

PIP METHODOLOGY TRAINING MANUAL

The 'Unseen, seen' and the 'Unheard, heard'



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THE PIP METHODOLOGY

A COUNSELLING PROCEDURE FOR THE CHILD AND ITS FAMILY

Introduction

This manual is designed for facilitators to train practitioners and colleagues in the practical aspects of the PIP Methodology. Its aim is to upgrade the expertise of the practitioners who work with vulnerable children and their families in their psycho social needs.

Target groups:

- Rescue centres and street-connected organizations that counsel children and reintegrate them back into the community.
- Institutions that counsel the affected children within communities.
- Schools that address and prevent children from dropping out of school.

Module I to Module III is meant for all target groups.

Module IV is meant for practitioners who work with street-connected organizations that aim at reintegration.

Summary of the Modules:

Module I

Content: To set the grounds

- Child Protection
- Conditions
- SMART Objectives

In preparation for counselling it is essential to build a good, trustworthy relationship with the client thus enabling him to open up. The module will take the practitioner through the conditions needed to set the grounds for counselling.

Module II

Content: The Theoretical background

- Systemic-Contextual Approach
- PIP Methodology
- Solution-Focused Approach

The client's problems are not a 'stand- alone'.

This module explains the theoretical background of a systemic way of looking at problems in a broader context with a multi-perspective view to gain a better understanding of how the problems affect all the systems.

By introducing the tool, (Puppets, which represent human beings), the practitioner will learn how to set up the puppets so that the client may picture his family situation, all involved systems and tell his true life story.

The practitioner will learn how to discover unresolved issues, inherited from the past that might still be affecting the client and how to explore for resources and coping mechanisms.

The practitioner will be taught the solution-focused approach which will help the client to achieve his desired goals.

MODULE III

Content: Techniques and Tools

- Circular Interviewing Technique
- Genogram
- Solution-Focused Techniques and Tools

The client's problems are interrelated and interconnected with all the systems involved around him.

This module will explain techniques and tools that can be used to find the root causes of the problems.

The practitioner will learn how to ask relational (Circular) questions that aim at understanding the dynamics, interactions and communication patterns.

Further to this, the practitioner will learn how solution-focused questioning can lead to the achievement of desired goals using small steps.

MODULE IV

Content: Guidelines for further Counselling and Care in general and for Reintegration

- Report Writing
- Treatment plan
- Strengthening Interventions for the child, family and the community
- Key steps and Guidelines for Reintegration

This module entails how to analyse the gathered information so as to come up with treatment guidelines for the child, family and community at large.

The practitioner will be taught different strengthening interventions involving all the systems to make structural changes possible and sustainable.

The practitioner will be taken through the key steps and guidelines of reintegration.

MODULE I

Content: To set the grounds

- 1.1 Introduction
 - 1.2 Training Objectives
 - 1.3 Child Protection
 - 1.4 Conditions
 - 1.5 SMART Objectives
-

Method: Dialogue-lecture; practice

Materials: Flipchart, felt pens

1.1 Introduction

Introduce yourself as the facilitator and get to know the names of the participants and of the organizations they represent, the job functions of the participants and their counselling experience.

Give everyone a nametag to make it easy to know your participants and for the participants to know each other. (Icebreaker Appendix I)

Norm setting

Summarize for the participants the program of the day; what time you will take a break for morning tea and lunch.

Use the flipchart to write down the norms to be observed during the training.

Ask the participants for their contributions.

Expectations

Ask the participants for their expectations. (Note this on the flip chart)

Share your expectations with the participants.

Share your own work experiences on a professional level. The shared information will give the practitioner more insight on how the PIP methodology could fit into their daily workload.

1.2 Training Objectives

- To make the practitioner aware of the importance of child protection as being a key element while working with children.
- To make the practitioner aware of his attitude and communication skills and enable him create a conducive environment; the practitioner establishes the policy of confidentiality.
- The practitioner knows how to set SMART objectives for any interview or counselling session.

1.3 Child Protection

1.3.1 What is it about?

Start a discussion about child protection policy with the participants to find out if the organizations they are working with have child protection policies.

1.3.2 Purpose

Explain why it is important to come up with a child protection plan that should be based on the findings from the child assessment.

Ask the participants to give their definitions of child abuse/neglect.

Explain that where the child is the subject of a treatment plan, the child protection plan should be part of it.

1.3.3 Types of Abuse

From the types of abuses highlighted by the participants, *inform* the participants of the abuses that have not been mentioned. (Appendix B).

1.3.4 What to do

Discuss with the participants what policies are in place that guide the child's rights.

Discuss with the participants what to do if they recognize child abuses (Within and outside their organizations)

1.3.4 How to minimize risk

Discuss with the participants 'how', and 'what' to do to minimize risk.

1.4 CONDITIONS

1.4.1 Attitude of the practitioner

1.4.2 Basic counselling skills; Personal pressure points.

Ask the participants how they would define the professional attitude of a practitioner.

Discuss the basic counselling skills.

Explain what personal pressures points could mean for the practitioner.

Ask the participants about their own awareness of being triggered and what they did to overcome.

Example:

A client tells you about the way his father has been abusing him. This event might bring back memories of a similar experience that you went through in the past.

The story of the client might trigger and overwhelm you during the interview to the point that you experience all kinds of feelings, emotions and as a result you become emotionally blocked.

What are the options for you as the practitioner, to ensure that the counselling process is not interfered with due to your own unresolved past experiences?

1.4.3 Safety and Confidentiality

Method: Dialogue-lecture; Exercise: Leading the blind.

Material: Flipchart, felt pens.

Use the flipchart to write down the different meanings of safety and confidentiality.

Discuss with the participants the meaning of safety in counselling.

Explain how the practitioner can help the client by asking about his needs that make him feel safe and trusted.

Discuss with the participants the meaning of confidentiality in counselling.

Further explain what is required of the practitioner to achieve this.

1.4.4 Exercise: Leading the blind.

Aim: To enhance trust, so as to encourage the 'blind' to take responsibility for his own needs.

Through the exercise, the participants should experience, what it means to feel safe and that this is a key element of counselling.

Limited instructions:

The participants get into pairs. One participant in each pair is blindfolded and his partner will be the guide. Just lead the blind by taking him by the hand around and explore the surroundings.

Full instructions:

Explain after the first experience why it is so important to build trust so that the 'blind' who totally depends on the guide, need to have a sense from the tone of voice and the way of touch, so as to enable the blind to rely on the guide.

The guide on the other hand should not only reassure the blind but should also ask the blind what he needs in order to feel confident and safe.

Example:

"Am I talking too loudly?" "Am I holding your hand too tightly?" (It differs per person).

After the exercise, have a discussion based on the experiences of the participants: how did it feel to be blindfolded and guided by somebody you don't know? What was the most difficult part of being blindfolded/ leading someone around?

1.5 SMART Objectives

Method: Dialogue-lecture; practice

Materials: Flipchart, felt pens.

1.5.1 What is it about?

Explain the meaning of SMART: To set goals that are; Specific, Measurable, Attainable, Realistic and Time bound.

1.5.2 Purpose

Explain why the practitioner should be aware that during any interview or counselling session he should set goals on what he wants to achieve while gathering information about the client's problems, or in the process of steps that need to be undertaken in further counselling.

Method: Dialogue-lecture; practice

Ask the participants if they have worked with SMART

Draw the SMART table below on a flip chart

1.5.3 How to use it

| | |
|--------------------|---|
| 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 |

Explanation:

SMART Objectives in the context of the PIP methodology is all about attaining set goals.

This information will be used to evaluate and come up with a new SMART for the next session.

Exercise: Let the participants practice with a case to get a better idea/insight on how to use SMART during an interview or counselling session.

MODULE II

Content: Theoretical Background

- 2.1 Introduction
 - 2.2 Training Objectives
 - 2.3 Systemic-Contextual Approach
 - 2.4 Puppet Interview Methodology
 - 2.5 Solution-Focused Approach
-

2.1 Introduction

After welcoming the participants, the facilitator may start the session with a relaxation exercise (Appendix I). The aim of this exercise is to enable the participant to have a free frame of mind that excludes disturbances from the outside world.

Ask the participants to recap in their own words what they have learned in order to find out the level of comprehension of the topics covered.

2.2 Training Objectives

- The practitioner can look at the child in relation to his broader systems, such as the nuclear family; extended family; and community.
- The practitioner is aware that unresolved issues might be inherited from a former generation and passed on to the next generation.
- The practitioner understands the application of a multi-perspective way of looking at the situation of the child and how all systems are related and/or affected.
- The practitioner can apply the Puppet Interview Methodology together with the client, to enable the reconnection of the past and the present which will make structural changes possible for a better future.
- The practitioner will learn the solution-focused approach, which is future-focused and goal-oriented, to find solutions for the problems presented by the client.

Method: Dialogue-lecture; practice

Materials: Puppets, flipchart, felt pens, puppets, physical exercises. (Appendix I)

2.3 Systemic-Contextual Approach

2.3.1 What is it about?

Explain that the systemic-contextual approach focuses on understanding problems within a contextual framework.

Explain that the behaviour of all individuals within the family and community will influence and affect all either positively or negatively.

Explain that the child and his problems are not a 'stand-alone' but are related to other systems.

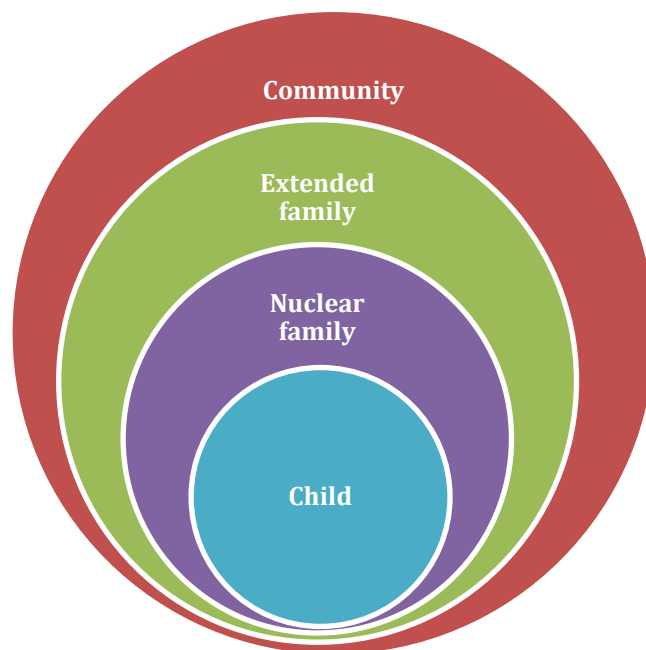
Explain that families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation.

Explain further that the family systems are made up of sub-systems; such as: the parental partnership, parent child sub-system, sibling sub-system, grandparent-grandchild sub-system.

2.3.2 Purpose

Explain that the practitioner should develop more awareness of the interactional processes in the families and how problems can be related to traumatic life-events.

Explain that the practitioner needs to engage the involved and affected systems around the child so as to help overcome the problems that have affected the relationships and develop a deeper sense of connection within the affected systems.



Draw the holistic diagram above on a flipchart

Explain the systemic-contextual approach by using the holistic diagram above.

Show the participants that the child being the centre point is interrelated to the nuclear, extended family and the community at large.

Explain that if a child has a problem, it is important to be aware of this and explore how all other family members (Including the extended family) react and behave towards this problem and what the effect is of possible changes in their behaviour.

Explain that when family members are not present (Living too far away, lost, missing or dead) they can still give their contribution. (**Example:** “What do you think your grandmother, who passed away would think about how you tried to overcome all these bad experiences?”

“Would she agree/disagree with your decisions?”)

Explain the reason behind these kinds of questions. Even dead people can still influence the client’s life positively (Like a guide)/negatively (Bad conscience)

2.3.3 Intergenerational Context

2.3.4 What is it about?

Explain why unresolved issues from the past generation could be inherited and could influence the present generation.

2.3.5 Purpose

Explain why there is a need to break through the old dysfunctional patterns of communication.

In the child’s puppet interview assessment the practitioner involves the three generations: children, parents, grandparents.

Explain why it is important to involve the three generations.

Explain that the behaviour the client exhibits might be inherited from a former generation.

2.3.6 Reframing the Behaviour

2.3.7 What is it about?

Explain that it is common in conflict resolution: instead of judging the client as being a bad person, which is negative, it is more helpful to give a positive meaning of the client’s behaviour.

Give the example of John and his father. (Appendix G)

2.3.8 Purpose

Explain the importance of increasing awareness of the underlying meaning of the different behaviours’ and how these behaviours’ influence and affect members of the family.

Re-label the negative judgment of **‘bad boy’** to a more positive meaning ‘the boy tried to protect his parents’.

Explain the reason as to why and how the stigmatizing behaviour should be reframed.

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

2.3.10 What is it about?

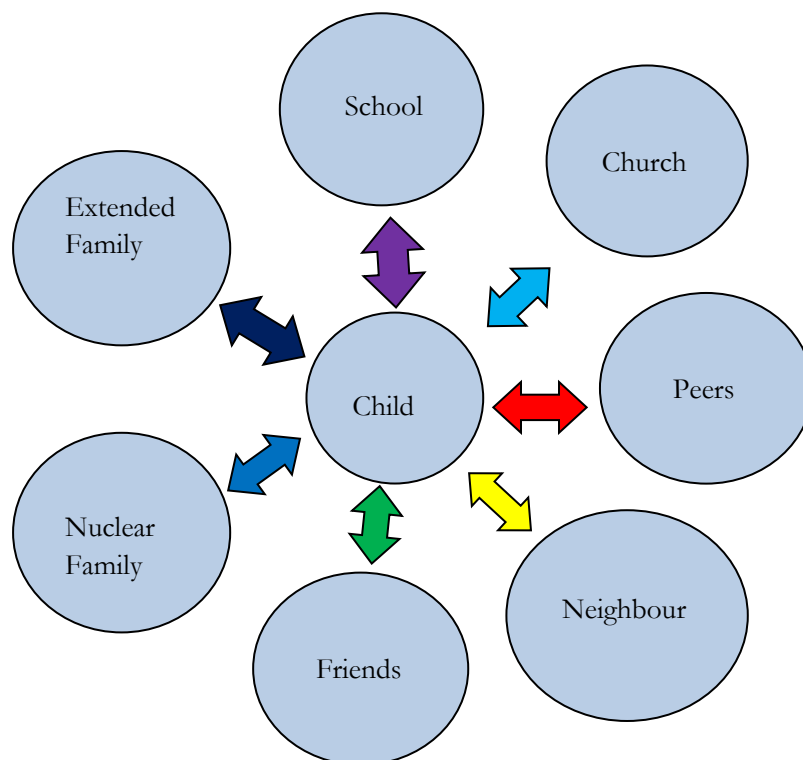
Every person has his own personality, characteristics, background, beliefs, values, experiences and norms. It is important to hear the views, opinions, beliefs of all people involved around client so as to get a better picture and understanding of the client's situation.

2.3.11 Purpose

Explain why the contribution and the different views of the systems involved will create a complete picture which will help in finding solutions to the problems.

Draw a diagram with the child as the centre point and of the different systems around the child.

Demonstrate the context of how the different systems are connected to the child can be viewed from a multi-perspective way.



Further explain to the participants the multi-perspective diagram and how the relations affect one another.

Explain why all affected systems should be involved during the different stages of counselling.

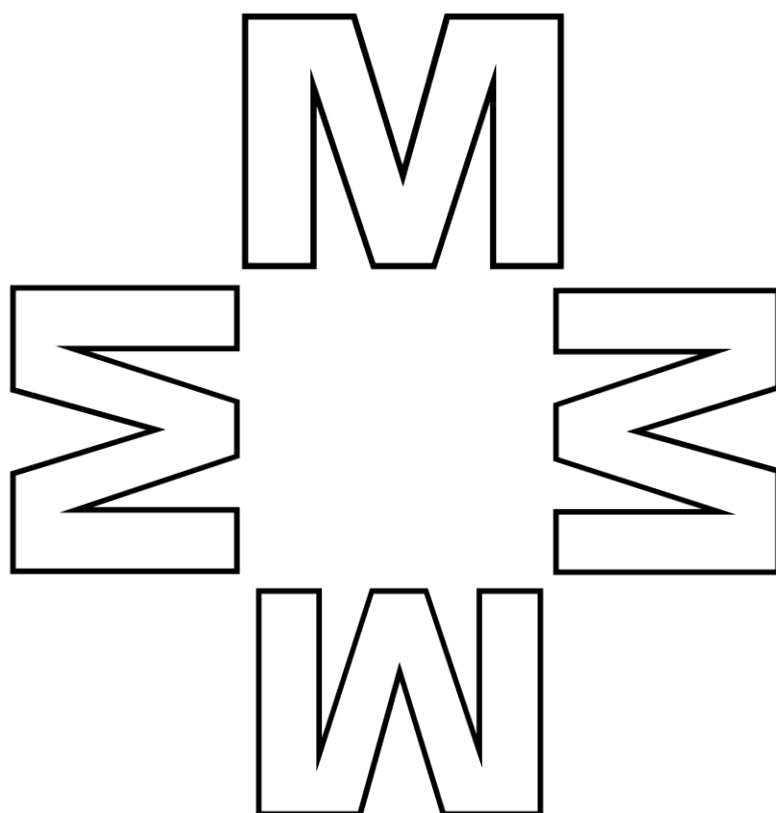
Illustrate this with concrete material like a bottle of water and the letter M.

Ask the participants to sit/stand around a **square** space.

Draw the letter 'M', as shown below, on a paper and place it in the middle of the square of participants.

Ask the participants from the four corners of the formed square, what they see directly in front of them.

The participants should be able to realize that what they see as 'the truth' from their perspective is seen differently from the perspective of others.



2.4 Puppet Interview Methodology

2.4.1 What is it about?

Introduce the puppets, actually dolls, as a nonverbal communication tool that is playful and child friendly.

Demonstrate that the puppets represent human beings, (Females, males, children, adults, and the elderly).

Demonstrate how the puppets can be manipulated with the arms, legs and head to express feelings in relation to other persons. (Appendix C)

2.4.2 Purpose

Explain why it helps the client to identify himself with the puppets as well as his family.

Explain why it is much easier for the client to open up and picture his own situation from a 'distance' (On a table).

Explain why it helps the practitioner with the child assessment to get a better understanding and insight of the client's problems, the people he is (dis)connected to, his resources and coping mechanisms.

2.4.3 How to use it

Give a demonstration of a puppet interview. *Ask* one of the participants to volunteer as the client in the interview.

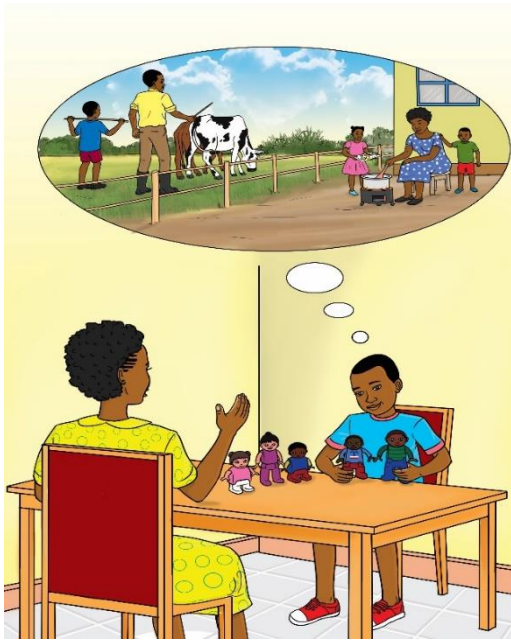
- *Introduce* the puppets and how they can be manipulated.
- *Demonstrate* how the child can select and identify with them.
- *Demonstrate* the dynamics that different movements express: when a person is sick (Puppet is sitting down), when a person is dead (Puppet is lying down).
- *Emphasize* the importance of the identification that the child has made with the selected puppets.
- *Explain* the purpose for using the puppet arrangements and show the setup of the puppets on the table that demonstrates three generations.
- *Explain* why the child is asked about his biological and extended family (Three generations)
- *Explain* the setup of the systems around the child.
- *Explain* the sequence of exploration of the different systems (Like school, peers, street life etc.) that are connected to the child.
- *Explain* how to see the problems from different perspectives of the people involved.
- *Highlight* that the information gathered at this point will help reconnect the past, the present and to find ways for future solutions.

Explain and give reasons as to why it is important to ask about internal, external resources, coping mechanisms and give examples.

Take note of the positions of the people the child is related to (John had a close relation with his father before he started drinking).

- *Explain* the impact of the life-events and how behaviour of every person can change due to these life-events.

Discuss the benefits and challenges for the practitioner and the client while using the puppets.



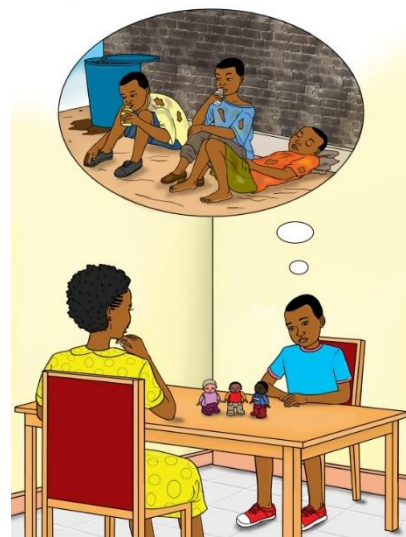
The practitioner explores with John how life was before problems set in. John is able to picture how his relationship with the rest of his family was.



The practitioner explores the family system and the changing relationship dynamics within the nuclear family.



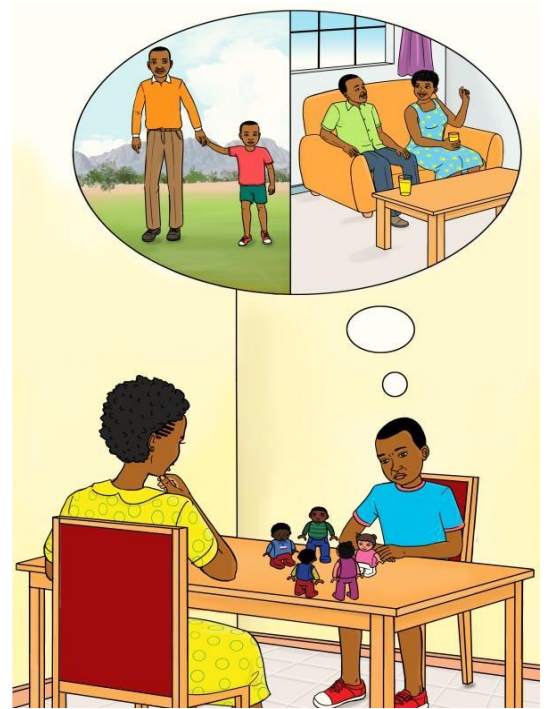
The practitioner explores with John the relationships between him, his peers and teachers.



The practitioner explores John's coping mechanisms, and how he survived in the streets.



The practitioner explores John's preferred family situation.



The practitioner explores with John the steps that need to be taken to restore family harmony using his resources.



The practitioner explores external resources that could be supportive.



The practitioner guides John on the steps needed for him to be accepted in school.

Practical: Role-play in pairs (Practitioner, client and vice versa). (Observation form Appendix K)

2.5 Solution-Focused Approach

Method: Dialogue-lecture; practice.

Materials: Flip charts, felt pens.

2.5.1 What is it about?

Explain that the approach is based on a solution-focused orientation that leads to solutions, rather than the backward orientation of analyzing problems.

Principles:

- Don't repair what is not broken.
- If something works, do it more often.
- If something doesn't work, try something else.
- Small steps can lead to big changes and small successes will be a motivation to aim for further change.
- The solution does not always have to be associated with the problem.
- No problem is there 24/7, there are always exceptions that can be used.

2.5.2 Purpose

Explain why and how, with a solution-focused approach, the child/family can be helped to find solutions to their problems.

2.5.3 Solution-Focused Guidelines

- *Introduce* the idea of problem solving.
- *Explain* the background of the solution-focused approach.
- *Explain* why it is important to prioritize the 'list' of problems and why it is important that the client selects the problem he wants to work on first.
- *Explain* the reason for asking about the resources and coping mechanisms.
- *Explain* how to tie the resources and coping mechanisms together in order to strengthen the client.
- *Explain* the steps needed towards solving a problem:
 - Say what the problem is.
 - Explain how to establish the goal.
 - Think of solutions.
 - Examine the solutions.
 - What are the consequences of each solution, the advantages, and disadvantages?
 - Pick one and try it out.
 - See if it worked.
 - Review the outcome.
 - Review solutions over time.

Exercise:

Let the participants practice in pairs with the steps by using their own examples. One is to be the practitioner and the other takes the role of the client.

MODULE III

Content: Techniques and Tools

- 3.1 Introduction
 - 3.2 Training Objectives
 - 3.3 Circular Interviewing Technique
 - 3.4 Genogram
 - 3.5 Solution-Focused Techniques and Tools
-

3.1 Introduction

After welcoming the participants the facilitator may start the session with a relaxation exercise (Appendix I) The aim of this exercise is to enable the participant to have a free frame of mind that excludes disturbances from the outside world.

Ask the participants to recap in their own words what they have learned in order to find out the level of comprehension of the topics covered.

3.2 Training Objectives

- The practitioner has learned to apply the circular interviewing technique in order to get a better understanding of the functional and dysfunctional communication patterns, relations, interactions, differences and family cohesiveness.
- The practitioner has learned to interpret and translate a puppet setup and draw it into a genogram and vice versa.
- The practitioner is able to comprehend the use and the aim of the solution-focused questions that help in the recognition of the resources and coping mechanisms gathered from the puppet interview methodology.
- The practitioner has been introduced to the solution-focused techniques and tools, on how to guide the client with small steps towards achieving the desired goals.

Method: Dialogue-lecture; practice
Materials: Flip chart, felt pens, Puppets.

3.3 Circular Interviewing Technique

3.3.1 What is it about?

Give a small introduction:

Counselling is a form of communication between human beings in which the practitioner shares his knowledge, and skills of problem solving.

One of the skills the participants need to acquire is the technique of asking questions.

3.3.2 Purpose

Explain why it is essential to propose questions that help the client to open up and be able to explore more, in a non-judgmental way, the root causes of the problems with different kinds of techniques.

3.3.3 Different Forms of Questioning

Ask the participants what kind of questions they normally propose during their counselling sessions.

Take note of the kind of questions that come up so they can be categorized into closed or open-ended questions.

Explain the differences between closed questions and open-ended questions.

Closed questions:

Explain that the purpose of closed questions can be answered with minimal responses.

Example:

“How old are you?”
“What is your name?”
“What day is it today?”

Ask the participants to come with other examples.

Open-ended questions:

Explain that open ended questions require more thinking and more than a simple one-word answer.

Examples:

“How was life before there were problems?”
“What happened with all of you after your father lost his job?”
“Do you think that your father and mother were happy before the incident?”

Ask the participants to come with other examples.

Circular questions:

Explain that the purpose of circular questions is to gather information to find the differences in views, opinions and ideas of another person's behaviour or interactions.

Aim: The focus lies on the interactions and relations, often asked through a 'third party' in order to view issues from a different perspective which are needed to overcome resistance to generate change.

Examples:

John's case: "John, what do you think your grandparents think of your mother who left your father and taking your siblings with her?"

Susan's case: "Mother: Do you think that the school can be supportive in solving Susan's problems?"

From both responses, the practitioner is able to have a better understanding of the push and pull factors in the client's life; In other words, the practitioner gets a different, new view of how the 'third party' looks at the behaviour. It also helps the practitioners have a better insight into the dynamics of relationships, and communication patterns within and outside the family.

Types of Circular Questions

Reflective questions

Explain that these are questions that help put the client's state of mind in the past.

Please note that for those children who are unable to reflect on the past due to their mental stage of development, the puppets can be very helpful.

Examples:

"How was life before your parents separated?" "Can you show it by picturing the situation?"

"Were your mother and father always fighting?"

"When did this start?"

Hypothetical questions

Explain that these are questions that help explore, with the client, the possible outcomes that are related to the past, present or future.

Examples:

"What if your father had not lost his job, would life have been the same?"

"What if the teachers at school are afraid of taking you back because you might make trouble again?"

Future-oriented questions

Explain that these are questions that focus the client's mind on the preferred future from the client's perspective or from another person's perspective.

Examples:

John's case:

"How would you like the relationship between you and your father to be once the problems have been solved?"

"How long do you think this would take?"

Susan's case:

"Susan, you mentioned that you would like to have a much closer relationship with your mother"

"Can you tell me more about how you would like things to be between you and your mother?"

"How would your siblings notice the difference between you and her when you become much closer to one another?"

3.3.4 Interventions

Explain what makes circular-questioning an interventional technique.

Explain the goal of interventions: from the analysis of assessing problems, interactional behaviour, and family cohesiveness.

The practitioner will be able to come up with actions that may have the effect of modifying one's behaviour, cognition or emotional state.

Examples:

"What do you think you and your mother need to do in order to heal your relationship?"

"What do you think would be the most effective way for you to resolve this problem?"

"What will happen if you stay in this 'angry' mood against your parents?"

3.3.5 Exercise

Aim:

To help formulate reflective, hypothetical and future-oriented questions.

- Distribute three puppets to each of the participants. (Puppets could represent a child, uncle, teacher, mother, grandmother and grandchild).
- Ask the participants to come with circular questions while using the puppets.
- Give the participants time to write down their examples.
- Let them demonstrate the three examples of the different circular questions to the rest of the group.

3.4 GENOGRAM

Method: Dialogue-lecture; practice
Materials: Flipchart, felt pens.

3.4.1 What is it about?

Explain that a 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 inherited behaviour from parents to offspring across three generations. (Appendix E/F)

3.4.2 Purpose and use of the Genogram

Explain why drawing a genogram helps the family members to become more aware of the intergenerational inheritance of trauma and loss, as well as relationships between family members.

Explain why three generations need to be involved.

Explain why it helps the practitioner identify patterns of behaviour and dysfunctions that need to be addressed, and what the impact of the life-events have been on the family and in what sense it has affected them.

Explain why it gives more insights.

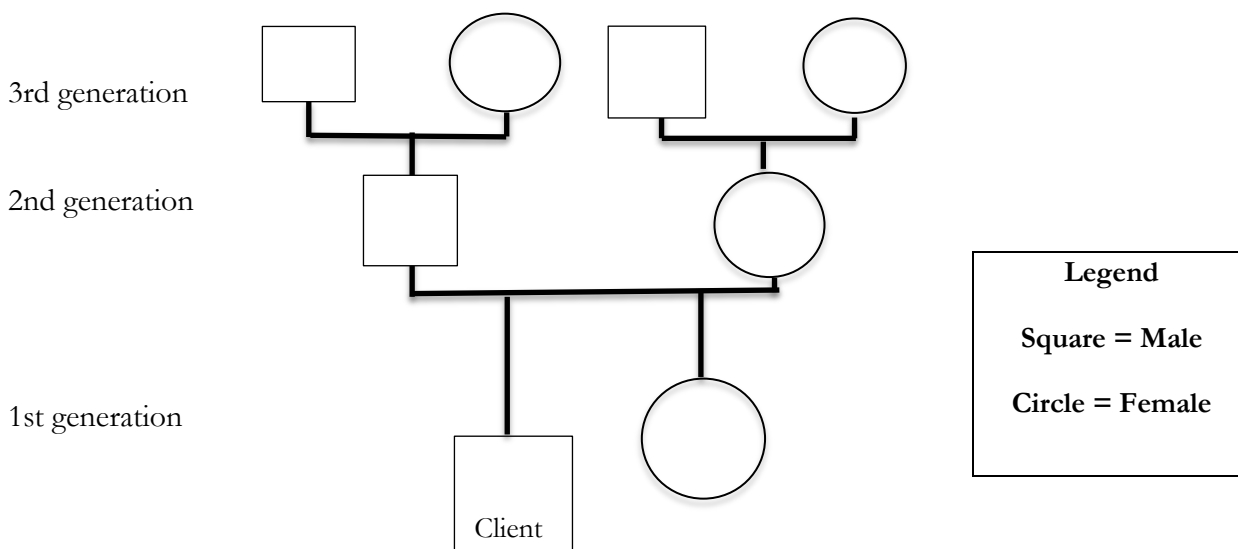
Demonstrate how to translate a visual puppet setup into a drawn genogram.

This will be used in the PIP report, which would act as referral document for future use.

3.4.3 How to draw a Genogram

Step 1: On a flip chart, *draw* the genogram symbols that are commonly used.

This is an example of the basic and general rules of a genogram:



Explanation:

The rules of drawing a genogram are:

- Square means male and circle means female.
- The husband is drawn to the left of his wife.
- The male parent must always be closer to his first partner.
- A spouse must always be closer to his/her first partner.
- The eldest child is always at the left side of his/her siblings.
- The client being interviewed is identified by the longer line connecting him to his siblings.
- The first generation are the children, and in this example a brother (The eldest) and a younger sister.
- The second generation are the father and mother.
- The third generation are the grandparents from both the paternal and maternal side.

Exercise:

- *Ask* the participants to draw a genogram of their own family using the basic genogram symbols. (The facilitator needs to be sensitive to the fact that genograms drawn by participants often reflect real life).
- *Group* the participants in pairs so they can read each other's family genogram.
- *Ask* a volunteer to present his drawn genogram and let him translate this into a puppet setup.
- Evaluate the exercise.

Symbols for family relationships and emotional relationships

Explain:

How to draw, and interpret family and relationships from a genogram which helps the practitioner get a better insight into where and when the problems started.

What the impact of the life-events has been.

What can be done to overcome the disruptions which have affected all involved family members?

Step 1: *Explain* the general genogram symbols.

Step 2: *Clarify* family membership, structure of the family in three generations, including key information such as name, age, occupation, life-events like birth, marriage, divorce, loss, death, etc.

Step 3: *Explain* how to draw the family relations and the quality of relationships between family members using the symbols of the emotional and family relationship legends.

Step 4: *Use* John's case to demonstrate how to draw the relationships from the gathered information from the puppet setup.

Step 5: *Fill* in the life-events that have changed the dynamics in the relationships across and between generations.

Step 6: *Translate* the drawn genogram into a puppet setup of John's case.

Exercise:

- *Let* the participants draw the relationships between the family members (Previous exercise) using the symbols that show the family and emotional relationships.
- *Group* the participants in pairs so as to read each other's family genogram.
- *Evaluate* the exercise together.

3.5 SOLUTION-FOCUSED TECHNIQUES AND TOOLS

3.5.1 What is it about?

Explain how solution-focused questions can help identify to the client what his goals or preferred future could look like when he has overcome the problems or challenges.

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

3.5.2 Purpose

Explain how the exploration of resources, resilience and coping mechanisms into more details helps to set a treatment plan in place.

Explain how to formulate steps that need to be taken towards rebuilding the child's self-esteem and empowering the family through strengthening interventions.

3.5.3 Solution-Focused Questions

Solution-focused conversations entails asking effective questions, rather than making statements or giving advice. The practitioner uses appreciative, respectful language and curiosity to create opportunities for the client to think creatively on how to progress towards his goals.

Explain why these questions encourage the client to imagine change and to focus on strengths and coping skills.

Explain why the questions can help the client identify what his goals or preferred future could look like when he has overcome the problems or challenges.

Problem free talk

This means talking to the client about things in his life that are not immediately connected with the problem or challenge he is facing.

Explain the purpose: Active listening can tell the practitioner a lot about the client's potential, resources and competencies and shows the client that the practitioner is interested in him as a human being and does not see him as somebody who only exists with problems.

Example:

"I know a little about your problem, but before we discuss it further, I would like to find out a bit more about you as a person." "What are your interests/hobbies?" "What are you proud of?"

Set goals/preferred future

Explain the reason why it is important to set well described goals.

Example:

"What do you need to do to get the problem solved?" "What would be your first action; and what would be the next?"

Miracle question

This question should trigger the imagination of the client to picture a future without problems.

It should further allow the client to think about an unlimited range of possibilities that help resolve unresolved issues.

Instruction: “While you were sleeping a miracle happened. The result of the miracle is that the issues you have been having, have been resolved”. “Things are different and are not like they were before”.

“What do you notice about yourself at home, in school, in the community?”

“What do other people notice in you that is different?”

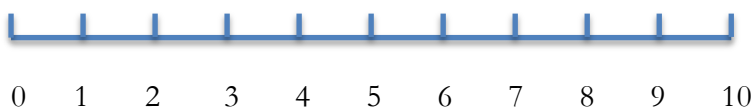
“What could have caused this miracle to take place?”

Scale questions

It is a flexible technique that can be used to help the client identify movement with his problem or challenge.

Explain that it will enable the client to focus on the degree of progress towards his preferred future.

Many things can be scaled: the problem, hopefulness, desired outcome, motivation and different areas of the client’s life.



Instructions:

- “Imagine a scale from 0 to 10. Where 10 stands for the preferred future and 0 is the worst it has been for you”.
- “What number would you give the problem on the scale right now?”
- “What number were you at, when the problem was at its worst?”
- “What will you notice if you moved up one or two numbers towards your goal?”

If the client describes himself at a very low number you can ask questions like:

- “How do you cope when things are this difficult?”
- “What is stopping you from moving down one number?”
- “Who is helping you to cope?”
- “Describe the different changes you will notice as you move up each number on the scale?”

Exception-seeking questions

Explain that problems are not usually there 24/7. In fact, most problems only happen occasionally. There are times when the problem is not even there at all or happen at a lesser degree. Helping the client to notice these times can help reduce the feeling of being overwhelmed by the problem or challenge. It can further help the client be aware of how to behave when the problem is not there.

Examples:

- “Tell me about the times when the problem is less troubling or not happening?”
- “Tell me about the times when you cope better with the problem?”
- “When things are tough, how do you cope?”

Future-oriented questions

Explain that the practitioner is able to open up the door of possibilities.

The client may realize that he is able to come up with creative solving strategies to improve his situation.

The future becomes the NOW.

Example:

“What will you do when the problem is no longer there?”

From this picture, the client may note that a problem began at a particular point and can be a way of pointing to new possibilities and creation of hope.

Coping questions

Explain that the purpose of coping questions is to enable the child to look at his skills and strengths of enduring circumstances.

Example:

“What did you do to stop things from getting (Even) worse?”

Context-changing talk

Explain that the purpose is to give a different description of the client’s behaviour in a more positive light.

Example:

“I would like to ask all family members to come with a different, more positive and meaningful interpretation of Susan’s behaviour.”

Reintegration scaling tool

Explain that the purpose of the tool is to measure the progress of the different parameters that need to be assessed during the entire reintegration process:

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

Exercise: Role-play

- *Ask* the participants to do a role-play with the solution-focused questions.
- *Ask* the participants to practice solution-focused questions while interviewing the client with the puppets.
- *Take note* that the participants focus on the internal and external resources and coping mechanisms of the client.

MODULE IV

Content: Guidelines for further Counselling and Care in general and for Reintegration

- 4.1 Introduction
- 4.2 Training Objectives
- 4.3 Report Writing
 - 4.3.1 What is it about?
 - 4.3.2 Purpose
 - 4.3.3 Contents of a PIP report
- 4.4 Treatment plan
 - 4.4.1 What is it about?
 - 4.4.2 Purpose
 - 4.4.3 Guidelines for further Counselling and Care
 - 4.4.4 Strengthening Interventions
 - 4.4.5 Child Strengthening Interventions
 - 4.4.6 Family Strengthening Interventions
 - 4.4.7 Community Interventions
- 4.5 Reintegration Guidelines and Strengthening Interventions
 - 4.5.1 Introduction
 - 4.5.2 Key steps and Guidelines for Reintegration
 - 4.5.3 Child Assessment
 - 4.5.4 Child Strengthening Interventions
 - 4.5.5 Home Tracing
 - 4.5.6 Home Visit and Family Group Discussion
 - 4.5.7 Family Strengthening Interventions
 - 4.5.8 Community Interventions
 - 4.5.9 Home Placement
 - 4.5.10 Home Based follow-ups
 - 4.5.11 Exit plan

4.1 Introduction

After welcoming the participants the facilitator may start with a relaxation exercise before starting the session. (Appendix I)

This will free the participant's mind from disturbances of the outside world.

Further ask the participants to summarize in their own words what they have learned in order to find out the level of comprehension of the topics covered.

4.2 Training Objectives

- The practitioner is able to record this information into the PIP report.
- The practitioner can come up with treatment guidelines for further counselling and care for the child, family and community at large.
- The practitioner has been trained in strengthening interventions for the child, the family and the community.
- The practitioner can come up with treatment guidelines for reintegrating the child back into the community.

4.3 Report Writing

Materials: Flipchart, felt pens.

4.3.1 What is it about?

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

4.3.2 Purpose

Explain the five main reasons for report writing.

Discuss with the participants what the policy, guidelines, and regulations in their organizations/institutions are, concerning report writing.

4.3.3 Contents of a PIP Report

- *Introduce* the PIP report format for the child.(Appendix J)
- *Discuss* the contents of a PIP report.
- *Explain* the need of SMART in capturing information on the topics.
- *Explain* how to translate a puppet setup into a genogram.
- *Explain* how to record the gathered information and discuss the difference between, Objective (**Example:** “John is 10 years old”) and, Subjective information (**Example:** “John has an abusive father”).
- *Explain* how recommendations for further counselling and care can be formulated.

Exercise:

Let the participants write their own PIP report using Susan’s case.

4.4 Treatment plan

Material: *Copy* Susan's case with the aim that the participants can practice setting goals for her family and the community. (Appendix H)

4.4.1 What is it about?

Explain that the practitioner should gather information from all involved systems to enhance comprehension of the dynamics and utilize the information to develop a tailor-made treatment plan.

4.4.2 Purpose

Explain that a treatment plan helps the practitioner keep 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.

4.4.3 Guidelines for further Counselling and Care

Give a small introduction:

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

Explain to the participants the steps that need to be taken:

- Establish an agreement with the client on which problems should be focused on to achieve the desired outcome.
- Formulate positive and realistic treatment goals with the client and the family.
- Establish an agreement with the family and other involved systems on how they can contribute towards finding solutions to the problems with interventions that build on strengths, empowerment and resilience.
- Estimate the number of sessions that it will take to achieve the set goals.
- Use the key concepts of the PIP methodology and techniques to assist the child, the family and other affected systems to work through the conflicts and behaviours related to their issues.
- Monitor the progress using the scaling questions with the parameters: child's wellbeing; child-parent relationship; school enjoyment; peer support; community belonging.
- Initiate an exit plan when the treatment goals are met.
- When for various reasons the treatment goals cannot be met, referral should be recommended in the best interest of the child.

Susan's case:

Introduce Susan's case as a client by telling her life story.

Explain the reasons as to why and how to tie the resources and coping mechanisms that help Susan and the systems around her, contribute towards finding solutions for the problems.

Explain how the outcome from the child and family assessment will give the way forward to developing a treatment plan.

4.4.4 Strengthening Interventions

Explain that strengthening interventions with a solution-focused approach are meant to strengthen the child and the family as a unit, to improve the child's well-being, the parent-child communication and establish support from the wider community.

4.4.5 Child Strengthening Interventions

Discuss with the participants what the practitioner could do to strengthen Susan in her abilities, resources, competences and skills.

Explain, using Susan's case, how to use child strengthening interventions:

- Encourage the client to prioritize the problems.
- Motivate the client to become responsible of finding a range of possible solutions.
- By asking solution-focused questions, tie the found resources and coping mechanisms to empower the client to overcome the problems.
- Guide the client on the small steps that need to be taken to achieve the desired goals.

4.4.6 Family Strengthening Interventions

Discuss with the participants what the practitioner could do to strengthen Susan and her family in their abilities, resources and competences.

Explain with the help of Susan's case how to use family strengthening interventions.

Explain the set of key processes in family resilience that guide family assessment and interventions:

- Decreasing risk factors: anticipating and preparing for threatening circumstances.
- Reducing exposure or overload of stress; providing information.
- Reducing negative chain reactions: discuss difficult topics; reframe the problem; prioritize the problems and what should be tackled first.
- Understanding the origins of the conflicts within the family.
- Strengthening protective family processes and reducing vulnerabilities: enhancing communication between (Grand) parents-child.
- Enhancing family strengths; increasing opportunities and abilities for success.
- Teach and practice positive communication skills with the family members to help improve relations among them.
- Empower family and individual's esteem and efficiency through successful problem solving: identify external resources of support for the family.

4.4.7 Community Interventions

Discuss with the participants what the practitioner could do to involve the systems around Susan and her family as a supportive network.

With the help of Susan's case, *explain* how to use community interventions.

4.5 Key steps and Guidelines for Reintegration.

Method: Dialogue-lecture

Material: *Copy* John's case (Appendix G)

4.5.1 Introduction

Give a small introduction:

Where contact between the family and/or any other systems the child is related to, has been broken, re-establishing this contact is a significant part of the reintegration process and needs to be handled carefully; especially if there is blame or fear on either side.

So, reintegrating a child back home involves several key steps that need to be undertaken in order to make the reintegration effective and successful.

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

Explain how the outcome from the child and family assessment will help provide the way forward towards developing a treatment plan.

Explain that tying of the resources and coping mechanisms together can help John and the systems around him contribute towards finding solutions for the problems.

4.5.2 Key steps for reintegration

Explain the reintegration procedure and illustrate every step with concrete examples on how to implement strengthening interventions.

4.5.3 Child Assessment

Explain to the participants that if the outcome of the child assessment is that the child desires to be reunited with his family, then this forms the way forward for all the steps that need to be followed.

Ongoing counselling at the centre will be necessary to help the child prepare for changes ahead and to address past trauma.

Explain that treatment guidelines focus on:

- Establishing an agreement with the client on which problems should be focused on to achieve the desired outcome.
- Formulating positive and realistic treatment goals with the client, the family and the community.
- Record the information; the process; the outcome and the way forward for every key step.

4.5.4 Child Strengthening Interventions

Emphasize that counselling is a journey and that it can take a lot of time to recover from a bad experience that a client has gone through.

Explain that treatment guidelines focus on: the estimation of the number of sessions that it could take to achieve the set goals.

Explain the importance of building on strengths and resources.

Explain how to strengthen competences, abilities and skills of the child, from the found resources during the counselling interviews with a solution-focused approach.

Use John's case to illustrate how to use child strengthening interventions.

Discuss with the participants if they can come up with interventions.

4.5.5 Home tracing

Explain why it is important to locate the home and find out if the child is telling the true story, and if the family is ready to welcome the child back home.

Explain that an initial determination of whether family reintegration is in the child's best interest, what barriers exist and how to overcome them, is best done without the client.

4.5.6 Home Visit and Family Group Discussion

Explain the meaning of the home visit assessments.

Explain why the practitioner should provide the family with ways of exploring different points of view concerning the problems that have been raised using the systemic-contextual way of counselling.

Explain why the practitioner should facilitate, with all parties present, discussions that look at the causes of the problems that have led to the situation that made the child run away.

Explain why the practitioner should find out if the family is interested in reunifying with the child in the future.

Explain why the practitioner should explore, during the initial assessment of the family situation, factors that determine if the reintegration will be safe and in the child's best interest.

Explain why the practitioner should mediate and oversee the reconciliation between the child, the family and other involved systems by facilitating a discussion on areas of conflicts.

Emphasize the child's needs and desires from a multi-perspective view during the family group discussions.

Explain the treatment guidelines to be focused on establishing an agreement with the family and other involved systems on how they can contribute towards finding solutions and interventions that build on strengths, empowerment and resilience.

4.5.7 Family Strengthening Interventions

Explain that the family strengthening interventions focus on building strengths and resources.

Explain why there is the need for interventions that generate change in order to decrease the risk factors, negative chain reactions, so as to strengthen protective family processes and empower the child and family.

Using John's case, discuss the kind of interventions that would help generate change.

Explain that treatment guidelines focus on:

- The estimated number of sessions that it could take to achieve the set goals.
- The use of the key PIP methodology concepts and techniques that assist the child, the family and other affected systems to work through the conflicts and behaviour related to their issues.

4.5.8 Community Interventions

Explain that community interventions focus on the involvement and contributions of all systems that the client and the family are related to.

Explain why the contributions from the external resources are important towards helping the family unit reconnect/connect and provide a protective network for the child.

Explain that treatment guidelines focus on empowering the external resources.

4.5.9 Home Placement

Explain that the meaning of home placement is to place the child back into the care of its family and to ensure that the child will be cared for and protected.

Explain to the participants the importance of continued counselling using strengthening interventions with a solution-focused approach to establish a new and positive situation.

4.5.10 Home-Based follow-ups

Explain the need for home-based follow-ups and reasons as to why the practitioner should not wait too long (Two months) before revisiting the family and the other involved parties.

The practitioner continuously monitors the progress achieved in family sustainability using the solution-focused reintegration scaling tool.

Explain the importance of monitoring and evaluating the progress that the family and the involved systems have made.

Explain the solution-focused reintegration scaling tool.

Explain that treatment guidelines focus on monitoring progress using the scaling questions with the parameters: child's well-being; Child-parent relation; school enjoyment; peer relationships; community belonging.

4.5.11 Exit Plan

Explain the importance of preparing the family, upon achieving the desired goals of stability and are progressing well, that the assistance is coming to a closure.

Explain the treatment guidelines to focus on.

Initiate an exit plan once the desired goals have been met.

APPENDICES

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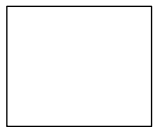
APPENDIX E:

GENERAL SYMBOLS OF A GENOGRAM

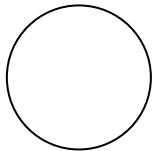
The rules of drawing a genogram are:

- Square means male and Circle means female.
- A spouse must always be positioned closer to his/her first partner.
- The eldest child is always on the left side of his/her siblings within the same family (mother and father).
- The client being interviewed is identified by the longer line connecting him to his siblings.
- In a situation of separation or divorce the position of the line(s) will define if the
- child (ren) live(s) with the father or mother.

Genogram Symbols:



= Male



= Female



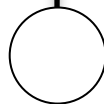
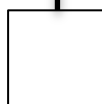
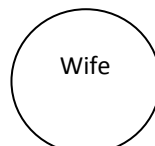
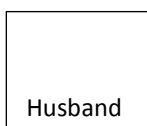
= Death



= Divorce

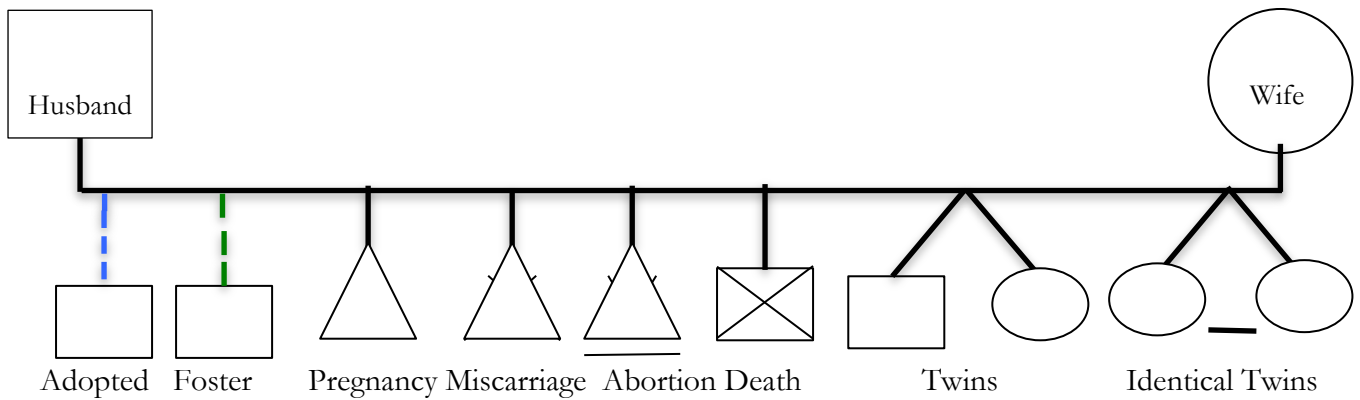


= Separation

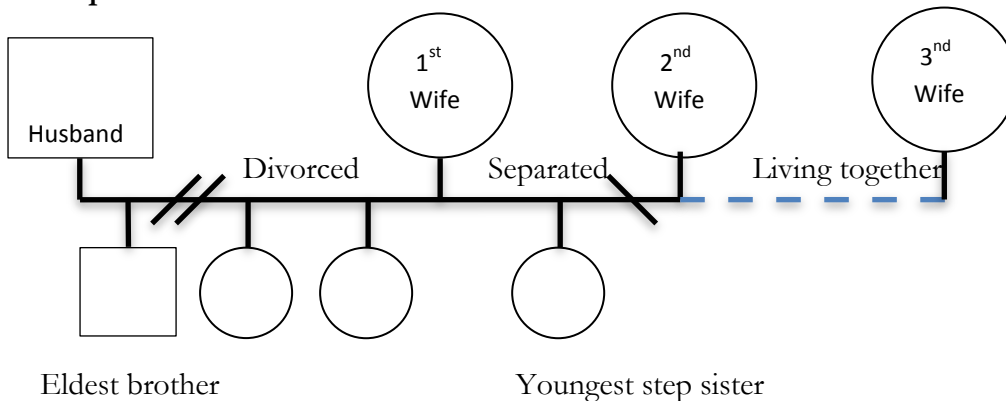


Son

Daughter

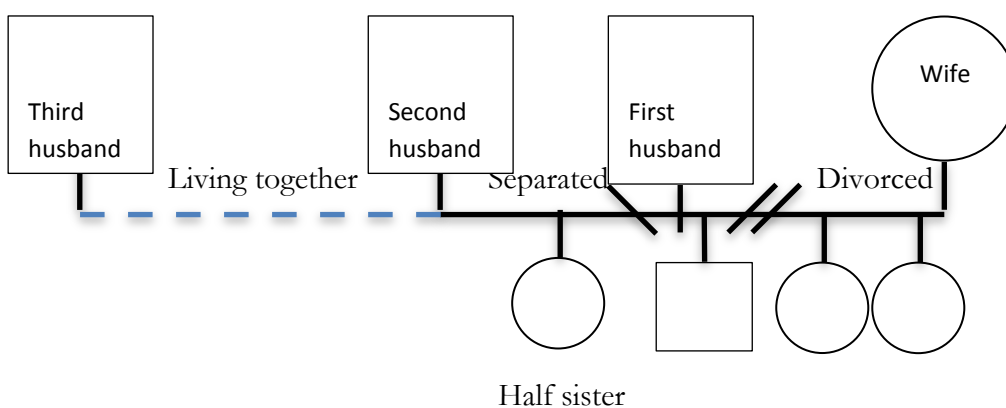


Example 1:



The following above case is a husband with three spouses. The husband had three children with the first wife, than divorced. The husband married the second wife, had one child and separated. The husband currently lives with another woman. As you can see, the eldest child is to the left, and the youngest child, "*Half Sister*", is to the right of her family, as she is the only child of the husband and the second wife.

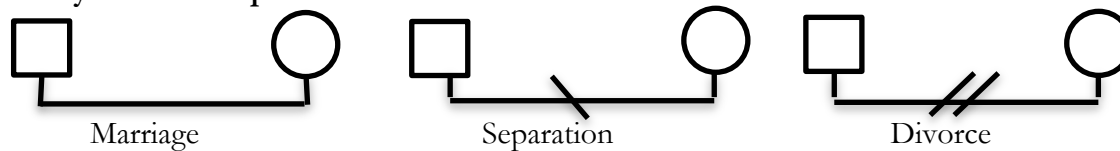
Example 2:



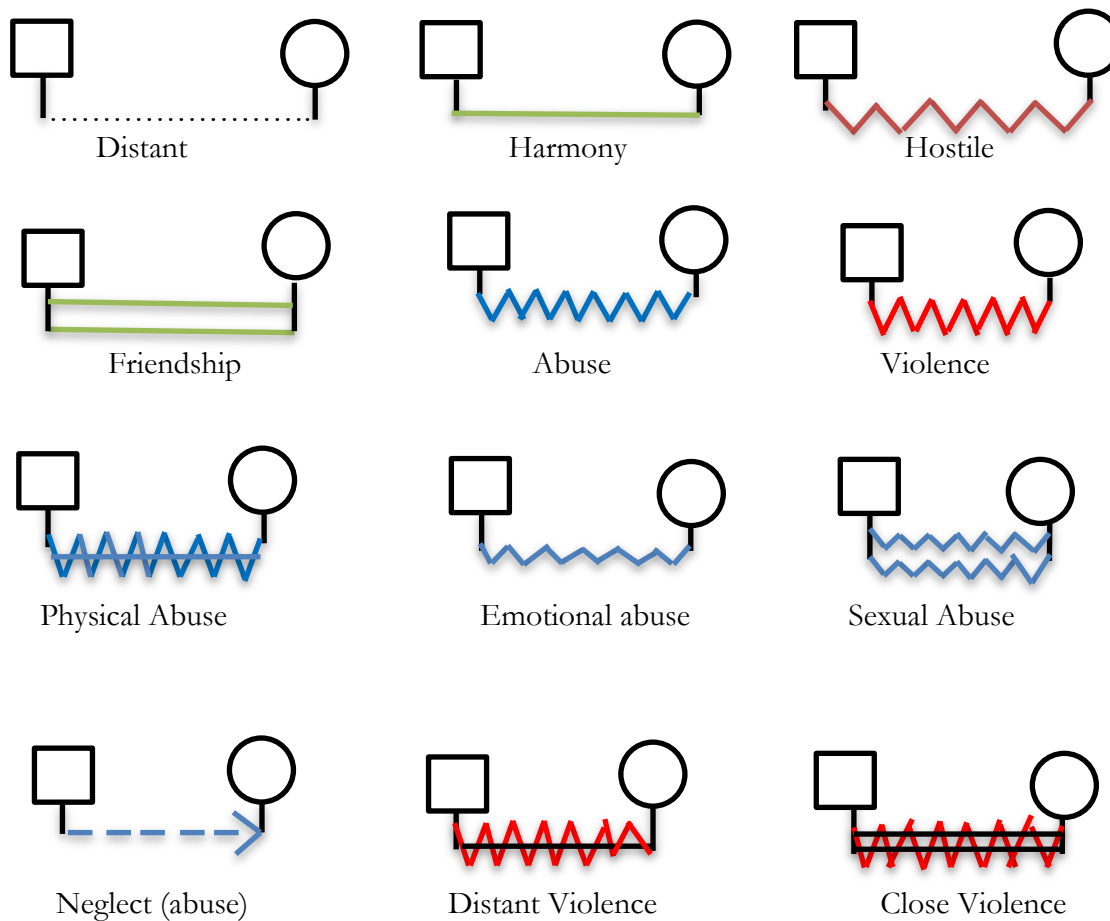
The wife had three children with her first husband and divorced. The wife married another man, had one child with him and now lives with someone else. In this scenario, the '*Eldest Brother*' is older than the twins and the half-sister, however the half-sister must be placed under the family of her biological parents. Since the second marriage is after the first marriage, it follows that the half-sister is younger than the children from the first marriage. The half-sister therefore appears to the left, although she is not the eldest child.

APPENDIX F: GENOGRAM LEGEND: EMOTIONAL AND FAMILY RELATIONSHIPS

Family Relationship



Emotional Relationship



APPENDIX G:

John's Case: A Street child

Client's Name: John Owino

Age: 10 years

Physical address: unknown

Demographics:

Parent's Name: Peter Owino (36 years); Mary Odhiambo (30 years)

Siblings: Steve (8 years); Anna (4 years)

Grandparents (Paternal): grandfather (66 years); grandmother (Died 5 years ago when she was 60 years old).

They have two children: Peter is the eldest son. The younger son (34 years) is married. His wife is 32 years old.

They have two daughters (6 and 4 years).

Grandparents (Maternal): grandfather (62 years); grandmother (58 years).

They had three children: Mary is the eldest daughter. The second born daughter, who was 2 years younger, died when she was 14 old. The last born, a son, (26 years) is 4 years younger than Mary. He is married and his wife is 25 years old. They have a daughter (2 years).

Case Summary:

John is a 10 year old boy who ran away from his rural home to the streets after his father severely abused him physically. John lived in the streets for two months. A Good Samaritan took him to a street- connected organization where he stayed for three months.

By using the PIP Interview Methodology, John opened up and told his life story.

Personal story, family background and important life events:

Both parents are still alive. His father lost his truck driving job 6 months ago after causing a fatal road accident. He started to drink heavily and became aggressive and abusive at home.

John's mother is a housewife and was totally dependent on her husband's income for the household. Following her husband's job loss, the conflicts between them became so severe that the mother could not cope any more in this unsafe and unstable environment. She took off with her two youngest children, went back to her parents and left John behind with his father.

John pleaded to stay behind because he still had a close relationship with his father. He also did not want to leave his school and his friends.

John tried to do everything to please his father (The household chores, herding the cattle, trying to make money so that they could buy food).

Despite Peter being offered support and help by his father, he refused his father's involvement into his family affairs.

Relationship dynamics:

From the **puppet setup**, John pictures how life was before his father lost his job. All family members are close to one another and they lived in harmony. John has a very close relationship with his father; the relationship with his mother is not as close. He depicts a close relationship with his siblings.

John's father was close to his parents until his mother died and his father (John's grandfather) became an alcoholic.

The relational dynamics of John's family changed after his father lost his job: His parents become hostile towards one another; John's relationship with his father is still unaffected; the relationship between him, his mother, and siblings deteriorates.

Concerning the extended family, John's paternal uncle has a good relationship with his father and family. John has never seen his maternal grandparents.

Different systems around the child:

School:

John was one of the best class 4 pupils. His marks suddenly dropped dramatically, did not do his homework properly and came to school late.

This resulted in him being punished for not being disciplined.

John became aggressive towards his peers by beating them up and forcing them to give him money. The headmaster, not being aware of the reasons behind the misbehaviour of the child, responded by administering corporal punishment.

Friends/Peers :

His peers avoided him. John's best friend at school is Michael, who is his neighbour at home. Whenever there was a fight at home between John's parents, he went over to Michael's house where he was welcomed. After the school incidents, not only did Michael start to neglect John, but he was also ignored by Michael's whole family.

Community life:

John used to go to church every Sunday. His mother was a church choir member. After she left the community, the pastor tried to keep in touch with John's father and John, but the father refused his help.

Resources:

External: The family had a relatively good social network (Extended family, neighbours, church, and friends) before the impact of the life events.

Internal: John feels so responsible for his father to the point that he has taken up the parental role. He also had enough self-confidence to stay with his father and deal with the situation. He has shown his determination by not wanting to give up school.

Coping mechanisms:

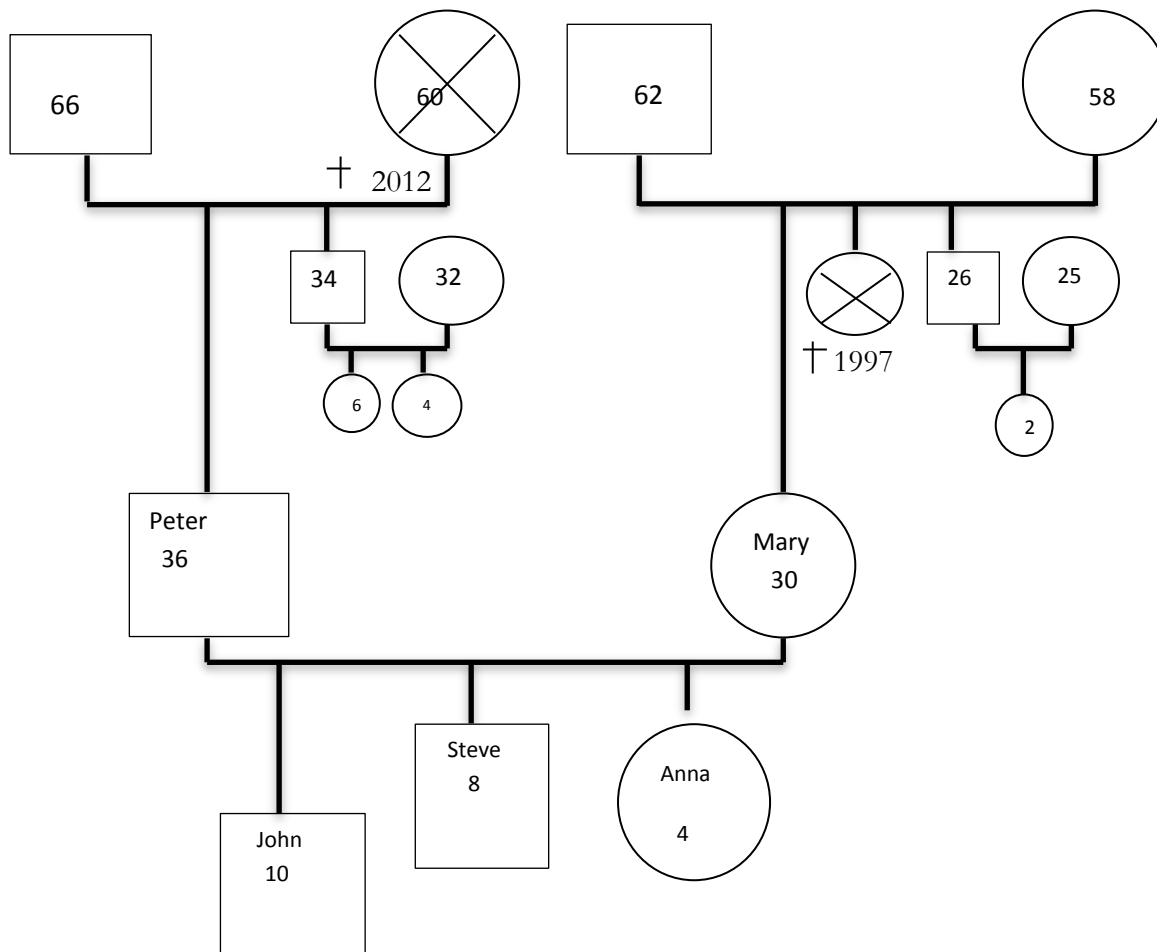
John started to lie in school about his frequent absenteeism. John adapted an aggressive behaviour to subdue his own emotions.

His behaviour changed, he became rude towards his peers and teachers which made him anti-social.

Street life:

During the two months that John lived in the streets, he encountered different gangs that threatened to harm him if he did not provide them with food or money, as a way of initiating him into the gangs. This brought about a lot of anxiety for John.

JOHN'S FAMILY GENOGRAM



PIP Report

The practitioner writes down his findings and the conclusions that will guide him towards a tailor-made treatment plan for John.

- **The Child**

John has been affected by traumatic events in his life both at home and in the streets. His self-esteem has decreased due to the fact that he has been abused physically, emotionally, and neglected by both parents. He even had to endure child labour. This has had a negative effect on his educational and social life. His life at home and later in the streets was very unsafe.

- **The Family**

The whole family disintegrated after the father lost his job. The communication patterns have been highly disrupted and none of the members could cope with the overwhelming situation. The parents had not developed adequate skills to find efficient ways of solving and managing the conflicts within their marriage and as parents for their children. John's grandfather realized that his son's family was in trouble and offers to assist.

- **The Community**

John has been stigmatized in school for his aggressive behaviour. There is a lot of anxiety in school and among his peers that needs to be taken care of.

The community that John and his family live in has become hostile towards them.

The pastor of the church is the only supportive network for the family.

Recommendation for further Counselling and Care

Treatment plan:

The treatment plan helps the practitioner stay within the boundaries of what is required by the client in order to achieve the desired goals.

Due to the life-events that affected the nuclear, extended family and the community at large, the practitioner formulates positive realistic goals with John and the family.

Treatment goals:

- John needs to overcome his anger issues.
- Father needs to stop his drinking.
- Father and mother need counselling and psycho-education.
- The home should become a safe place again.
- The extended family contributions to overcome inadequate communication patterns.
- External resources need to be mobilized for contributions and support.

Reintegration Guidelines for John, back into the family, community and Strengthening Interventions.

1. Child Assessment

Child strengthening interventions:

Will focus on what the child prioritizes to work on first while he is still in the centre. John chooses to have control over his anger. The *practitioner* will then use different kinds of techniques to guide him. With a solution-focused approach, the practitioner will tie the internal resources to strengthen John's self-confidence finding solutions to get control over his anger, and solve his fears in small steps

John must feel responsible for the steps that need to be taken. John suggests: "If I feel agitated in a group and I feel that I am losing my temper, I could walk away, or I can take a deep breath and see if I am still able to be part of the group."

"I need to tell the person who is in charge of the group why it is important for me to have a time out".

Example:

School system

The teacher can support John by encouraging, and giving him permission to take a time out or rewarding him when he is able to take control. (This aspect needs to be in collaboration with the teacher upon the *practitioner* clearly explaining John's needs to be control).

2. Home Tracing

The *practitioner* must locate John's home following the information gathered from him, in order to find out if John has given the right indicators and told a true story.

Further to this, the *practitioner* should find out if the family is willing and ready to welcome John back home.

3. Home Visit; Family Group Discussion

Family strengthening interventions:

Will start with FGD's facilitated by the *practitioner*, in order to get a clearer picture of everybody's perspective of the problems.

Involving all parties is the key that generates change. (Nuclear family, extended family, community)

For the family, it might mean that they need to give John a safe home again and that first of all John's parents need counselling for themselves to learn how to communicate in a more constructive manner.

With the help of the solution-focused approach, the *practitioner* should explore with them what they can do to change their way of communicating.

The *practitioner*, while looking for resources that empower, will tie the past and inherited patterns of coping to the present with the aim of changing their behaviour in a positive manner.

If the family agrees to make their home safe again, the parents must come up with a realistic plan of their own to work on. The father needs to be supported in order to learn how to conquer his drinking habit.

He also needs to consider how he can restore his relationship with his whole family.

The mother who played a part in the separation, needs to be asked what she can do to be able to come back home. She also needs to think about what her husband needs to do to restore their relationship.

The relationship between John and his father is something that they both need to agree should be worked on first.

It might take time to reunite the mother with the father again but the pastor is willing to be the mediator and they both agree to see if their relation can be healed.

The *practitioner* needs to explore with the nuclear family how to deal with the inadequate inherited communication patterns from the former generation; and how the extended family can be of support so as to come up with interventions that positively change the dynamics in the relationships.

Community strengthening interventions:

Will focus on the external resources of the affected systems around John.

The *practitioner* will involve the pastor, the school, and the neighbours', to come up with contributions of finding solutions.

The pastor from the church, who was also participating, is willing to support the father to prevent him from falling back into his bad habits and to encourage him in his belief.

The head teacher of the school is willing to take John back and must inform his class teacher about the current situation. The teacher can mobilize and monitor his pupils to receive John back in a positive way, ask John what he needs to do to feel comfortable in class again.

The *practitioner* should have an open discussion between the neighbour's and the family on how to overcome problems and rebuild family trust within the community.

4. Home Placement

The *practitioner* should prepare John and the family for continued counselling, and monitoring, so as to see if there is progress and positive change in everybody's behaviour. This is tied to the steps that have to be taken in order to achieve the set goals:

John has managed to get his anger under control. He also has a better understanding of what triggers him and how to cope with the triggers.

A good start towards reconnecting is that John visited his mother and siblings who are still staying with her parents.

John's father is being counselled by the pastor.

They all agree that the home is now safe enough for John to return.

5. Home Based Follow-ups

The *practitioner* will use the 'reintegration scaling tool' in order to monitor the progress and development of the John's well-being: at home; with his family; in school; his friends and community.

Example:

Child's-wellbeing

"John, on a scale of 0-10, how safe do you feel when you are at home now?"

John replies: 6

The follow-up questions could be:

"What makes it a 6?" "How high do you want it to be to feel completely safe?"

"What needs to be done to achieve this?"

Example:

Child-parent relationship

Father: "On a scale of 0-10, how much progress have you made to become closer to John?" Father replies: 5

The follow-up questions could be:

"Why is it a 5?" "What can you do to make it higher, or what role can John play to make it higher?"

Example:

School-enjoyment

Practitioner: "On a scale of 0-10, how is John behaving in class now?" Head teacher replies: 7 (Before it was at 2).

The follow up questions could be:

"What do you think has made it a 7?" "What needs to be done to keep it at the 7 or even better?"

"What could make it come down below 7?"

Example:

Peer support/Friends

"Michael, the two of you were good friends before this all happened. You told me as a reply to the scale question, that your relationship is at a 9 (before it was at 3).

"What did the two of you do to make this happen?"

Example:

Community belonging

From the pastor's perspective on his fight to stop his drinking, he scales John's father at a 6.

The father scales his progress at 5.

"How come you see the progress differently?"

"What would it take for you to raise the scale even higher?"

6. Exit Plan

The *practitioner* should point out to the family that they have positively progressed and that they are able to continue without the support of the practitioner.

Emphasize the facts where the family is reconnected with the resources which will help them in the sustainability of their relationships.

Summary:

Treating the child, the family and involving the community to help them overcome their problems, calls for a lot of time, patience, and understanding and even at times when there is a relapse be able to keep believing and trusting in the set course and not lose hope or give up.

Small steps that generate positive change are therefore recommended, in order to make the required/acquired changes sustainable.

This case is an example of a treatment plan, guidelines, steps that could be taken in order to reintegrate a child back home.

Each practitioner will make his own treatment plan seen from his perspective in reconciliation with the client.

Case Summary:

Client's Name: Susan Atieno

Age: 13 years

Parents' Name: Brian (35 years) and Mary (31 years)

Siblings: Mark (9 years); James (5 years); Jane (3 years)

Paternal grandparents: age unknown; maternal grandparents: grandfather (52 years);

Grandmother (48 years).

Presenting issues:

Susan who was referred to the school counsellor because of her truant tendency. She is in class 7. On average, she attends school three (3) times a week. On the other days, she often leaves school early.

Her performance in class has dropped and she is withdrawn from her classmates.

Child Assessment**Case Summary:**

Susan is the first born of a family with a single mother who is taking care of Susan and her three siblings. Susan's father separated from her mother six months ago and moved to Nairobi. The father does not support the family financially. It is a challenge for the mother to provide for basic needs since the father used to be the sole breadwinner.

After the father left, life changed completely for the family. Susan's mother started a small business of selling fish to generate some income for the family. As a result she has to leave the house very early in the morning.

Susan, being the eldest, has to take care of the household chores and her siblings before going to school.

Susan has problems of being on time in school due to all the work and the siblings who have trouble missing their mum and not accepting the authority of Susan. She hardly has time to do her homework and the teachers start complaining about her behaviour in school. Susan explains further that she has to skip school in the afternoons because her mum expects her to help with the selling of fish.

One day an incident happened. Susan, who was helping her mum at the market, was sent to the fisherman's place to buy some extra fish. The fisherman solicited for sex with her in exchange for the fish. Susan, overwhelmed by emotions, gave him the money for the fish which he refused to give back to her. Susan, being too afraid of her mother's reaction, went back to the house. In the evening Susan told the mother that somebody had stolen the money so that she could not buy the fish. The mother became so furious with Susan, whom she felt had let her down, that she beat her up.

Susan, feeling too ashamed, did not dare to go to school because of the bruises on her face.

It was her friend who told the class teacher about Susan's situation at home.

When Susan finally came back to school the class teacher referred her to the counsellor.

Puppet set up:

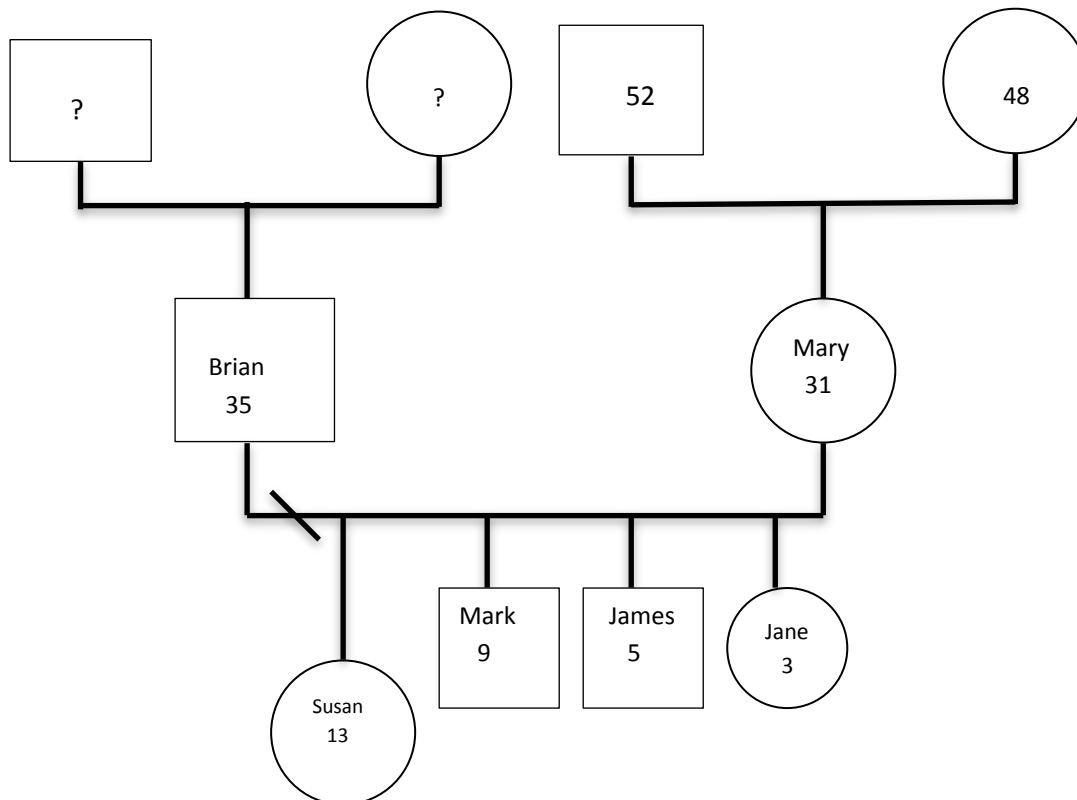
Having introduced the **puppets** and the conditions set, Susan has no problems of identifying herself and her family members. She places her father at a distant position, however they still look at each other. Susan positions her mother opposite her with her back turned. She places her siblings close to her and similarly places grandparents close.

In the course of her story telling, when Susan is asked to identify a puppet representing the fisherman, she starts trembling all over. She places him on the other end of the table and it is not facing the puppet representing Susan.

The *practitioner* notices the change in Susan's demeanour and empathizes with her and eventually she opens up and tells the counsellor what happened to her.

This could be the first step towards exploring the systems around Susan.

Susan's Genogram



Genogram explanation: Brian and Mary separated and Mary continued living with their 4 children. All grandparents are alive. The age of the paternal grandparents is unknown.

Relationship dynamics:

Susan had a good relationship with both parents. Susan was very close to her father. The separation made her feel sad to the point that she thinks he ignores her. Her relationship with her mother changed after the incident and it became hostile. Susan related well with her siblings until she had to take up a 'parental role'. She has a warm relationship with her maternal grandparents whom she visits regularly with her siblings.

Family Assessment:

Involving all parties is the key towards generating change.

The *practitioner* proposes and organizes a family group discussion to get a clearer picture of everybody's perspective of the problems.

By using and exploring in a systematic-contextual way of counselling, it becomes clear that the matrimonial conflicts and as a result father's leaving, has affected all family members.

The mother who finds herself in this situation becomes a harsh and bitter woman, who no longer treats her children in a loving way.

Susan has become moody and depressed.

Mark has become disobedient.

John has started bedwetting, and Jane has become an attention seeking baby.

The grandparents try to be there for the children by asking them to come to their place, whenever the mother allows it.

They all agree that things have to change in order for there to be harmony between them.

This involves all parties coming up with different kinds of solutions and contributions towards making things better.

Family's 'economic' situation:

The family has been adversely affected by the lack of money since the father no longer supports them. Mother's small business hardly makes ends meet for her family.

Different Systems around the Child

School:

Susan is in class 7. The class teacher, not knowing the reasons behind Susan's truancy, late coming and not doing her homework, punishes her for these **perceived** misbehaviours. The peers start to ignore her and tease her because she smells of fish.

Friends/Peers:

Susan has one best friend, the daughter of a neighbour. They attend the same class and school.

Community:

The family lives in a small rural community near the lake.

Resources:

External:

Susan's maternal grandparents form a supportive network.

The small community that they live in is both spiritual and social. There is a willingness by community members to be there for one another.

Internal:

Susan is a courageous girl who is able to set her own boundaries to protect herself.

She shows her resilience by adapting to the new situation that requires her to take over the duties in the household.

She is responsible and does not want to give up in life.

Coping mechanisms:

Susan tries too hard to please everybody. At school she makes up stories to excuse her frequent absenteeism. This results in her pulling away and becoming withdrawn.

Recommendation for further counselling and care

Having written the findings and conclusions in the PIP report, the *practitioner* is now able to come up with a tailor-made treatment plan for Susan, her family and the community.

Treatment plan:

For the treatment plan, it is important to set goals that can be achieved and to tie the resources that empower and build on strengths of all involved parties.

Treatment goals:

Susan: needs to learn how to express her feelings and thoughts in a more constructive way.

Mother: needs to find help from somebody else to help her with her small business, which would make it possible for Susan to go back to school regularly and in time.

She also needs to undergo marital counselling to help her overcome her own issues concerning the separation from her husband.

Father: Every effort should be made to make contact with Susan's father to see if there is any possibility of reuniting this family.

Community: The school could be helpful in re-establishing Susan back into school.

Child Strengthening Interventions:

Solution-focused questions help Susan to find different ways that will empower her. Susan wants to work on the relationship between her mother and herself.

Examples of solution-focused questions:

Scale question: *“What number would you give the relationship between you and your mother now?”*

“What number would you give the relationship between you and your mother before your father left the family?”

Exception-seeking question: *“When you say that you can’t share your issues with your mother anymore, does it mean that before there were problems, you could share them?”*

Future-oriented question: *“What needs to be done, for you to open up again and share your issues with your mother and what does your mother need to do to reach out to you?”*

Family Strengthening Interventions:

Mother agrees that it is important to work towards a better relationship with Susan, and at the same time find somebody who can help her with her small business. She is still sceptical about being counselled about her personal issues.

Examples of solution-focused questions:

Scale question: Mother: *“On a scale of 0 to 10 what number would you give the relationship now between you and Susan?”*

Exception-seeking question: *“Before your husband left, you told me that the relationship between you and Susan was good and you were open to one another. Please tell me of an experience from that time and do you think that this could work again?”*

Future-oriented question:

“Mother, what do you think could be helpful in the future that could improve your relationship with Susan?”

The father should be asked to become more involved in taking care of the children.

Example:

Coping question: Father: *“On a scale of 0-10, how much progress have you made to become closer to Susan?”*

Father replies: 6”

The follow-up questions could be:

“Why is it a 6?” “What can you do to make it higher, or what role can Susan play to make it higher?”

The grandparents could be encouraged by exploring on what more they can do to help the family to get back their balance again.

Example:

Coping question: *“You have been the only stable factor for your daughter and her family when her husband and father to the children left, now is there anything more that you could do for them to help them in stabilizing themselves?”*

Community Strengthening Interventions:

The school could be supportive by empowering Susan and letting her show her competences in one of her favourite subjects, like teaching mathematics to the younger ones.

Examples of solution-focused questions:

Scale question: Teacher: *“On a scale of 0-10, how much of her self-esteem will improve if she teaches the younger ones in her favourite subject?”*

Exception-seeking question: *“Before Susan showed her truant tendencies, how was she like as a pupil?”*

Future-oriented question: *“How can she feel safe again among her classmates?”*

APPENDIX I: ICEBREAKERS/RELAXATION EXERCISES/ENERGIZERS.

ICEBREAKERS

These are exercises that are intended to make the new participants, who may or may not know each other, feel free to interact with each other.

Example 1

The facilitator could divide the participants into two groups. The facilitator then asks the two groups to walk around the room in opposite directions. At the clap of the facilitator's hand, the participants will stop next to the nearest fellow participant. This should be repeated three (3) times. During the first 'stop' they introduce themselves and ask about 'Hobbies'. At the next 'stop' they could share with each other, something 'Positive' that happened to them during the course of the week. At the third 'stop' they could share their favourite 'Activities' at their place of work.

Evaluation:

Ask the participants to mention something that they have learned from their fellow participants and to mention at which 'stop' they got this information.

Example 2

Questions about getting to know each other

This icebreaker helps the group explore shared interests more broadly and should spark discussions about each person's likes, dislikes and why.

Instruction:

Three of Anything

1. Divide the participants into groups of three by having them number off. (You do this because people generally begin a meeting by sitting with the people they already know best, or the people from their own institutes/schools).
2. Tell the newly formed groups that their assignment is to share with the members of their group topics most liked or disliked.
3. Examples of Topics: What are your 3 favourite songs? What are your 3 most favourite vegetables? Which 3 foods would you not prefer to eat again? What 3 best things do you like doing on a Sunday? Tell me about the 3 tasks that you have to do around the house, which you like the least.
4. Tell the groups that one person must take notes and be ready to share the highlights of their group discussion with the entire panel upon completion of the assignment.
5. When the volunteer from each group has finished their group presentation, ask the rest of the participants if there is anything that they'd like to add to the discussion before moving on with the rest of the session.

RELAXATION EXERCISES

Breathing exercise:

Purpose: To improve and increase awareness of breathing.
To improve the body's awareness by experiencing physical sensations

Content: Using the midriff and relaxation of the shoulders:
Audibly breathing in and out while touching the belly. Lifting one shoulder high and bringing it to rest.

Method:
Let the participants stand up. Give instructions at the same time demonstrating the movements.
Lift one shoulder while breathing in, letting it go while breathing out. Repeat the same movements with the other shoulder. (Repeat five (5) times).

Meditation:

Purpose: Achieving a calming effect.

Content:
Guiding the participants into a state of mindfulness.

Method:
The participants are instructed to sit in a comfortable position and close their eyes (if that feels comfortable) and concentrate on gently breathing in and out.

Instruction:

(Read out) During this exercise your mind may drift away, that is normal. If you realise this is happening, just bring your attention back to your breathing.

After some minutes of silence, the participants are instructed as follows:

Concentrate on the sensations within your body: become aware of the sensations in your legs, your belly, your chest, your back, and so on. During the exercise your mind might drift away, that is normal. If you realize this is happening, just gently bring your attention back to your breathing.

Before you entered the room you had all kinds of thoughts about your own life situation, like issues at home, or at work that might bother you.

I would like to ask you if you can put all these thoughts/issues/problems into a bag or box. Tie the bag or lock the box put them away in an imagined safe place where you can pick it up again after this training session.

Take your time. Has everybody been able to put their bag or box away?

(Look if the participants are nodding).

Now I will count back from 10. Maintain your breathing pattern. As I count to 0, gently bring your mind back to the training at hand and then open your eyes.

Energizers

Physical energizers:

1. Picking Mango's and Berries

Purpose: Revive concentration

Content:

Suggest that one of the participants will come up with a commonly known song. On the rhythm of the song make movements as if one is picking fruits from a tree branch just out of reach and from low bushes with alternate arms.

2. Head, shoulders, knees and toes

Purpose: Revive concentration

Content:

Sing: "Head, shoulders, knees and toes, knees and toes, knees and toes. Head, shoulders, knees and toes, eyes, ears, nose and mouth." While singing the song, everyone uses both hands to touch their own body parts named in the song.

**APPENDIX J: PIP REPORTING FORMAT: FIRST SESSION; FOLLOW UP SESSIONS;
FAMILY COUNSELLING**

PUPPET INTERVIEW REPORT

First form

Child's Name: _____ Database No: _____

Child's Age: _____

Counselling Date: ____ / ____ / ____

Home area:

Name of parents/ siblings:

Objectives of the counselling session:

Subject of exploration:

Personal history; Family background; Relationship dynamics; Health conditions; Problems, conflicts; Social life(Friends/peers); School; Community life; Special life-events; Street life; Coping mechanisms; Resources.

The Genogram (Drawn on a separate page)

Information found:

Conclusion:

Recommendations:

Requires Additional Action: Yes: _____ No: _____ By: _____

Next appointment, Date: _____

New objectives: _____

Practitioner's name: _____

Signature: _____ Date: ____/____/____

Follow up form

Child's Name: _____ Database No: _____

Counselling Date: ____/____/____

Objectives of the counselling:

Information found:

Conclusion/ Findings:

Recommendations for further treatment and care:

Requires Additional Action: Yes: _____ No: ____ By: _____

New appointment, Date: _____

New objectives:

Practitioner's name: _____

Signature: _____ Date: ____/____/____





FAMILY COUNSELLING REPORT FORM

CLIENT'S NAME: _____ DATE: ____/____/____

PHYSICAL ADDRESS: _____

CASE HISTORY :

GENOGRAM

| | |
|--|-------------------|
|  | Male |
|  | Female |
|  | Separation |
|  | Death |

INFORMATION FOUND:

RELATIONSHIP BETWEEN THE CHILD, PARENT(S)/ GUARDIAN(S) AND OTHER RELATIVES:

STRENGTHS AND CHALLENGES OF THE CHILD AND FAMILY:

What did the child and family try to do to solve the problems? What worked? What didn't work?

SOCIAL/ EMOTIONAL NEEDS OF THE CHILD AND FAMILY:

Think of safety, security, confidence, support in overcoming traumas, parental skills

SOCIAL NETWORK OF THE CHILD AND HIS/HER FAMILY:

Think of external resources like, extended family, friends, neighbours, church

COGNITIVE DEVELOPMENT:

Estimate the level of mental function like: information processing, conceptual resources, perceptual skill, language learning, and other aspects of brain development, concentration, perception, communication ability, emotional regulation

HEALTH CONDITION OF THE CHILD AND PARENT(S)/ GUARDIAN(S):

(General health)

FAMILY'S ECONOMIC SITUATION

Profession parent(s)/ guardian(s), living conditions, etc.

MAIN GOALS FOR THE CHILD AND THE FAMILY

"At the end of (Set a time frame) how would you (Client) like to see the situation?"

RECOMMENDATIONS:

OTHER OBSERVATIONS:

Practitioner's Name: _____

Signature: _____ Date: ____/____/____

This form can be used during a training as an exercise where one participant is the client, the second a practitioner and the third the observer, to check if the practitioner has followed the steps of the methodology.

1. Introduction of the Puppet Interview:

- Does the interviewer introduce him/herself?
- Does the interviewer let the client introduce him/herself?
- Does the interviewer explain to the client, what they are going to do and the purpose of the interview?
- Does the interviewer explain to the client something about confidentiality?
- Does the interviewer explain to the client, how they are going to conduct the session?
- Does the interviewer give the client the opportunity to ask questions?

Other (Specify):

2. Attitude of the interviewer:

3. How is the verbal communication between the interviewer and client?

- The interviewer lets the client know that he is actively listening:

- How do you note this?

- Does the interviewer ask closed questions? Give an Example:

- Does the interviewer ask open-ended questions? Give an Example:

- Does the interviewer ask circular questions? Give an Example:

- Does the interviewer summarize during the interview?

- Does the interviewer reflect on the feelings of the client? Give an Example :

4. **How is the non-verbal communication between the interviewer and client?**

5. **The interviewer explores with the client:**

Personal history; Family background; Social life; Community life; School;
Street-life; Special life-events; Coping mechanisms; Resources;
Others, (Specify)_____

6. **How does the interviewer end the interview with the client?**

- Does the interviewer thank the client for the interview?
 - Does the interviewer make a new appointment with the client?
 - Does the interviewer give the client an opportunity to ask questions?
- Others,(Specify)_____

7. **Ask the interviewer to give a feed-back after the interview?**

8. **Other observations?**
