therefore need assistance to change:

- Basic beliefs about the world (e.g. “people only get hurt if they deserve it”).
- Attribution of responsibility and personal control (e.g. “I am helpless”).
- Attitudes towards various people, places, or events (e.g. “when there is change or uncertainty, there is danger”).

7) Developing skills for the future

The child will be ready to re-establish a normal path to development after her/his fears have been explored, faults dispelled, and information has been provided and new meaning created. This means that s/he should be encouraged to take up ‘normal’ life again, whilst still undergoing counselling sessions.

Stress-management and communication skills are essential to accomplish this. For example, the child should encourage her/himself by saying “I **am** capable of doing this” in difficult situations. This approach is known as cognitive restructuring.

Other strategies to solve problems include clarifying goals and problems, options and alternatives, identifying small achievable steps, etc. The child should be encouraged to clearly express her/his needs/wants. Finally, a social network (including friends) is essential for the child’s future development. The counsellor can facilitate this process, for example, by organising a few group activities and re-integrating the child back into school (Based on Plummer, 1997).

Counselling in cases of suicidal tendencies

Suicidal behaviour can be defined as thoughts or actions that purposefully aim for one’s own death or self-mutilation. Even though young children have not yet captured the concept of ending life, they might commit suicide to temporarily escape a difficult situation. On the contrary, adolescents often consciously choose to end their life to escape feelings of hopelessness (Kindertelefoon Nederland, 1993).

The following are factors that can influence/cause suicidal behaviour.

- Broken homes or problems in relationship with parents.
- Neglect/abuse.
- Psychiatric disorder or suicide in close family.
- Psychiatric disorder in the child (e.g. depression, aggressive behaviour, disorder).
- Alcohol and drug abuse.
- Problems in relationships with peers.
- Previous attempts at suicide.

Suicidal children suffer from severe psychological dysfunctions; essentially, they are crying for help. The steps for counselling are the same as those described previously in **Counselling Children with Disabilities, Steps in counselling**. Specific attention should be given to the following:

Recognising

The first step is of course recognising that the child has suicidal tendencies, which s/he might or might not clearly indicate. In case you suspect suicidal tendencies, ask questions that clarify the child's situation.

Note: See Signs and symptoms from the section Counselling for child victims of Disaster/Trauma.

Accepting

Naturally, the biggest problem in conversations about suicide is accepting the wish of the child. However, if you solely focus on solutions or ways out, it can mean that you are viewing the situation from your own point of view and could possibly risk sounding like a person that does not understand the child at all.

Accepting, on the other hand, gives the child a feeling of support (which is often lacking) and of being taken seriously. Accepting does not mean encouraging, but rather listening and acknowledging his/her feelings and wishes. This has potential to break the social isolation and helps the child confront him/her-self.

What to do?

If you have the idea that the child is contemplating suicide, these are some steps to keep in mind:

- Identify whether the child has previously attempted suicide.
- Take the child seriously at all times and show your sincere concern.
- Let the child express his/her feelings, however depressed s/he may be. You should ask the child how s/he is thinking of committing suicide, what her/his plan is. Once again, this gives the child the feeling of being taken seriously. Talking about it will not increase the risk, for s/he has apparently thought it over already. Generally, the more precise the plans are the greater the risk for actual suicide.
- Ask the child the reason for this dramatic action. The answer will give you more insights into his/her motivation, which you can in turn use to suggest less dramatic ways to change the particular situation.
- Try to find out what event (often quite recent) has triggered the child's suicidal tendencies, which will show you his/her perspective on the problem. This will provide a focus for you, as the counsellor.
- Stay calm during the conversation.
- Make a plan: who can the child contact if s/he feels suicidal? Make a list of at least three contacts.
- Referral to a psychologist or psychiatrist might be necessary if there is a risk of actual suicide. However, this should be discussed with the child.

The counsellor's role in the conversation

The sessions may evoke many feelings within you as a counsellor, such as anger and feelings of being manipulated. Often, a counsellor feels responsible for what might happen. These feelings should be avoided for it might damage/affect your role as a counsellor, and in turn damage the child. These feelings may also occur if you allow yourself to be drawn into the mood of the child. This can happen because you respect and understand the child.

However, this does not help the child. On the contrary, the child might require a certain degree of strict behaviour from the counsellor, which provides him/her a point of support. Therefore, you should clarify that the child is responsible for his/her own life.

Possible traps

- Do not underestimate the severity of the child's feelings.
- Be aware of only trying to convince the child not to commit suicide.
- Do not judge the child's intentions.
- Avoid making the child feel guilty by talking about the consequences of suicide for his/her family, etc.
- Do not think that the child is saying things just to manipulate you.

Annex 3

Appendixes

Table of contents:

- **Names of Participants of Workshop on Developing Counselling Material.**
- **Things to remember about teen-agers**
- **Counselling in Short**
- **Indicators for Abuse and Suicidal tendencies**

List of Participants of a Workshop on developing Counselling Materials

Name of the Participants	Name of Organisation/Address
Ms. Laxmi Thapa	Nepalgunj Municipality Urban Basic Services
Mr. Dilly Prasad Sharma	CHILDREN – Nepal
Mr. Om Raj Poudel	Pokhara Sub-Metropolitan City (PSMC)
Mr. Bill Man Shakya	Child Welfare Society (CWS)
Mr. Nirmal Nepali	Social Awareness for Education (SAFE)
Mr. Bharat Narayan Pradhan	National society for Protection of Environment and Children (NASPEC)
Mr. Khila Nath Niraula	Forum for Human Rights and Environment (FORHEN)
Mr. Indra Dahal	Children's Contact Centre (CCC)
Ms. Dipa Regmi	Nepal Rugmark Foundation (NRF)
Mr. Prakash Kafle	Rural Reconstruction Nepal (RRN)
Ms. Sabitri Lama	Under Privileged Children Association (UPCA)
Ms. Nilipha Subba	C/o UPCA, Urban Out of School Children's Programme (UOSP)
Mr. Dolendra Bhattarai	C/o UPCA, Urban Out of School Children's Programme (UOSP)
Mr. Mark Jordans	CWIN
Mr. Nara Prasad Limbu	Under Privileged Children Association (UPCA)
Mr. Surendra Neupane	Special Education Section, Ministry of Education
Mr. Toya Gautam	Regional Media Resource Centre, Nepal Press Institute
Name of the Resource Persons/ Facilitators	Name of Organisation/ Address
Ms. Asuncion (Sonia) S. Cueto	CHILDHOPE ASIA
Ms. Shakuntala Subba	Under Privileged Children Association (UPCA)
Mr. Chandrika Khatiwada	INHURED International
Mr. Ram Chandra Paudel	CHILDREN – Nepal
Name of the Persons involved in logistics and management support	Name of Organisation
Ms. Harsha Devi Tamang	Under Privileged Children Association (UPCA)
Mr. Jitu Lama	Biratnagar
Name of the UNICEF Officials	Name of Organisation
Ms. Caroline Bakker	UNICEF
Mr. Datta Tray Roy	UNICEF
Ms. Bimala Manadhar	UNICEF
Ms. Sunita Kayastha	UNICEF
Mr. Bhanu Pathak	UNICEF
Mr. Surendra Singh Rana	UNICEF

Things to remember when dealing with teen-agers

- Expect outrageous behaviour.
- Be an active listener.
- Make it clear that it is your job to set reasonable limits.
- Tell them it is OK to have secrets.
- Be a good role model for them.
- State your expectations.
- Avoid nagging.
- Do not worry if they sometimes become withdrawn — it is normal behaviour.
- Be understanding — teenage years are those of transformation.
- Sometimes you need to treat them like adults but still expect them to behave like a child.
- Before you fight a battle with them, make sure it is worth it.
- Relationships with teenagers are always about giving and taking, so do not be afraid to compromise.

Counselling in Brief

The field of psychosocial counselling is quite elaborate. Counselling described here, is mainly based on *Client Centred Counselling*.

Definition

Counselling enables a child to express emotions, worries, thoughts, fears, etc, and aims to restore feelings of dignity and self-esteem. You can assist a child to find solutions (coping strategies/problem-solving skills) through listening, giving empathy, and being supportive and understanding.

Main Elements

- The child is often capable of **finding a solution him/herself**. The counsellor only assists and therefore advice is rarely given. This means that you, as the counsellor should encourage the child to feel independent and responsible, in a warm and supportive environment.
- Have a **positive approach**; focus on what the child does well/give approval.
- Focus on **feelings**, both overt and hidden, for behaviour is often an overt manifestation of feelings.
- Provide **empathy**; this is the ability to enter the perceptual world of the other person, to see the world as they see it.
- **Congruence** is essential, meaning that counsellors should be completely and fully themselves, and as emotionally balanced as possible (*O'Leary, 1996*).
- Convey warmth, openness, and genuineness.
- Have an unconditional positive regard (complete acceptance) of the person; show respect.

Main skills

- **Active Listening** — Non-verbal communication
(e.g. humming in acknowledgement) seated position, etc)
Reflecting feelings
Paraphrasing
Repeating key words (the clients' words)
Resuming
- **Questioning** — open and closed questions.
- **Observing the child** in the counselling sessions and in his/her environment. Observe and recognise the child's initiatives for interaction.
- **Giving attention** to every idea/thought/feeling of the child.
- **Being supportive and understanding** from the child's perspective instead of your own.
- **Structuring the problem**, the conversation, and/or the situation.

Counselling Process

Before actual counselling takes place, two steps are necessary:

- **identification** of a child in need of help and
- **assessment**.

Counselling goes through several stages.

- *The Rapport Building phase:* This includes (mainly through interviews):
 - ◆ **setting the atmosphere,**
 - ◆ **getting at the problem, and**
 - ◆ **understanding the problem** or situation.
- *The Counselling Contract phase:* After acquiring **awareness** about the situation, you and the child enter a process where the "rules" have to be clear. This means coming up with:
 - ◆ **objectives and/or goals** and consequently
 - ◆ the **steps** to reach these to thus **resolve** the situation.

These are the guidelines for the intervention process.

- *The Implementation phase:* Undertake counselling sessions with goals that provide focus in the sessions and help with decisions. Assess goals through talking or drawing, using activities such as writing a diary, play, exercises, etc. This will help the child to express feelings and thoughts. In this phase, deal with **underlying causes** of the problem/situation not just with superficial, overt behaviour. Rather than just focussing on aggressive behaviour, identify the reasons behind the behaviour. The aim of this phase is to find strategies the child can implement that will improve the current situation of distress.

Indicators for Abuse and Suicidal tendencies

Symptoms of (sexual) abuse:

Young children:

- Failure to thrive/grow
- Tiredness and passiveness
- Neglected physical appearance
- Frequently cries
- Malnutrition
- Slow motor development
- Hardly laughs
- Is defensive and/or stiff when in physical contact

Older children

- Slow cognitive development, especially language/speech
- Contact-disorder in different forms
- Hyper-alertness
- Difficulty to play
- Chaotic behaviour
- Concentration and/or learning difficulties (difficulty in school, home, etc)
- Aggressive behaviour or socially unacceptable behaviour
- Pseudo grown-up behaviour
- Nervousness and fearful attitude.

Daily signs that might indicate physical and emotional abuse:

- The child tells you his/her story directly
- Unclear or inconsistent story of something that happened
- A story in which brother/sister has caused the wound or physical discomfort
- Withdrawal
- Impaired capacity to enjoy life
- A long interval between moment of abuse and the initiation of help if others (not the parents) take the child for medical help
- The locality and type of wound, scars, or physical discomfort

Daily signs that might indicate sexual abuse:

- Strongly sexualised play or use of words
- Obsessive masturbating
- Compulsive behaviour
- Premature sexual interests or activities
- Leaving home
- Suicidal tendencies or self-mutilation
- Prostitution at an early age

Signs that might indicate a child with suicidal tendencies:

- Spontaneously experiences the wish to die or escape this life.
- Increased dysphoria, tantrums, depressive symptoms; experiences of hopelessness, helplessness, and vulnerability.
- Low self-esteem.
- Is often involved in 'small accidents'. Uses expressions such as, '*I can't take it any more*', or '*I wish I was dead*' or, '*I want to fall asleep and never wake-up*'.
- Withdrawal from the control of family members or peers.
- Experiences rejection or loss of a loved one or important person.
- Severe failure and therefore deteriorated policy of self-worth.
- Using potentially life-threatening substances.
- Abuse of social support.
- Illogical and chaotic speech.

References

- Arellano-Carandang, L. 1996. *Listen to their inner voices. Street children speak, through their drawings and metaphors.* UNICEF, Manila.
- Banaag, C. G. 1997. *Resiliency: Stories found in Philippine streets.* Philippines.
- Bayne, R., Horton, I., Merry, T. & Noyes, E. 1994. *The counsellor's Handbook. A practical A-Z guide to professional and clinical practice.* Chapman & Hall, London.
- Burnard, P. 1995. *Counselling Skills for Health Professionals. Second Edition.* Chapman & Hall, London.
- Child Hope Asia. *Reading Materials on Psychosocial Intervention for Street Children.* Manila, Philippines.
- Egan, G. 1994. *The Skilled Helper. A Problem Management Approach to Helping (Fifth Edition).* Brooks/Cole, California.
- Ivey, A.E., Ivey, M.B. 1998. *Intentional Interviewing and Counselling. 4th Edition.* Brooks/Cole.
- Jong, T. V. M., Clarke, L. (Eds.) 1993. *Mental Health of Refugees (Prepublication Version).* World Health Organisation, Geneva.
- Jordans, M. J. D. 2000. *A Guide for Psychosocial Interventions of Children in CWIN Counselling centre and CVICT Manchari Clinic.* Child Workers in Nepal, Kathmandu.
- Jordans, M.J.D. 2001. *Internship on psychosocial counseling for Children.* Centre for Victims of Torture (CVICT), Kathmandu.
- Jordans, M.J.D. 2002. *Psychosocial Counselling for Children Affected by Armed Conflict. A focused training manual. Pre-publication version.* Save the Children Norway, Nepal.
- Kindertelefoon Nederland. 1993. *Handboek gespreksmodellen voor telefonische hulpverlening.* Amersfoort.
- Lee-Mendoza, T. 1999. *Social Work with Groups.* Megabooks Company, Phillipines.
- Marazigen, R.R. 1997. *Social Work: Interviewing Children in Especially Difficult Circumstances.* Academic Publishing Corporation.
- McNamara, B.E. & McNamara, F.J. 1993. *Keys to Parenting a Child with Attention Deficit Disorder.* Barron, New York.
- Nelson-Jones, R. 1993. *Practical Counselling and Helping Skills (Third Version).* Cassel Education Limited, London.
- O'Leary, E. 1996. *Counselling Older Adults. Perspectives, Approaches and Research.* Chapman and Hall, London.
- Plummer, S. 1997. *Trauma and Children: Fostering Healing and Supporting Recovery. A manual for those who work with children who have experienced trauma.* Word Vision CEDC Workshop 1997.
- Rajbhandari & Rajbhandari. 1997. *Girl Trafficking: Hidden Grief of Himalayas.* WOREC.
- Turner. 1993. *From risk to resilience.*
- Transcultural Psychosocial Organisation (Tibetan Mental Health Project). 2001. *Mental Health Care for Community Health Workers.* Department of Health, CTA, Dharamsala.
- UNICEF Phillipines. *Reading Materials on Street Children.*

- UNICEF, AusAID, National Project on Street Children. 1997. *Basic Training on Psychosocial Interventions for Street Children Service Providers. A trainer's Manual.* UNICEF Philippines.
- Van Ommeren M, Sharma B, Prasain D, Poudyal BN. In press. *Addressing human rights violations: a public mental health perspective on helping torture survivors in Nepal. Trauma and War: A public mental health approach.* de Jong, JVTM (Ed). New York, Plenum.
- Verhulst, F.C. 1997. *Inleiding in de Kinder- en Jeugdpsychiatrie.* Van Gorcum.
- Verheij, F. & Verhulst, F.C. (red.) 1996. *Kinder- en Jeugd Psychiatrie, Behandeling en Begeleiding.* Van Gorcum.

