

PUPPET INTERVIEW PROGRAM

'Recognition lays the cornerstone for a better life'



A Handbook and Manual for the Puppet Interview Methodology
with a systemic-contextual approach

A UNIQUE COUNSELLING INTERVIEW TECHNIQUE ON PSYCHO SOCIAL SUPPORT
FOR PRACTITIONERS WHO WORK WITH VULNERABLE CHILDREN AND THEIR
FAMILIES

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Preface

This handbook is developed to equip practitioners with the relevant knowledge around a systemic-contextual approach geared towards ensuring that the ultimate goal of guiding the child, his family and involving the relevant systems around the child on psycho social issues with an effective treatment plan that is not only stipulated but also actualized.

The use of the methodology incorporates a child friendly tool with no language restriction, puppets who represent human beings, as a counselling technique that helps the child (From 6 up till age 18) to loosen up very fast by picturing the problems that have been affecting him and unveiling the inherent and underlying potentials.

It strives to enable the child have a wide range and understanding of the available systems around his existence which give him the insight that his problems are related and affected by other systems.

The practitioner gets to understand the interactional patterns within the family to enable him come up with relevant interventions, which are more solution-focused as opposed to problem focused.

The techniques and tools will give the practitioner the guidelines of how to find the resources that empower the child, the family on their internal and external resources that address the underlying issues.

Further to this it enables the practitioner to guide the child back into the community using the necessary key steps for a successful reintegration.

Practitioners who work with complex multi-problematic families, can benefit from this counselling interviewing technique as an add on to their toolkit.

Acknowledgements

After years of transferring the PIP methodology verbally, it was time to write our own handbook and manual. Inspired by the confidence and faith of the PIP team we decided to write this book which thereby enabling facilitators to transfer the methodology and upgrade the expertise of their colleagues.

It has been a big adventure with many ups and downs. At the same time it was a wonderful experience to come up with this unique document which will hopefully inspire many practitioners who work with vulnerable children and their families as an add on counselling skill to their workload.

I would like to express my deepest appreciation to Mark Buyu Luta, consultant, facilitator, trainer and sounding board who has been my greatest source of strength and encouragement. He has the capabilities and skills to put the manuscript into fluent and comprehensible English. His drive, passion, belief and positive criticism challenged me, made me reflect over and over again and kept me sharp, thus enabling me to stay on the right track while we worked together.

A good sense of humour and our resilience made it possible to overcome all kind of hurdles.

And I would like to thank all the members of my team.

My very deep appreciation goes to Sarah Vijzelman, trainer and supervisor. We have been working together for so many years, sharing the same passion and mission to enable PIP to grow. With her positive attitude, energy, loyalty, and expertise, we were able to develop the PIP methodology from a new born baby into a full grown, mature individual which can now stand on its own. Her practical, creative contribution together with her expertise and her personal experience of being a part of the Kenyan community has made the handbook complete.

I am very grateful for the fruitful comments and valuable inputs from George Owiti and Jacinta Othoo, (both experienced counsellors and trainers). The contributions derived from their own work experience, has helped to make the handbook more realistic, concrete and made it clear on which improvements needed to be made for the methodology more workable for the practitioners.

Finally, I want to thank my caring husband for his unconditional support and trust to make my dream come true. He believes strongly that all the work and time that I have put into the Foundation and this handbook will result in a better life for the vulnerable children and their families and will enable them to have a better future.

While working on the handbook and the manual my resilience was tested time and again, as we faced quite a few challenges. But many supportive personal relationships enabled me to persevere through the strain and the pain.

Charlotte Kolff, family therapist, Warmond /Kisumu, December 2018

Reviews

Street-connected organization

In our Institution, Kisumu Children's, Remand Home which deals with reintegration, we have had a wonderful experience with the PIP methodology during the two piloting phases. During the counselling phase, the social workers were able to understand the child's underlying issues faster when compared to other counselling methods. They also reported fewer sessions and the children were able to relate with the tool (puppets) since they could easily pick a puppet and relate the same to the parents or even caregivers. With puppets, the children can tell their stories because they see the family in the puppets and the social workers were able to come up with interventions, resulting into constructive changes.

The tool, as a new way of counselling brings adequate behaviour change and better family cohesiveness. The Remand home never experienced child relapses as before.

Based on the outcome, which is evidence-based, I wish to recommend PIP methodology to government institutions and charitable children institutions, who opt for reintegration and more so, at this time when the government, organizations and world multi-organizations are going for alternative care as the way to help children. It would be advisable to embrace this methodology, to enable counsellors and social workers to be more efficient and effective in re-uniting children back into the community.

Keya Odhiambo Mark

(Manager Kisumu Children's Remand Home).

Rescue center Children's Home

As the manager of my institution, which main focus is on reintegration, I would warmly recommend the PIP methodology to the practitioners who work in the institutions, organizations with the vulnerable children and their families. It has been encouraging to have experienced that telling the true story from a multi-perspective view the practitioner can explore with the child ways to find solutions for the presenting problems during the whole counselling procedure.

It ensures that the practitioner upholds the very fundamental attributes geared towards guiding the child in the most effective and efficient manner always revolving around what is in the 'best interest of the child'.

Frances Jaoko

(Manager of Children's, Home Mama Ngina)

Schools

Learners today walk into school with a myriad of problems and issues in their minds that affect their behaviour, lives and performances.

Teachers are briefly taken through guidance and counselling tips during teacher training but still grapple to understand these learners and their behaviour or how to assist and handle them.

Teachers had difficulty in making learners open up and explain what they were going through, and why they behaved in a particular manner.

Little impact is being seen from the guidance and counselling teams set up in schools, and as a result many learners with various issues either drop out or do not attain their potential due to the issues affecting them.

When the PIP methodology was introduced in a few of our schools, teachers were trained on how to use puppets to help for guidance and counselling. This allowed learners to identify with what they go through at home.

Teachers were trained to understand without words what learners went through and could therefore help them to help themselves. Through the puppets, learners were led to have self-worth and feel loved and to let out feelings harbored within.

Reports from teachers showed that behavioral problems from learners greatly reduced and learners gained higher levels of self-worth, absenteeism reduced and learners felt more commitment to school. A higher level of academic attainment was seen and there was a general sense of connectedness with home and school.

This guidance and counselling training should definitely be infused in our current curriculum for the betterment of our general performance and enrichment of the lives of children.

Mrs. Hawala, (Curriculum Supporter Officer, Supervisor).Ministry of Education

List of Acronyms and Synonyms

Client	Children from 6 to 18 years old
Circular questioning	Indirect questions with the aim of gathering information about the dynamics in relationships.
Community	A group of people from the same descendants: In this context: child protection committee; village/religious leaders/; school/; church/; neighbours/ peers and friends.
Coping mechanisms	These are behaviour patterns that a child adopts in order to overcome different situations.
Facilitator	Trainer.
F.G.D.	Family Group Discussion.
Gatekeeping	A systematic set of procedures that encompass the mechanisms of assessment and, individual case planning and management, so that all those involved in the care of children can make well informed decisions and individualised choices in the best interest of each child. (*References)
Gender	Interchangeable (He/she; his/her)
Genogram	A graphic representation of a family tree, which maps out current and former members and their relationships.
Holistic	Integral/Systemic/Contextual and intergenerational approach.
Intergeneration	Three generations.
Intervision	A platform where practitioners exchange their work experiences which will contribute towards new insights in complex cases from different perspectives.
Intervention	A situation in which someone becomes involved in a particular issue, problem in order to influence what happens.
Multi-perspective	To look at an object, or subject, or issue from different angles.
Participant	Trainee
P.I.P.	Puppet Interview Program.
Puppets	Small plastic dolls representing human beings: children, adults, and elderly people.
Practitioner	Counsellor, social worker, teacher.
Push and Pull factors	Push and Pull are interchangeable factors that either draw the child home or chase him from home.
Rescue center	A designated place meant to provide safe custody, care and protection to vulnerable children and deliver them from danger.
Resources	Internal: potentials such as: Competences, Talents, Capabilities of an individual to cope. External: a supportive network like family members and the community.
Reintegration	The process that a separated child makes towards a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.
Reframing	Relabeling/rephrasing.
Solution-Focused Approach	A future-focused, goal-oriented approach.
Systemic-Contextual Approach	Looking at systems related to the child's environment
Systems	Smaller subsystems forming the system as a whole nuclear family; extended family and the community.

Street child	Child <18 years old living and or working in the streets.
Street-connected organization	Organizations offering their services to vulnerable children such as street children.
Stakeholder	Any engaged party related to the child/family
Supervision	To reflect on the practitioner's attitude to help improve the quality of his/her work.
Trigger	Personal pressure point.

History of the PIP program

The Foundation P.I.P (Puppet Interview Program) was founded in 2011 in Kisumu, Kenya to fill the gap for the practitioner by providing the PIP methodology focused on the well-being of the child and its family at large.

The founder, who has had a family counselling career that spanned thirty years in the Netherlands came to Kenya and volunteered her services with a street-connected children's organization based in Kisumu. Her observations during this period made it clear to her that most street-connected organizations only provide the child with basic needs, like food, medical care, informal schooling and basic counselling. She further realized that most of these children have undergone traumatic life experiences that makes them run from home and end up in the streets. Once on the streets, these children frequently have to fend for themselves in an unsafe and often criminally charged environment, which leaves them with even more emotional scars.

The main goal of the street-connected organizations is to reintegrate the child back into the community reunited with their family.

However, many of the practitioners are faced with challenges of children's relapse back into the streets as a result of unresolved issues at home.

Upon deeper exploration in conversations with the practitioners, it became evident that an essential part of the psycho-social guidance of the child, family and its immediate community was lacking.

In the African context, the individual is subordinate to the larger community. It is therefore essential to see the child in the context of the family and the community at large. From her former experience while working with families in different settings, and post conflict areas, she used a unique visually, (puppets) child friendly, and playful tool- with no language restriction- as a counselling technique. This helps the child to open up, tell its true life story, and to see his complex family situation from a broader perspective.

The methodology that has been developed for practitioners is not culturally sensitive and as such forms the basis of addressing the psycho-social needs of those that are affected. It is not only meant to act as a curative method but also as a preventive intervention to lower the rate of school dropouts.

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1 Introduction

This handbook and manual is meant for experienced practitioners and, in particular, for those who have been trained in the PIP methodology.

The methodology teaches the practitioner a counselling interviewing technique with the child as the center point to help the child see the problems from a multi-perspective view with a unique supportive tool (Puppets). This nonverbal child friendly tool that represents human beings, makes it easy for the client to open up by identifying his own family and the involved systems around him.

The systemic way of counselling and engaging the child is indirect, non-confrontational and nonjudgmental which helps the child to tell the true story. The aim is to explore the problems, conflicts, coping mechanisms, resources, the dynamics in the relationships, communication patterns and how life-events have affected all the involved systems.

With a better understanding and insight, it enables the practitioner to develop the treatment guidelines for further counselling and care for the child, the family, the community and for reintegration.

By using a solution-focused approach the practitioner will guide, empower, strengthen not only the child towards finding solutions for his problems, but also all the affected systems that the child is related to.

1.1 Purpose of this Handbook and Manual

This handbook and manual are meant for facilitators experienced in working with vulnerable children, their families and the community to enlarge their knowledge on counselling skills for the child and the family.

The desired outcome of the training for the practitioner is to internalize the PIP methodology.

This can be achieved by the practitioner practicing the methodology within an organization, institute or school by providing regular and frequent possibilities for supportive team discussion, supervision and intervision. (Appendix K)

1.2 How to use this Handbook and Manual

The handbook and manual are divided in two parts.

The first part, handbook, contains the theoretical aspects and concepts of the PIP methodology as the fundamental framework for the counselling procedure for the child and the family.

The first 13 Chapters target rescues centers, street-connected organizations and schools.

Chapter 14 is mainly written for street-connected organizations that reintegrate children back into the community.

Two case studies are added to illustrate the concepts, the implementation of the tools and techniques of the methodology.

The second part, manual, is designed for facilitators to train their practitioners and colleagues on the practical aspects of the PIP methodology.

2 Target groups

- Rescue centres and street-connected organizations that counsel and reintegrate children back into the community.
- Institutions that counsel children within the community.
- Schools that address underlying problems to help maintain the child in school.

3 Child Protection

Child protection is a process of protecting individual children who have been identified as either suffering or, likely, having been significantly harmed as a result of violence, exploitation, abuse or neglect.

For the practitioners it is important to champion children's rights, by promoting and protecting child welfare, both locally and internationally as enshrined in the United Nations Convention on the Right of the Child.

It is required that the practitioner becomes very conversant with the child protection guiding policies, so that he is able to identify/recognize different types of child abuse and be in a position to address them within their various institutions. It is also mandatory for both employees and institutions to sign child protection policy form, as a proof of commitment to the child protection policy.

3.1 Types of abuse

Abuse refers to an act of commission or omission, which results in harm to the child.

Types of abuse: There are four categories of abuse, namely physical abuse, sexual abuse, emotional abuse and neglect. Other abuses may include child labor, child trafficking and many other abuses. (Appendix B)

3.2 What to do

All institutions and organizations should have a policy describing the steps that need to be taken, when there are signs of child abuse/ neglect.

3.3 How to minimize risk

All institutions and organizations should follow the principles of child protection in their policy.

Every practitioner should have a certificate of 'good conduct' issued by the police.

Every practitioner should sign a form that they will follow the principles.

Every practitioner should be able to recognize and be sensitive to any form of abuse.

The PIP Methodology

4 Conditions

4.1 Attitude of the practitioner

In order to help a client, it is very important that the practitioner is familiar with basic counselling skills which will enable him to guide the client.

To become a PIP facilitator it is recommended to develop specific skills. (Appendix A)

4.2 Basic counselling skills

- **Active listening:** The practitioner concentrates on the client and the way the client is thinking and feeling about his problems.
- **Unconditional positive regard:** Is the acceptance by responding to client's messages (Verbal and nonverbal) with nonjudgmental or noncritical verbal and nonverbal reactions.
- **Empathy:** The ability to understand and share someone else's feelings, thoughts, emotions and meanings.
- **Professional relationship:** Develop a warm and professional relationship with the client: knowing that the client can rely on a caring adult who clearly values them. Trust and continuity are vital in forming this relationship.
- **Respect:** The ability to communicate to the client, the practitioner's sincere belief that every person possesses the inherent strength and capacity to make it in life, and that each person has the right to choose his own alternatives and make his own decisions.
- **Identify and build on strengths:** the ability to help children, families and communities to identify their own resources, talents and competences.

Additional skills for a PIP practitioner:

- Being impartial: the ability to engage multiple systems using the puppets in clarifying the different positions, dynamics and needs within the family, without choosing sides.
- Further to this the practitioner needs to be aware of the developmental stage of the child, and the family life's cycle phase, so as to guide the child in the best way possible.

4.3 Personal pressure points

The practitioner may or may not be aware that they feel triggered by the client's story, which could lead to a strong emotional upheaval. The unexpected, emotional reaction can happen if the practitioner has been through a similar experience in his past which is still unresolved.

Overwhelmed by emotions and flashbacks, the practitioner will not be able to guide the client professionally.

A professional attitude should be either to become aware of one's own past issues, to take a time out and reset, or refer the client to a colleague.

4.4 Safety and Confidentiality

Safety in counselling is key for building on a relationship with the client, especially those who have lost their parents at a very young age and those who have been traumatized by life events. It calls for a lot of time, patience and a caring, persistent, reliable attitude from the practitioner.

Preparing a good counselling environment asks for a conducive area.

The practitioner should reach out to the client to find out what would put him at ease. It is also important for the client to share with the practitioner what he needs in order for him to feel safe and trusted.

Confidentiality is an ethical concern. It is an essential part of the counselling relationship. A client must be able to trust that the personal information he shares will not be revealed to other people.

It also means that the recorded information should be kept in a secured place and will not be discussed with anyone without the client's permission.

Confidentiality needs to be broken when there is a disclosure or evidence of physical, sexual or serious emotional abuse, self-harm or harm others. In these cases the practitioner needs to report these signals to the appropriate agencies.

5 SMART Objectives

5.1 What is it about?

A set of goals that are characterized by being SMART: Specific, Measurable, Attainable, Realistic and Time bound

Specific	What do I want to accomplish?
Measurable	How much, how many, how do I know it is accomplished?
Attainable	How can the goal be accomplished?
Realistic	Is it reachable?
Time- bound	Establish a time frame.

5.2 Purpose of SMART

Before the first interview, the practitioner should set a SMART objective on what could be realistically achieved with the child or any other target group within the time limit of the session. This allows the practitioner to evaluate after the session, not only if he has achieved the set goal, but also the reason why it has not been achieved, if that is the case. Reasons for not achieving the set goals could include:

External circumstances: **For example:** the client does not show up for an appointment.

Internal circumstances: **For example:** the client is not yet comfortable enough to open up after the first session.

SMART also helps to keep track of and get a better insight into what the practitioner should change before the next counseling session.

Example:

In John's case, the first SMART objective should be setting the grounds for building a relationship with John, in order to let him feel safe and learn to trust the practitioner

Specific: John feels safe and the practitioner is trustworthy.
Measurable: When John is willing to open up.
Attainable: Setting the grounds for building a relation with John.
Realistic: Is it practical?
Time-bound: In one session of ...minutes.

6 Systemic-Contextual Approach

6.1 What is it about?

The family system theory was introduced by Dr. Murray Bowen (* Family Systems Theory) and argues that individuals cannot be understood in isolation, but rather as a part of their family unit and emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system.

The family system, as described, is made up of parts or subsystems, such as parental partnership, the parent-child subsystem, the sibling subsystems, and the grandparent-grandchild subsystem, all of which contribute to the functioning of the system as a whole.

A systemic approach focuses on circular causalities. In interrelationships one can never tell what the cause or effect is, what the beginning is or the end, of where the problem started. Each part affects the other parts, so it does not matter where the practitioner should start to explore the underlying meaning of the behaviour. Any life-event can and will affect a family system; this can work out either positively (Like: marriage, birth, birthday), or negatively (Like: divorce, loss, or abuse).

In a systemic way of treating children and their families the treatment focuses on the relationships and interactions between family members and the relationships and interactions between people and their environment.

6.2 Purpose of the Systemic-Contextual Approach

Engaging the involved and affected systems around the client will create a complete picture that leads to recognition and understanding, thus enabling the reframing of the present issues and enabling a possible change in the situation.

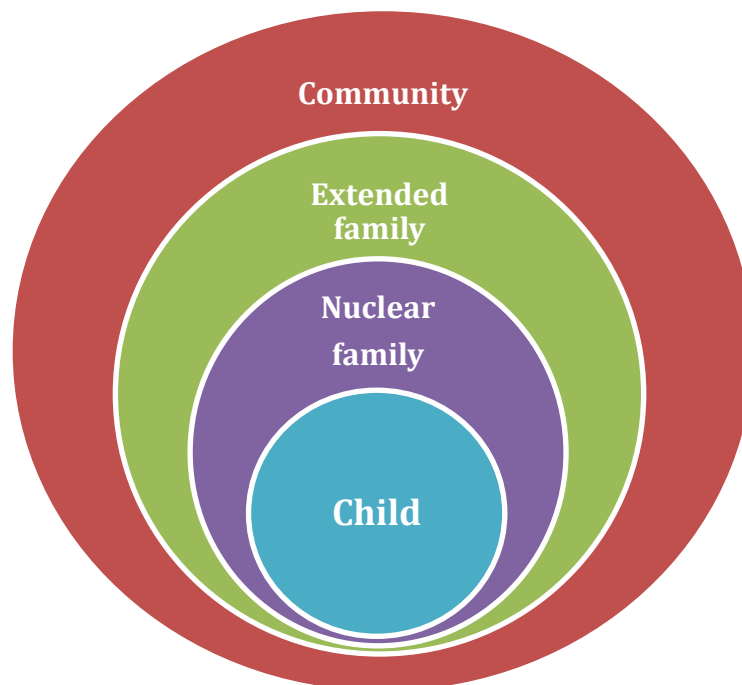


FIGURE 1 The Child in relation to other Systems

6.3 Intergenerational Context

Unresolved issues from past generations could be inherited and could influence the present generation. The practitioner needs to explore where the unresolved issues originate; therefore he must go back to the root causes of the problems, in order to help the family find new ways of communicating and develop skills to learn how to break the old negative communication patterns.

Example:

John's grandfather had become an alcoholic after the death of his wife, and not being able to cope with this loss emotionally. His son copied this behaviour, when he lost his job and was abandoned by his wife and daughter. He became an alcoholic, was aggressive and abusive towards his eldest son John. At school, John developed a pattern of aggressive behaviour towards his peers due to the emotional stress he faced at home.

Conclusion:

It is likely that John's father had not adequately learned from his parents how to cope with emotional issues (Drinking habit); and by repeating the same patterns of not being able to solve his issues (Drinking, abusive behaviour).

John in turn, copies his father's coping mechanism (aggressive behaviour), to adapt to the environmental stress. This is based on conscious or unconscious choices and enhances 'control over' behaviour or creates a sense of psychological comfort.

6.4 Reframing the Behaviour

Reframing is a particularly useful method when two or more people are stuck in opposing and seemingly intractable positions. It is important to reframe the meaning of 'bad boy' as a misbehaviour.

Reframing here effectively changes the ground under their feet. It is thus a common method in conflict resolution. Instead of 'judging' the client as being bad, which is negative, it will be helpful to give a more positive meaning to the behaviour. It is a powerful way of transforming the mindset of all involved parties and will lead to reduction of the stigma and of the negatively labeling of the client's behaviour.

Example:

John is not a bad person, since he did not behave appropriately!
Reframing the behaviour more positively could be described as 'powerful'.
("He stood up for his rights.")
Reframing his father's heavy drinking problem could be described as 'drinking his tears away after the losses in his life.'

6.5 Multi-perspective view of the different systems around the child

The systemic way of counselling treats the interactional patterns, the dynamics in the relationships and searches for the underlying meaning of the behaviour of the child in relation to the (Extended) family in the larger context. From a multi-perspective view the practitioner will ask all involved systems for their view and vision concerning the presenting problems.

Every person has his own personality, characteristics, background, beliefs, values, experiences and norms.

So people come with their own views, opinions and ideas when looking at the problems from these different angles. Leaving out one angle could mean that a possible new step in changing cannot be made. By engaging the involved

and the affected systems around the client the practitioner can help to overcome the problems that have affected the relationships.

This leads to recognition and understanding, which can result in the reframing of the presenting issues.

The contributions and the different views of the involved systems will create a complete picture, which will help in finding solutions for the problems.

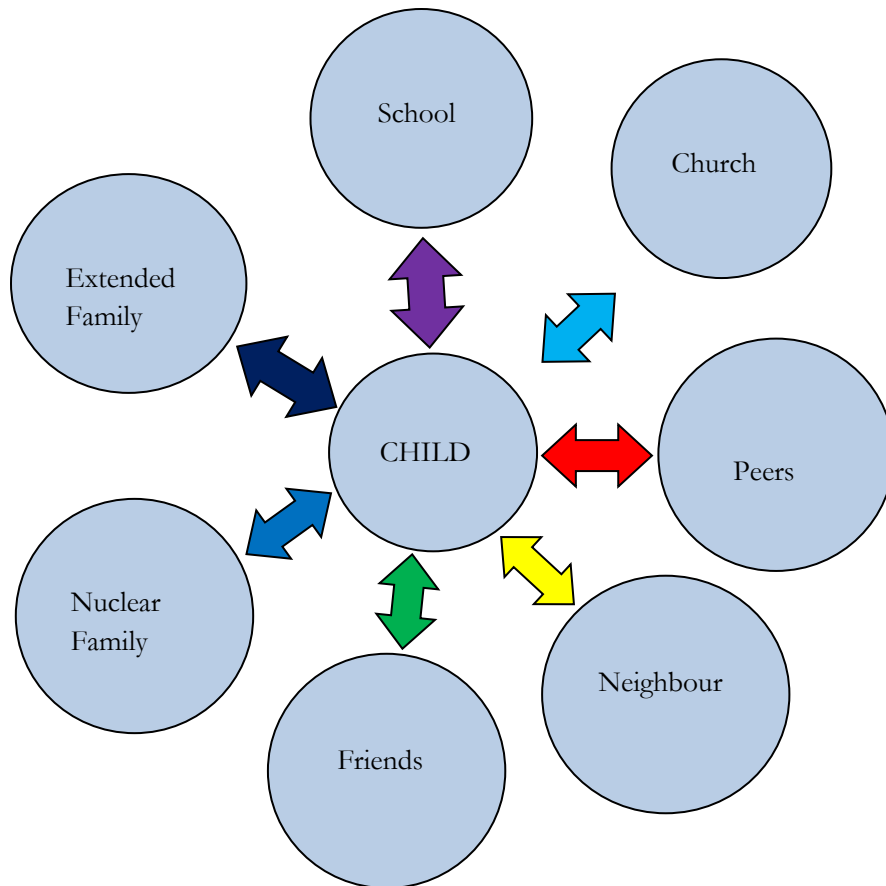


FIGURE 2 A multi-perspective view with the child as the center of the different systems.

From a systemic perspective of what the family is facing, John's problems are seen in relation to the different systems in which he lives: as a son, as a sibling, as a grandson, as a family member, and as a member of the community (School, peers, church, and neighbourhood). All these different systems will be affected by the life-events that accumulated after the loss of John's father's job.

John's behaviour will also affect and be affected, in one way or another, by the different systems when he tries to deal with the new situation.

With this situation as the backdrop, the practitioner can gather more information from the client.

Example John's case:

Mother: "What do you think is the reason behind the aggressive behaviour of your husband?"

Head teacher: "From your point of view, how do you explain John's aggressive behaviour towards his peers?"

Peer: "You and John were good friends, but now that he has changed so badly towards you, what do you do?"

7 Puppet Interviewing Technique

7.1 What is it about?

The practitioner uses puppets, representing human beings as a tool for asking questions to the client regarding his personal life, family background, problems, life-events, coping mechanisms and resources. The puppets come in different shapes, and colours, representing males, females, babies, small children, adults and grandparents.

They can sit, stand, and move their arms, legs and head. It is a playful, child friendly indirect way of engaging the child in a conversation, so that the child can picture and tell his real life story by identifying himself with the puppets. (Appendix C)

The tool facilitates open communication and supports underlying patterns and related/relevant actors in relation to the persistence of the problems.

Covering three generations will give the practitioner an opportunity to explore deeper into the root cause of the problems.

The practitioner gains a better insight into the family's cohesiveness and the vulnerable parts of the family by the way in which the client actually positions and manipulates the dynamics and interrelations between the family members and other systems.

7.2 Purpose of the Puppet Interviewing Technique

The Puppet interviewing technique can make in a short span of time a complex personal history visible; reveals the conflicts; shows the (dis)connectedness of the involved systems the child is related to.

It clarifies how the client and the involved systems have been affected by the life-events.

The client will become more aware that his problems are not isolated but related to the systems around him.

Example:

John becomes aware that the impact of his father being jobless made him become a heavy drinker and an abusive father, which affected John's behaviour negatively. Trying to adapt to the new situation at home, he helped as much as possible with the household chores, leaving him very little time for homework. He came late to school and as a consequence he was punished for this behaviour. The tension at home escalated when his mother left, which presented as an aggressive behaviour towards his peers.

Puppet set up:

Starting point is the present which will allow for better reflection on the past and will then be used to help find solutions for the future. The client is asked to identify himself with one of the puppets and the systems involved to create a clear picture through the setup of the puppets on the table.

The practitioner will start asking questions concerning relations, interactions, communication patterns and how life-events have affected the client and his surroundings in the course of his life.

By using the puppets he will be able to picture the preferred situation and how he would like his future to be. The practitioner and the client gain a better understanding and insight by exploring when the problems started. Being confronted with his situation the client not only perceives how his life has been affected, but he can also show and express his needs and wishes. The puppet setup allows the practitioner to have insights from different perspectives on the way issues were solved. This enables the practitioner to better understand coping mechanisms, resources that lays the groundwork for finding solutions for the future.

It further helps the practitioner to make a treatment plan for further counselling and care for the child, family, community and the reintegration process.

Example:

John identifies himself with a puppet and when he is asked to identify his 'father', he positions his father far away from him with his back to John. The relation is called a distant one. When the practitioner asks John, *"Could you point, out with the puppets, if you have ever been close with your father?"* John shifts his position: *"Before he lost his job we were very close. We shared many stories and I helped him with the life stock."* (While saying this he places the puppets facing one another). When asked what he would like for his future, John points out that he is looking for the close relationship he had with his father, before the problems came into their lives.

7.3 Coping mechanisms

These are behaviour patterns that a client adapts in order to overcome difficult situations in order to try to master, minimize or tolerate stress and conflict. The practitioner will not only get a better insight of how the client adapts to different situations in his life, but he will also make the client more aware and empower the client to use these skills in the future for solving difficult situations.

Example:

John extorted his peers at school to keep himself alive with the money he got from them. At that particular point the child's behaviour is adequate for survival, but socially not accepted.

7.4 Internal and External Resources

Internal Resources

Every human being has internal resources, the so called talents, competences, and personal capabilities.

After exploring the internal resources, the practitioner will use this information to shift the negative self-image of the client, or how in his opinion, the outside world perceives him, in order to create a more positive self-image.

Example:

John is a boy who did not give up. He showed a lot of courage and resilience enduring the stressful times at home.

External Resources

The client can use sources from outside for support, to seek help from a trusted person, like a neighbour, pastor, friend, or teacher.

The practitioner, after exploring the external resources, will use the information to find out which systems around the client can be helpful to support and build safety nets.

Example:

John looked for support by asking for help from his neighbours.

The pastor is willing to intervene with John's father.

The teacher is concerned about John's situation.

8 Solution-Focused Approach

8.1 What is it about?

The approach and orientation of most practitioners is to focus backwards by analyzing problems. A solution-focused approach is future-focused, and goal-oriented. It focuses on solutions rather than on problems. It can be distinguished from other more traditional forms of interventions because the changes that are sought are situated in an imagined future. Elements of the desired solution often are already present in the client's life, and become the basis of ongoing change.

This way of exploring puts the focus on resources, coping mechanisms, successes and failures.

8.2 Purpose of Solution-Focusing

The practitioner needs to find out what the client wants by determining his preferred situation. When asking the client about his preferred future, it is important to formulate a best hope that is achievable for the client, so that the work can progress towards this with clear and small steps.

This is an essential part of the process for the subsequent treatment plan.

Example:

Practitioner: "John, How do you hope your father will receive you?"

John: *"I would like to go back home without fearing that my father will become aggressive"*

Practitioner: "John, What does your father need to do to become less aggressive towards you?"

John: *"He needs to seek help for his drinking"*

Practitioner: John, "What needs to be done to achieve this?"

John: *"I think the church pastor can help him with this problem."*

Practitioner: "John, What do you need to do to control your fear?"

John: *"I need not to run away whenever he shouts at me"*

Practitioner: "John, What do you need to do to make this happen?"

John: *"I need to be brave enough to ask him to stop shouting at me"*

Practitioner: "John, Have you ever been this brave before?"

John: *"Yes, my peers at school shouted at me and I was able to control myself"*

Being part of the process of finding solutions makes the client feel responsible and will be an encouragement for growth towards a better future. The questions asked, enable the client to begin moving towards the future he desires and to learn from his own existing skills, resources, coping mechanisms and ideas of what could be done differently. By offering this support, the practitioner makes the assumption that the client is the expert of his own life. To strengthen all the family members, affected by the problems, the practitioner explores the family coping mechanisms, successes, or complications with similar stressors. While working with the family and other systems, the practitioner looks for a resilience-based framework, which offers a positive and pragmatic focus for intervention. This can be helpful in encouraging the family to find solutions and a way forward.

Example:

"Peter (John's father), please tell me, when you were 10 years old, and your mother died, how were you able to cope with your father's moods?"

9 Circular Interviewing Technique

9.1 What is it about?

The practitioner is required to master different interviewing techniques in order to gather information about the client. This will allow him to achieve what he has in mind within the limited timeframe of a session.

The circular interviewing technique helps to create distinctions and connections that mark differences and changes over time as well as differences between the views of family members; more particularly around the existing problems.

9.2 Purpose of Circular Interviewing

The purpose for the practitioner is to get a clear picture of how the family and larger systems interrelate, operate, communicate and how problems and conflicts are being solved.

It gives more insight into and understanding of another person's beliefs, feelings and expectations.

This enables the practitioner to gather information of each person through 'seeing' the present problem from their own perspective and also the effects of the way the person has adapted to the problematic situation.

This way of asking relational questions helps the client to get a better understanding of his position in the family that makes him see how events affect the whole system.

By adopting a non-judgmental, non-blaming and verdict free attitude, the practitioner can be open to new ideas and insights, which enables him to come up with the right interventions.

Example:

John: "What changed at home after your father lost his job?"

Susan: "How were your siblings affected after your father left?"

9.3 Different forms of Questioning

Closed questions:

These are questions that can be answered with minimal responses.

Closed questions have the following characteristics:

- They give facts. (*"What is your name?"*)
- They are easy to answer. (*"How old are you?"*)
- They can be answered quickly. (*"What day is it today?"*)
- They allow the practitioner to keep control keep control of the conversation.

Open-ended questions:

These are questions which require more thought and more than a simple one-word answer.

Open-ended questions have the following characteristics:

- They invite the client to think and reflect.
(*"John, how was life before the problems came into your life?"*)
- They are helpful in finding out more about a person or a situation.
(*"How did you survive when your mother left the house?"*)
- They hand control of the conversation over to the client.

Circular questions:

The focus of circular questioning lies in exploring the interactions within relationships.

The questions asked seek to find different views, opinions, and ideas of another person's behaviour or interactions.

These questions help the practitioner get a clearer picture of how the family and the larger system interrelate, operate, communicate and how problems and conflicts are being solved.

The questions are often asked about a 'second or third' party through the client.

Example:

"John, what did your mother do when your father came home drunk and started to beat you up?"
(The first party is John, the mother becomes the second party, and the father the third party).

Types of Circular Questions

Reflective questions:

These are questions that a practitioner may ask about the past, by taking some information gathered previously on which he can focus his questions.

Aim: these questions help the client think back on what has taken place in the past and make the client become more aware of the part that he played in that particular situation and what the client might have done differently.

Example:

"How was life like when your father lost his job?"
"My parents were always fighting and I had to leave school."
"What could you have done differently during this time?"

Hypothetical questions:

These are questions based on unproven assumptions or imaginary scenarios rather than facts.

Aim: they may be used to stimulate creativity or explore the future possibilities.

A hypothetical question often starts with: "What if?"

Example:

"What if your father could find another job, do you think that your mother would return home again?"

Future-oriented questions:

These are questions that help the child imagine a future place in time, in which the child has realized his desires.

The future becomes the 'NOW'.

Aim: the client may note that a problem began at a particular point and it can be a way of pointing to new possibilities and create hope.

Example:

"Do you think that your father would stop drinking if your mother would come back home?"
"Where do you see yourself in one year when the problems are solved?"

9.4 Interventions

Purpose

All these questions are used to intervene with the focus on:

- **Behaviour:** questions focusing on behaviour are useful in getting a good understanding of what is happening with clients.

Example:

“What did your little brother do when your father was beating you up?”
“And your sister?” “How did it end?”

- **Feelings:** questions about feelings are asked as a way of highlighting the emotional experience of family members, where often there is focus on behaviour and meaning.

Example:

“Which feelings come up for you when your father calls you a bad boy?”

- **Beliefs:** Questions about beliefs are asked to help understand some of the underlying ideas that clients might have, that influence the way they act, think and feel.

Example:

“Do you think that mothers are less or more responsible for taking care of the household than fathers?”

- **Meaning:** These questions tap into the way the clients interpret their world through their interactions with others. These interpretations are useful in helping to understand their behaviour in an interpersonal context.

Example:

“When your mother thinks that your anger reflects your father’s abusive behaviour, how do you think your mother will behave towards you?”

- **Relationship:** relationship questions are used to allow family members to comment on the nature of their relationships with each other, as they experience them through their everyday interactions.

Example:

“Do you think you feel closer or more distant to the family after the incident that took place?”

10 Genogram

10.1 What is it about?

Another way of understanding a family system is by mapping out a genogram of three generations.

The genogram is the graphic representation of the family tree, which maps out current and former members and their relationships to one another. It can include a wide range of people, life-events (Marriage, birth, divorce, death, illness, losses) and even the inheritance of behaviour from parents to offspring across three generations.

Genograms provide factual information of demographics and can also picture the dynamics of the communication patterns between the family members: positive and negative relationships, conflicts, abuse, violence, neglect, culture, religion, and secrets.

10.2 Purpose and the use of the Genogram

In general, drawing a genogram with the family helps the family members become more aware of the intergenerational inheritance of trauma and loss, as well as relationships between family members. It helps the practitioner to identify patterns of behaviour and dysfunctional behaviour patterns that need to be addressed. More specifically it helps family members to explore perceptions, experiences and feelings, thus become more aware of how family dynamics and history have contributed to the current situation.

With the help of the genogram, other colleagues, using the genogram rules and legends, will be able to read the family map and interpret the family's emotional and social relationships.

With the help of the puppet setup picturing the relationship dynamics, it is easier to translate these into a genogram. By using the puppet setup as a visual 'genogram' the practitioner can translate the family setup into a drawn genogram in a report, which would act as referral document for future use.

Drawing a genogram is guided by a legend and a set of rules that need to be strictly followed.

From the diagram below it will be noted that symbols representing the male figures are placed to the left of the female figures.

For the children of all generations, the symbols that represent them will follow the birth order, starting with the eldest from the left.

Please note: The connecting line of the client to that of the parents is much longer. This indicates the person from whom the information is being gathered.

Example of the basic general rules of a Genogram

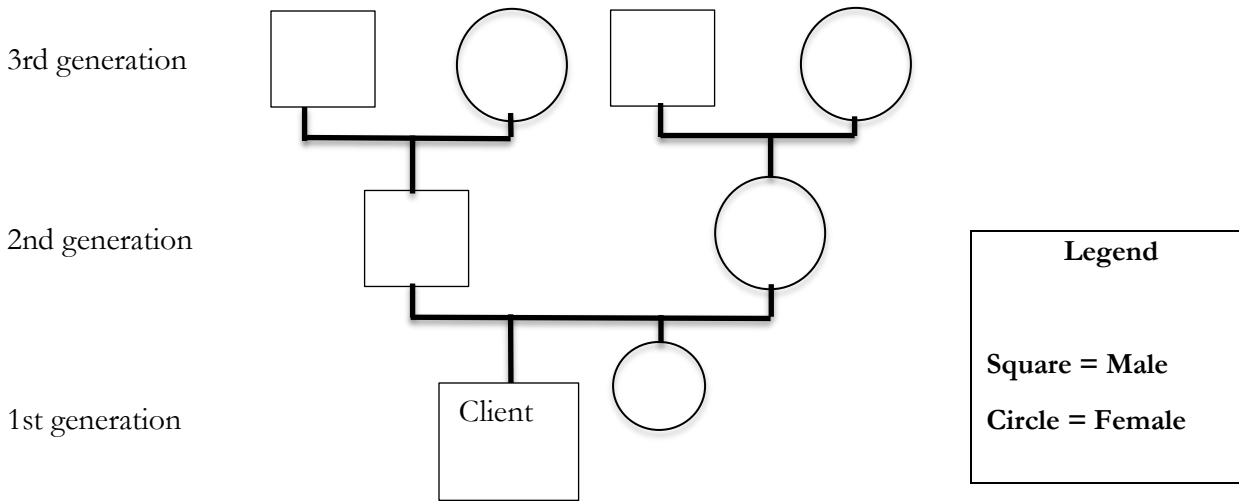


FIGURE 3: Typical Genogram

The above genogram represents the three generational family tree of the client. The diagram further reveals that the client has one sister and they represent the first (1st) generation. The second (2nd) generation represents the parents of the client. The third (3rd) generation represents both the paternal and maternal grandparents of the client.

Appendix (E) shows the Genogram symbols. Appendix (F) shows the legend of emotional and family relationships.

11 Solution-Focused Techniques

11.1 What is it about?

Solution-focused questions are designed to help the client explore their strengths and resources rather than concentrate on their problems and deficits.

11.2 Purpose of the Techniques

The questions can help to identify what their goals or preferred future will look like, when they have overcome their problems or challenges.

Example:

For a start in counselling, the practitioner could ask the client:
“What are your best hopes from our talks together?”

This simple question highlights a number of central characteristics of a solution-focused approach.

First, the question challenges the client. The client is prepared to talk about the problems but states openly that he has given less thought to his preferred outcome.

Secondly, by asking the client about his ‘best hopes’, he is invited to picture a future state towards which he aspires to make progress.

Thirdly, the question requires the client to specify his criteria for an achievable goal.

11.3 Solution-Focused Questions

Solution-focused conversations entail asking effective questions, rather than making statements or giving advice. The practitioner uses appreciative, respectful curiosity to create opportunities for the other person to think creatively about how to progress towards his goals.

A variety of questions can be used, together with tools and resources, to ask the client what they would like to achieve:

- Problem free talk: this means talking to the client about things in his life that are not immediately connected with the challenge they are facing.
- Set goals/preferred future: this means that it is important to have clear goals.
- Miracle question: this question triggers the imagination of the client to picture a future without problems. It further allows the client to think about an unlimited range of possibilities that help solve unresolved issues.
- Scale questions: scale questions enable the client to be aware of his current state and the levels that need to be achieved in order to progress towards his preferred future.
- Exception-seeking questions: these are questions that focus on noticing that problems are not usually there 24/7, helping the client to notice these times can help reduce the feeling of being overwhelmed by the problem or challenge.
- Future-oriented questions: these are questions to envision with the client a future place in time where the client has realized his desires.
- Coping questions: these are questions that will enable the client to look at his skills and strengths of enduring situations.
- Context-changing talk: these are questions to help create a different description of the client’s behaviour, putting it in a more positive light.

12 Report Writing

12.1 What is it about?

A report is a systematic chronological documentation of the gathered information from sessions held between the practitioner and the client.

12.2 Purpose of Report writing

- A report is often required by the organization employing practitioners, because information on the problems and needs of the clients is important information for the policymakers within the organization.
- A report enables a practitioner to come up with recommendations for further counselling and care, by combining the gathered information with the key concepts of the methodology.
- If, for some reason, the practitioner who took up the client's case originally is unable to attend to the client, then the practitioner who takes up the case does not have to put the client through the whole process again.
- A report can be helpful if the practitioner wants to discuss a client with a colleague or a different expert.
- A report acts as a referral document for future use, both by the practitioner and all other involved parties.

12.3 Contents of a PIP report

It is important that the information written is objective. The information gathered should be uninfluenced by the interpretations of the practitioner: facts, dates, names, places, and events. (**Example:** John is 10 years old.)

The practitioner may write his own subjective observations, interpretations about the gathered information and gives his recommendation for further counselling and care. (**Example:** John's father is abusive).

13 Treatment plan

13.1 What is it about?

From the analyzed information given in the report the practitioner will come up with recommendations that lead to a tailor-made treatment plan for further counselling and care. The specific objectives and detailed steps for the client, family and community should lead to the preferred outcome. (Appendix H: Susan's case)

13.2 Purpose of Treatment plan

A treatment plan helps the practitioner to stay within the boundaries of what is required by the client, in order to achieve the desired goals. It also measures the progress of the counselling process.

13.3 Guidelines for further Counselling and Care

The treatment guidelines for further counselling and care for the child, the family and the community represented, must be seen as the foundation on which each practitioner can build his own approach for each and every client.

- Establish an agreement with the client which problems should be focused on to achieve the desired outcome.
- Formulate positive realistic treatment goals with the client and the family.
- Establish an agreement with the child, the family and other involved systems on how they can contribute in finding solutions to the problems, with interventions built on strength, empowerment and resilience.
- Estimate the number of sessions that will be needed to achieve the set goals.
- Use the PIP key concepts methods and techniques to assist the child, the family and other affected systems to work through the conflicts and behaviour, related to the events.
- Monitor the progress using the scaling questions with the parameters: child's well-being; parent-child relationship; school enjoyment; peer relationships; community belonging.
- Initiate the termination of the treatment once the goals have been met.

13.4 Child Strengthening Interventions

Through the child assessment the practitioner has already gathered information from the child and his background. He also has explored the coping mechanisms and resources of the child.

- To help the client solve his problems it is important for the practitioner to encourage the client to prioritize his problems and to start with the one he thinks is the most important one to be solved.

Example:

Practitioner: "Susan, out of all the problems you shared, which one would you like to solve first?"
Susan replies: "I would like the relationship between me and my mother the way it used to be."

- It will motivate the client to make him aware to become responsible of finding a range of possible solutions.

Example:

Practitioner: “Susan, can you think of a situation where you and your mother were happy?”
“Can you tell me more?”

- The practitioner will tie the ‘found resources’ and ‘coping mechanisms’ by asking solution-focused questions to empower the child to overcome his problems and how the desired goals can be achieved.

Example:

Practitioner: “What did you do to make your mother happy before?”
“Do you think you can try it again?”

- The practitioner will guide the child to make clear which small steps are needed to achieve the desired goal.

Example:

Practitioner: “Susan, what needs to be done to achieve this?”

Taking and achieving small steps, will help Susan build on her self-esteem and will encourage her to do more towards meeting her desired goals.

13.5 Family Strengthening Interventions

A family resilience-solution focused approach links each family process with its unique challenges, in order to enhance coping and mastery. Interventions aim at building family resilience, so that it can deal more effectively with stresses and at strengthening both the individuals as well as the relational system.

Through the child assessment the practitioner has already gathered information from the child and his background. He also has explored the coping mechanisms and resources of the child and his family members.

This will help the practitioner not only to help the child to rebuild his strength and self-esteem, but with the information from the child’s perception, he can come up with assumptions on how best to approach the family.

During the family assessment, the practitioner will gather even more information from all the members involved and other stakeholders on their perceptions about the existing problems.

The practitioner will look for resources, coping mechanisms, successes, and how they have overcome challenges.

This will empower all parties involved with the hope that, through their contributions, the problems can be solved.

A set of key processes in family resilience will guide family assessment and interventions.

Decreasing risk factors:

Anticipating and preparing for threatening circumstances.

Example:

Practitioner: “What if the fisherman is looking for revenge when he spots Susan somewhere in the village?”

Reducing exposure or overload of stress; providing information:

Example:

Practitioner: “Susan, you told me that when you feel the stress in your body that one of the things you do to release it is to run.” “Do you think you can find a way of practicing, that you practice you’re running on a daily basis to release your stress?”

Reducing negative chain reactions: discuss difficult topics; reframe the problem; prioritize the problems that should be tackled first:

Example:

Reframing the problem: Susan’s withdrawn behaviour could be relabeled as a girl who has strong feelings for justice and honesty, but she wants to protect her family against more sorrow.

Understanding the origins of the conflicts within the family:

Example:

The separation was the first life-event that affected the whole family negatively .It is important to find out why the parents split up and what the impact was (is) on all family members.

Strengthening protective family processes and reducing vulnerabilities:

Example:

Practitioner: “Mother, Susan was able to protect herself when the fisherman was sexually intimidating her. What else can you think of that could help her to protect her even more?”

Enhancing family strengths increases opportunities and possibilities for success.

Example:

“Mother, you have set up your own business, so you have experienced what it takes to earn a living now all by yourself.” “How do you think that the business could be developed even further?”

Teach and practice positive communications skills with the family members so as to help improve relations among them.

Example:

Practitioner: “Mother, Susan was able to protect herself when the fisherman was sexually intimidating her. What else can you think of that could help her to protect her even more?”

Practitioner: “Mother, what would happen if you get in touch with the father of your children and ask him if he could reach out to them?”

“Is there somebody who can assist you sell the fish at the marketplace?”

Practitioner: “Mark, James and Jane, could you think of something that all of you like to do together?”

13.6 Community Strengthening Interventions

Efficiently empower the family and the individual through successful problem solving: Identify resources of support for the family: school, and neighbours.

These interventions focus on the contribution of support from the involved systems around the child and the family.

External resources are important to (re) connect and help the family with their contribution to strengthen and empower the family unit as a protective network.

Example:

Now that the school is aware of the underlying meaning of Susan’s behaviour they can not only reward her for coming back to school every day on time, but the class teacher thought to give her a responsible task to do in school to help the children from class 5 with mathematics which is her favourite subject, if Susan agrees with the proposition.

(Gaining competence, confidence, and connectedness through collaborative efforts)

14 Reintegration Guidelines for the Child back into the Family and the Community

14.1 Introduction

A safe and secure family is the optimal environment for the growth, the well-being and development of the child. Where contact between the family and child has been broken, reconnecting them is a significant part of the reintegration process and needs to be handled carefully.

The reintegration process addresses the push and pull factors that need to be explored in the best interest of the child. The child and the family must be adequately prepared.

To reintegrate a child back home successfully, progressive key steps should be taken, and documented, for an effective reintegration.

The whole counselling process leads to finding treatment guidelines for the child, family and the community. In this chapter John's case (Appendix G) will be used to illustrate all the steps that need to be taken in order to make the reintegration of John effective and sustainable.

Key reintegration steps:

- Child's Assessment.
- Home Tracing.
- Home Visit; Family Group Discussion.
- Home Placement.
- Home Based Follow-Ups.
- Exit plan.

14.2 Child's Assessment

Aim:

The information gathered using the systemic-contextual approach, supported by the puppets will clear the way for all the other steps that need to be taken.

At the end of the child's assessment period the desired outcome is for the child to be reintegrated and reunited with the family. The practitioner will develop treatment guidelines for the child, the family and the involved systems around the child that have been affected.

14.3 Home Tracing

Aim:

Locating the home is the first step that needs to be taken to corroborate the child's story and the one told by the family, and to further find out if the family is willing and ready to welcome the child back home.

Many children who have run away from home come from the rural areas to the surrounding towns. They have many reasons for not telling where they came from. Some children really have lost their orientation, or have been living in the streets for far too long.

With the help of the Puppet interview methodology, the practitioner gets the true story about the child's background. This enables the practitioner to locate the place where the child lived before it ran away.

14.4 Home Visit and Family Group Discussion

Aim:

To build on a relationship of trust between the practitioner and the family.

It is important that the practitioner starts with a visit without the child to protect him from new negative experiences, remarks or rejection.

Family Group Discussion:

Aim:

To help the family make decisions on the best way to support and take care of their child.

This is a formal meeting involving the systems around the child.

The practitioner should treat the family with dignity and respect and consider strengths and weaknesses in both the child's immediate and extended family. Using a multi-perspective view of the child's immediate and extended family, the following topics should be touched:

- Risk factors that affect the safety and well-being of the child and changes that need to be made.
- Family strengths and resilience, including those of siblings.
- Family members' perception of the reasons for separation and other problems.
- The family's level of readiness/capacity for change.
- The family's ability to care for the child.
- The family's economic situation.

Family strengthening interventions

The practitioner starts with decreasing the risks factors and at the same time explores for readiness to change and resilience to rebuild on everyone's strengths.

Family assessment counselling sessions are aimed at finding out the concerns and difficulties that have led to the problems, as seen from their perspective. It will help to reframe the problems, and from the contribution find ways and solutions for the problems in a step-by-step plan.

The family needs to come to a consensus and commit to their agreements to make the next step possible, namely placing the child back home.

Example:

Practitioner: "How would you, (Father, mother, grandparents) see and describe the difficulties that have led to the existing problems?" "Could you give a different more positive description or interpretation of the meaning of John's behaviour?"

14.5 Home Placement

The practitioner should reach a consensus that the child will be taken back home and set dates for the placement.

From John's case it becomes clear that John is already working on controlling his fear.

Father is willing and ready to get help with his anger and drinking habit. Mother is feeling confident that father will be treated. They accept parenting classes and counselling in conflict resolution.

Mother has accepted to visit John and father frequently and hopes that the frequent visits will eventually lead to the family living and caring for each other again.

The teacher is willing to accept John back into school. He will involve the peers so that both parties will behave positively towards one another.

Aim:

Placing the child back into the care of their family and to ensure that the child will be cared for and protected. When the child has been reunited with his family, the practitioner will continue to counsel the child by empowering him in his strengths and capacities and by making him aware of being responsible for the changes in his own behaviour. The reconnection with the family members, with an emphasis on the systems that will enable the child to stay grounded.

The practitioner has the opportunity to communicate with a solution-focused approach to other systems on how they can be supportive and contribute towards the well-being of the child.

In John's case: the school, the community, the church and peers.

14.6 Home Based Follow-ups

Aim:

Monitor, evaluate and assess that the placement is still in the best interest of the child.

The practitioner will continuously counsel the family and implement family strengthening interventions with a solution-focused approach to enable the sustainability of the new situation.

This is achieved by monitoring family sustainability using the solution-focused reintegration-scaling tool. The practitioner will use the reintegration-scaling tool that measures the progress of the five different parameters that need to be assessed during the entire reintegration process.

The parameters are as follows:

1. Child's well-being. 2. Parent-child relationship. 3. School enjoyment. 4. Peer relationships. 5. Community belonging.

14.7 Exit plan

Aim:

To ensure that the family is able to continue independently caring and providing for their children.

The practitioner, together with the family, will plan and prepare an exit plan based on the progress made by both the child and the family in sustaining themselves without relying on the practitioner.

Example:

Practitioner: “John, who would you ask for support in the event of a relapse?”

The practitioner conducts a final follow-up intervention to ensure that the situation continues to be positive.

Case closure or end of monitoring occurs when the practitioner is confident that the child’s safety and well-being are secure. Case closure should only be considered when the objectives of the plan have been met.

The following process should be followed:

- Review all observations and notes made throughout the monitoring period using the reintegration scaling tool.
- Evaluate with the child and family the overall progress they have made against the case plan’s objectives.
- Consult with the involved systems around the child (School, community, church) to obtain a broad range of perspectives.
- Carefully assess the likelihood and potential severity of risks to the child.

Empowering the family in their resources stays the main focus to make them aware that they can do it on their own again.

The length of time the organization works with the family depends on how quickly the family makes adequate progress towards the agreed plan.

REFERENCES

- Child's Act
Revised Edition (2017) www.kenya law.org
- Child Trauma Hand book
R. Greenwald. The Haworth Maltreatment and Trauma Press 2005 Reprinted 2007
- Een Taal erbij
Marleen Diekmann
- An Added language
Marleen Diekmann
- Family Systems Theory
Dr. Murray Bowen
- Families and Larger Systems
E. Imber-Black. Guilford Press 1988
- Family counseling Strategies and Issues
J. Carlson and J. Lewis. Love Publishing
2nd Revised edition.2008
- Genogram
www.genopro.com
- Guidelines on Reintegration Family for every child.
Interagency Group on Children's Reintegration.2016
- InterVision Guidelines
F. Trautman, Trimboos Institute of Mental Health and Addiction, Netherlands
- Solution Focused Brief Therapy
H. Ratner, E. George & C. Iveson Routledge 2012
- Solution Focused Therapy with children
M. D. Selekman. The Guilford Press 1997
- PIP Methodology survey
M. Buyu Luta 2014
- The New Contextual therapy
T. D. Hardgrave & F. Pfitzer Routledge 2003
- Treating Traumatized Children
B. James Lexington Books 1989
- Training counsellors in areas of armed conflict
Dr. G. van der Veer
- U N Guidelines for Alternative care of Children
United Nations General Assembly (2010)
- Working with families intervention guide
C. Jolliffe /A. Bentovim & J. Gray Child & Family Training
2016
- Foundation PIP
www.foundation-pip.org

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APPENDIX A:

QUALITIES OF A FACILITATOR

A practitioner who becomes a training facilitator, will benefit from his counselling skills but will use these slightly differently. The first impression and acquaintance between the facilitator and the participants is crucial. To create a connection with the participants, the facilitator needs to give a thorough introduction.

The facilitator will adapt:

- A professional attitude, empathy, patience, commitment, flexibility and the ability to nurture others; it is important for the facilitator to be a team player, as well as an inspiring role model.
- Good communication skills: Trainers must foster a learning environment in which participants feel comfortable without having fear. It calls for the trainer's ability to create a safe environment in which personal growth will be facilitated.
- Good organizational skills and the ability to balance various responsibilities; the facilitator must be experienced and have confidence in using different kinds of working materials (Flipchart, power point). Time management is critical for a successful training.
- The facilitator should make an inventory of the knowledge, the skills and the attitudes he wants to transfer to the participants.(Different target groups)
- The facilitator should have the capacity to transfer the knowledge to the participants and accommodate the different levels of understanding, experiences, and skills of the participants.
- The facilitator must design and formulate a process that will help the group achieve its objectives.
- The facilitator must not only be able to explain clearly, paraphrase the content, but he must also know how to listen actively and be sensitive to the nonverbal communications of the participants.

Physical Abuse:

Involves deliberately inflicting physical harm to children, which includes hitting, shaking, throwing, squeezing, burning and biting, as well as giving alcohol to children. Child labor, trafficking, inappropriate drugs or poisonous substances. Suffocation or drowning and fabricating the symptoms of an illness.

Sexual Abuse:

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and involves the use of children by adults – both male and female – to meet their own sexual needs. This could include direct sexual activity, penetrative or non-penetrative acts, and masturbation, taking indecent photographs or videos, or showing children pornographic material or encouraging them to behave in a sexually inappropriate way.

Emotional Abuse:

Involves the persistent emotional ill treatment of a child such as to cause a severe and adverse effect on the child's emotional development. As well as persistent lack of love and attention, this includes constant criticism, threats, taunting words and actions that demean the child. It may involve conveying to the child that it is worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

Neglect:

Involves the failure to meet the child's physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It may involve a failure to provide food, warmth, clothing, love, affection, attention and recognition, or a failure to protect a child from physical harm or danger, or a failure to ensure access to appropriate medical care or treatment.

APPENDIX C:
3rd GENERATION



Paternal Grandparents

Maternal Grandparents

2nd AND 3rd GENERATION



Father and his parents

Mother and her parents

THREE GENERATIONS





Harmony

All family members are facing one another



Close relationship

Facing and touching one another



Distant relationship

Not facing one another



A sick person

Sitting position



Disharmony

Family members formed into different groups
Backs turned to one another



Death

Lying down position

APPENDIX D: INTERVISION GUIDELINES FOR THE CHAIRPERSON

This intervision checklist is meant to assist a chairperson to make sure that all the important steps and tasks that go into the conducting and preparation of an intervision session are covered.

A. Organizing the intervision:

1. Compose a group of participants for the intervision session.
2. Inform yourself regarding the educational and professional background, interests and language skills of participants, in case the language skills of participant's calls for steps to assure adequate communication (e.g. making preparations for interpreters).
3. In case of conducting a series or program of intervision sessions, make sure that the plan for the series/program is well described and communicated to all participants.
4. Ask the participants for their input, i.e. proposing topics and/or cases to be discussed.
5. Have the participant's choose the topics/cases for the session, and capture them for the first session.
6. Arrange for an appropriate venue and all practicalities (flipchart, felt pens, name tags, refreshments, etc.).
7. Clarify the following issues of the intervision session and communicate them to the participants:
 - The scope of intervision (personal functioning of staff and/or treatment cases).
 - The maximum number of participants (e.g. in case of a bigger team: not more than eight participants).
 - The frequency of intervision sessions (e.g. once per month).
 - Duration of the session (not more than three hours).
 - Eventually maximum number of cases to be discussed (e.g. two).
9. Invite participants for the intervision session using available communication.

B. Conducting the intervision:

1. Introduce yourself and the participants; introduce the session's program.
2. Have the agenda reviewed, taking care that all have a shared understanding of the agenda.
3. See to it that the agreed agenda is followed and the time planning is observed, allowing time where necessary for unexpected relevant issues.
4. Preferably, have the issue or case presented by the participant who proposed it.
5. Allow for questions for clarification and feedback.
6. Ask participants for clues and suggestions on how to *effectively* deal with the issue or case, including arguments and motives for these clues and suggestions.

7. Ask for clarifications and check if the clarifications are understood correctly by all participants.
8. Confine yourself to chairing the session, refrain from participating in the discussion.
9. See to it that all participants have their say and are involved, i.e. keep the dominant participants under control and motivate the silent participants. Sometimes it can be helpful to make a round along all participants, asking them to give their view on certain issue to ensure equal participation.
10. See to it that participants observe the behavioral rules described in the intervision guidelines. (Reference list).
11. Check regularly if there is agreement by summarizing the input of the participants.
12. Summarize and present tentative conclusions.
13. Ensure that all issues are dealt with satisfactorily.
14. Finalize with a summary and conclusion.
15. Check with the participants and especially those who presented their case or problem if the outcome of the discussion has been helpful and practical.
16. Evaluate the intervision session:
 - Did the session go well?
 - Did the participants feel ok/did they like it?
 - Did they have enough input?
 - What were good and lesser points during the session?
 - Any remarks on input/attitude of participants or chairperson?
 - Did participants learn from the session?
 - Do participants find the outcomes useful?
17. Ask the participants to explain their feedback.
18. Identify issues/cases for the next intervision meeting.

SUMMARY

In this Handbook the key concepts have been described where the PIP methodology is built on. They form the basis for counselling with a systemic-contextual approach.

It starts with the Child Protection guidelines and how every practitioner and every institute should sign a child protection policy form as a proof of commitment.

Further to this, there is the necessity to build a trust worthy relationship with the client and which conditions need to be in place for the client's disclosure.

The client's problems are not isolated, but need to be approached in the broader context the client is related to. Exploring the root causes of the problems might ask for involvement of the former generations to make structural changes possible.

Different ways of asking questions will help the practitioner to be better informed about the dynamics in the relationships, the interactions and communications patterns in families by using the puppets. The 'PIP' tool, without any language or boundary restriction, let the client shows the true picture of his life story.

Its aim is to reconnect the client's present life to his past to find solutions for his problems for a better future.

With the solution-focused approach the practitioner is able to counsel with strengthening guidelines and interventions empowering the client and all the involved systems with the found resources to help in the needed steps for reintegration and support them in rebuilding self-esteem and resilience and a restart for a new life of hope.