MENTAL HEALTH PROJECT FOR MARGINALIZED VULNERABLE CHILDREN IN ETHIOPIA:

COUNSELING INTERVENTION TRAINING MANUAL
ACKNOWLEDGMENTS

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ACRONYMS

AIDS  Acquired immune-deficiency syndrome
BA  Bachelor of Arts
BS  Bachelor of Science
BSc  Bachelor of Science (usually from European University)
EDHS  Ethiopia Demographic and Health Survey
FHAPCO  Ethiopia Federal HIV/AIDS Prevention and Control Office
HIV  Human immune-deficiency virus
KAB  Knowledge, attitudes and behaviors
FMOH  Ethiopia Federal Ministry of Health
NIK  Norddeutsches Institut für Kurzzeittherapie (Berlin Germany)
RET  Rational Emotive Therapy
STI  Sexually transmitted infection
USAID  United States Agency for International Development
WHO  World Health Organization
EXECUTIVE SUMMARY

THE MENTAL HEALTH PROJECT FOR MARGINALIZED VULNERABLE CHILDREN IN ETHIOPIA

The HIV prevalence in Ethiopia has steadily increased over the years with the predominant mode of transmission occurring through heterosexual contact. An increasing amount of literature is signaling that the HIV epidemic in Ethiopia is becoming increasingly urban and female. Approximately 7.7 percent of the urban population in Ethiopia is infected with HIV compared to less than 1 percent of the rural population (Ethiopia Federal Ministry of Health [FMOH] and Ethiopia Federal HIV/AIDS Prevention and Control Office [FHAPCO] 2007). Nationally, the female-to-male ratio of HIV infection is 3 to 2, demonstrating the increased vulnerability of girls and women to HIV. Other data suggest a generalized urban epidemic and a rural epidemic concentrated among high-risk groups (FMOH and FHAPCO 2007). The disparity between the rural and urban epidemics in Ethiopia emphasizes the need to pay special attention to rural to urban migration patterns in order to expand HIV prevention efforts.

Link between living conditions, psychological issues and HIV risk among young people:

- Migrant girls are at risk of coerced, transactional sex, and exploitive labor, including child domestic work.

- Social exclusion has been associated with significantly higher odds of coerced first sex (Erulkar and Ferede 2007), suggesting a need to provide opportunities for young girls to stay in school and/or obtain positive and non-exploitive forms of work in order to mitigate their ongoing sexual risks.

- Young migrant boys in Ethiopia are also in similarly precarious situations. The majority of young boys who migrate to larger cities are considered street boys with no firm guardian or place of residence. Street children are amongst one of the most vulnerable groups of children at risk.

- Sexual abuse and exploitation of male children living on the streets are increasing in Addis Ababa.

- Difficult living situations (such as living on the street, living as an underage domestic worker in an abusive environment, etc.) often serve as risk factors for psychological/mental health problems.

- It is critical to identify and address psychological/mental health problems as early as possible to avoid negative social and health outcomes for youth. These social outcomes range from separation with the primary caregivers, addiction to harmful substances, and increased risk taking behavior, all of which can predispose young people to HIV infection as well as to severe psychiatric problems in adulthood.

Biruh Tesfa is a project of the Population Council office in Addis Ababa, which provides social services to vulnerable girls, and Retrak is a project providing similar services to street boys. In 2012 these two service providers identified the need to develop and systematically test a psychosocial support intervention to reduce the psychological/mental health problems of the study participants and to improve their responsiveness to HIV programs/activities. In collaboration with the USAID-funded HIVCore project,
led by the Population Council, the three organizations conducted a formative qualitative study to
determine the nature and extent of psychosocial problems affecting young people in Addis Ababa (Jani
and Schenk 2014). Based on findings from this study a counseling intervention was developed to address
the psychological/mental health problems in this population with a view to reduce their vulnerability to
HIV and other health problems.

This document is an updated version of the training manual that was used to impart counseling skills to
counselors who delivered the intervention for three months as part of an evaluative study that measured
the impact of the intervention (Jani et al. 2016). The participants in this study were the boys receiving
services from Retrak and the girls receiving services from Biruh Tesfa. The evaluation comprised of
baseline and endline assessments of psychological well-being using a psychometric tool that had been
validated in this population (Geibel et al. 2016); together with a survey of HIV and AIDS knowledge,
attitudes and behaviors (KAB) using an adaptation of the 2011 EDHS.

ABOUT THIS TRAINING MANUAL
The counselors recruited to deliver the mental health intervention came from different backgrounds. In
order to ensure consistency of the intervention it was necessary to develop a training manual that helped
to bring the skills of the counselors to the same minimum level required for the intervention. The manual
includes the training content, handouts for participants and annexes with role plays and case studies
needed to conduct the training.

The content was designed to:

1. Help participants review their own knowledge on the topics, develop positive attitudes towards
   marginalized children and learn new information and skills needed to counsel marginalized children,
   particularly in creative arts therapies.

2. Ensure consistency of the intervention strategies for the mental health study.

3. Provide a resource that can be used after the study to train other practitioners working with
   marginalized and vulnerable children.
INTRODUCTION

THE MENTAL HEALTH PROJECT FOR MARGINALIZED VULNERABLE CHILDREN IN ETHIOPIA

The HIV prevalence in Ethiopia has steadily increased over the years with the predominant mode of transmission occurring through heterosexual contact. It was recently reported that 1 percent of Ethiopian youth ages 15–24 tested positive for HIV (MEASURE DHS and ICF Macro 2011), with women reporting a higher prevalence than men among 15–19 years old (.2 percent versus .1 percent respectively) and 20–24 years old (.9 percent and .6 percent respectively). While the national prevalence among youth is quite low, in some regions of the country, such as the Gambela province, the prevalence of HIV among young women is 9 percent (MEASURE DHS and ICF Macro 2011).

Knowledge of HIV prevention methods has increased since the 2005 Ethiopia Demographic and Health Survey (EDHS), especially among women. According to the EDHS, 62 percent of women between 15 and 24 years old knew, in 2011, that HIV could be prevented by using a condom, compared to 40 percent of women in 2005 (Suzuki et al 2008; MEASURE DHS and ICF Macro 2011). The percentage of men ages 15–24 with this same knowledge increased from 64 percent in 2005 to 81 percent in 2011 (Suzuki et al 2008; MEASURE DHS and ICF Macro 2011). However, there has been an increasing amount of literature signaling that the HIV epidemic in Ethiopia is becoming increasingly urban and female. Approximately 7.7 percent of the urban population in Ethiopia is infected with HIV compared to less than 1 percent of the rural population (Ethiopia Federal Ministry of Health [FMOH] and Ethiopia Federal HIV/AIDS Prevention and Control Office [FHAPCO] 2007). Nationally, the female-to-male ratio of HIV infection is three to two, demonstrating the increased vulnerability of girls and women to HIV. Other data suggest a generalized urban epidemic and a rural epidemic concentrated among high-risk groups (FMOH and FHAPCO 2007). The disparity between the rural and urban epidemics in Ethiopia emphasizes the need to pay special attention to rural to urban migration patterns in order to expand HIV prevention efforts.

Link between living conditions, psychological issues and HIV risk among young people.

• Migrant girls are at risk of coerced, transactional sex, and exploitive labor, including child domestic work.

• Social exclusion has been associated with significantly higher odds of coerced first sex (Erulkar and Ferede 2007), suggesting a need to provide opportunities for young girls to stay in school and/or obtain positive and non-exploitive forms of work in order to mitigate their ongoing sexual risks.

• Young migrant boys in Ethiopia are also in similarly precarious situations. The majority of young boys who migrate to larger cities are considered street boys with no firm guardian or place of residence. Street children are amongst one of the most vulnerable groups of children at risk.

• Sexual abuse and exploitation of male children living on the streets are increasing in Addis Ababa.
• Difficult living situations (such as living on the street, living as an underage domestic worker in an abusive environment, etc.) often serve as risk factors for psychological/mental health problems.

• It is critical to identify and address psychological/mental health problems as early as possible to avoid negative social and health outcomes for youth. These social outcomes range from separation with the primary caregivers, addiction to harmful substances, and increased risk taking behavior, all of which can predispose young people to HIV infection as well as to severe psychiatric problems in adulthood.

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PURPOSE OF TRAINING
This training aimed to ensure that all counselors were at the same skill level as required for the Mental Health Project intervention that sought to help marginalized, vulnerable children identify their problems and make plans to solve them.

Required Qualifications to Attend this Course
• Minimum BA/BS degree in psychology
• Minimum BA degree in social work
• Minimum BA/BSc degree in education, nursing, or health officer + minimum two years experience in counseling

STRUCTURE OF THE TRAINING

Classroom Phase (5 days)
• Day 1: Factors Increasing Vulnerability of Marginalized Children and Brief Review of Counseling Concepts
• Day 2: Counseling Theories and Basic Counseling Skills
• Day 3: Process of Individual Counseling
• Day 4: Group Counseling Skills
• Day 5: Creative and Music and Drama Therapies

Practicum Phase (4 days)
There should be four days of supervised counseling attachment for each counselor that is observed by a senior counselor/psychologist. Each counselor is to conduct at least one of each of the following sessions under observation:

• One individual counseling session
• One group counseling session
• One art therapy session
• One music and drama therapy session

• Outline of practicum:
  • Counselor prepares the session including a session plan and acquiring the required materials.
  • Supervisor observes the session and makes notes.
  • Counselor documents the session and completes required forms.
  • Discussion and feedback from the supervisor.

Feedback Session after Practicum (1 day)
One additional day for feedback/skill strengthening immediately after practicum.

Skills Refreshment Session (1 day)
One refresher day to be carried out after four weeks of delivering counseling intervention.

QUALIFICATION TO BE ACHIEVED AFTER TRAINING
A Certificate of Completion should be issued upon successful completion of course at the end of the practicum. See example in Annex 5.

ABOUT THIS TRAINING MANUAL
The counselors recruited to deliver the mental health intervention came from different backgrounds. In order to ensure consistency of the intervention it was necessary to develop a training manual that helped to bring the skills of the counselors to the same minimum level required for the intervention. The manual includes the training content, handouts for participants and annexes with role plays and case studies needed to conduct the training.
This training manual includes content designed to:

1. Help participants review their own knowledge on the topics, develop positive attitudes towards marginalized children and learn new information and skills needed to counsel marginalized children, particularly in creative arts therapies.

2. Ensure consistency of the intervention strategies for the mental health study.

3. Provide a resource that can be used after the study to train other practitioners working with marginalized and vulnerable children.

WHO SHOULD USE THIS TRAINING MANUAL?
- Psychologists and counselors wanting to train practitioners working with vulnerable marginalized children.
- Counselors being trained to work with vulnerable marginalized children.

WHAT IS INCLUDED IN THIS TRAINING MANUAL?
This manual has six chapters and each of the chapters contains the following sections:
- Session title
- Introduction to the session
- Learning objective(s)
- Time needed to complete the session
- Preparation needed
- Session content (includes the training methods and activities)

The Training Manual uses adult learning principles and includes the following training methods. Annex 1 includes other training methodologies that trainers can use, if they so choose.
- Interactive lectures
- Brainstorming
- Group work and discussion
- Role plays
- Case studies
WORKSHOP PREPARATION

PLAN THE TRAINING
Workshop preparation requires careful planning. Planning should begin several days or weeks prior to the start of the training. Below is a suggested list of ways the Course Manager can prepare for the workshop:

- Identify ideal participants. These should be counselors and professionals with the following minimum qualifications.
  - BA/BS degree in psychology
  - BA degree in social work
  - BA/BSc degree in education, nursing, or health officer + minimum two years experience in counseling
- Decide on the training date and venue. These should accommodate participants’ and facilitator(s)’ needs in terms of travel time and potential time off from existing job responsibilities.
- Identify the training facilitator(s), assistant(s) and other resource person(s). Know their availability, their knowledge on the topics, and their ability to facilitate large groups.
- If there is a need for external resource person(s) such as an artist, social workers, etc. narrow the list of possibilities based on their availability, eagerness to provide technical assistance, fees, etc.
- At least two weeks prior to the start of the workshop, send workshop participants a letter of invitation stating the goals and objectives of the training, the dates, and training agenda.
- With the invitation letter, include an electronic copy of the Participant Handouts (see Annex 2). Ask participants to read the Handouts for Sessions 1, 2, and 3 before attending the workshop and bring all of the Participant Handouts with them to the training.
- Identify qualified trainers of each session and confirm their availability and willingness to conduct the allocated training sessions
- Develop a budget for the training, as needed.
- Print certificates with participants’ names and have them signed.

The following guidelines apply to the course manager and the selected trainers.

REVIEW THIS TRAINING MANUAL AND HANDOUTS
- Read the Training Manual to familiarize yourself with the training content and flow.
- Read through Handouts 1 to 9 to familiarize yourself with the issues that will be covered in the training.
PREPARE THE TRAINING MATERIALS AND ACTIVITIES

- Read all the Training Sessions several days before the training and prepare the flipcharts and adapt PowerPoint slides for each session. Some sessions have lists to prepare beforehand. Try to prepare these before the training begins.

- Collect all needed materials beforehand. This includes but is not necessarily limited to flipchart paper (newsprint), flipchart stands, marker pens, LCD projector, screens, laptop computer, electrical cords, nametags, notebooks, ballpoint pens, pencils and various other supplies as noted in the preparation section of each module.

- Adapt activities and support materials based on your own experience, as you see fit.

- Make enough copies of Handouts 1 to 9 in the event participants did not bring copies of the handouts with them (see Annex 2 for Handouts).

- Make enough copies for the role plays beforehand (refer to each session and Annex 3 for details).

- Make enough copies of the case studies beforehand (refer to each session and Annex 4 for details).
## PROPOSED TRAINING SCHEDULE FOR A FIVE DAY WORKSHOP

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<th>Facilitator</th>
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<td>Session 2: Adolescent Development, Psychological Well-being and Mental Health Problems</td>
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<td>Factors Increasing Vulnerability of Marginalized Children</td>
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<td>Lunch Break</td>
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<td>1:30 – 3:00</td>
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<td>Day-4</td>
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<td>Basic Skills in Group Counseling</td>
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<td>3:30 – 5:00</td>
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SESSIONS
SESSION 1
INTRODUCTION

INTRODUCTION
Children and adolescents who migrate from rural regions to Addis Ababa, Ethiopia often flee their households to escape from abusive families, forced marriages, poverty, lack of economic opportunity and education, and other social problems (Temin et al. 2013). Often they are met with equally harsh, if not worse, challenges when they arrive in Addis Ababa, including difficult living situations, abusive working conditions with meager compensation, limited opportunities for education and socialization, and absence of family support. The current HIV prevalence rate in Ethiopia is 1.5 percent among 15–49 year olds with prevalence rates higher in urban areas (4.2 percent) than rural areas (0.6 percent) (MEASURE DHS and ICF Macro 2011). The rate of new HIV infections is increasing in smaller towns that serve as a bridge to further spread the disease to rural areas (UNAIDS 2012). Women also remain at a higher risk for infection than men. These factors combined have created a precarious living situation for many migrant adolescents in Addis Ababa which warrants further discussion and action.

LEARNING OBJECTIVE
• By the end of this session, participants will be able to describe the link between marginalized street children, mental health and HIV risk in Ethiopia and the objectives of this training.

TIME NEEDED
30 minutes

PREPARATION
• Collect materials/equipment needed: flipchart stand, flipcharts, markers, PowerPoint presentation, LCD projector, laptop computer
• Make copies of Handouts 1, 2 and 3 in the event that some participants forgot to bring their handouts.
• Prepare a flipchart or a PowerPoint slide with the objectives of the entire training.
• Prepare PowerPoint slides on the situation of marginalized children in Ethiopia, as you see fit.

CONTENT
1. Welcome the participants to the workshop.
2. Introduce yourself and other co-trainers and assistants.
3. Ask participants to introduce themselves and tell the group where they work and why they are attending the workshop.
4. Ask participants to divide into groups of three or four at their tables and make a list of their expectations for the workshop. Allow about five minutes for this exercise.

5. Ask a participant to help you write on the flipchart.

6. Ask participants what their expectations are. Have the volunteer participant write their expectations on flipchart.

7. Review all of the expectations with participants.

8. Then, review the objectives of the training and the general agenda for the five day workshop. Show a flipchart or a PowerPoint slide of these objectives and agenda.

9. If there are participant expectations that do not match the course objectives, address this with the group. If some participants have expectations that cannot be met during the training, the trainer should acknowledge the importance of the issues and refer the concerned participants to the director of the program for further discussion outside the training time.

10. If there are expectations that could be addressed with some additional time, mark those expectations with a marker and review them at the end of the training to see if they have been met.

11. Provide a brief explanation of the situation with marginalized youth in Ethiopia and their risk of HIV. Key points to cover:

   – Psychological/mental health difficulties in childhood and adolescence are associated with several social and health outcomes, which predispose young people to HIV.

   – Psychological/mental health issues are even more pronounced among marginalized migrant youth living in urban areas.

   – There is an increasing number of migrant youth entering urban areas seeking employment and/or educational opportunities.

   – In addition to the emotional challenges of puberty, these young migrant people are at risk of abuse, coerced sex, exploitative labor, social isolation, and lack of family and community support.

   – These situations lead to depression, anxiety and other mental health issues which predisposes them to risk-taking behaviors, such as unprotected sex and drug abuse leading to increased risk of sexually transmitted infections (STIs), including HIV.

12. Mention that several service delivery programs in Addis Ababa are incorporating psychological/mental health services for these marginalized youth into their programs.

13. Point out that the purpose of this training is to learn how to effectively counsel these marginalized youth using a number of modalities, including creative arts therapies and music and drama therapy.

14. Distribute Handouts 1 and 2 and to participants who do not have their handouts.
SESSION 2

ADOLESCENT DEVELOPMENT, PSYCHOLOGICAL WELL-BEING AND MENTAL HEALTH PROBLEMS, AND FACTORS INCREASING VULNERABILITY OF MARGINALIZED CHILDREN

INTRODUCTION
Adolescence presents extensive developmental challenges for both boys and girls. The developmental changes adolescents undergo—physical, cognitive and psychosocial—are dramatic, which makes it one of the most confusing and stressful times of life. These changes are intense, demanding and sometimes frightening, and largely out of their control. Adolescence may be a time of increased risk-taking and poor decision making (Steinberg 2008). Binge drinking and favorable attitudes to alcohol misuse are a great concern for adolescents. Alcohol is a major factor in sexual activity, unwanted sexual attention, and pregnancy. Because adolescents may engage in unprotected sex, they are susceptible to many forms of STIs, including HIV and AIDS. Socially unacceptable behavior is often highly visible during adolescence. Some adolescents have the resilience to overcome these struggles, while others simply get stuck. Emotional and social support from others, thus, has a powerful influence on adolescents. This session briefly covers the major developmental changes young people undergo during adolescence (physical, cognitive and psychosocial) and some of the major factors (unsafe sex, migration, addiction to drugs, smoking and alcohol as well as physical, emotional and sexual abuse) that increase the vulnerability of marginalized adolescents (Aptekar 1994).

LEARNING OBJECTIVE
By the end of this session, participants will be able to describe:

- Major changes during adolescence and their implications on vulnerability.
- Mental health problems including emotional disturbances of adolescents.
- How psychological/mental health problems can be addressed.

TIME NEEDED
3 hours
PREPARATION

- Collect materials/equipment needed: flipchart stand, flipcharts, markers, PowerPoint presentation, LCD projector, laptop computer
- Prepare a flipchart with the Session 2 objectives and agenda.
- Adapt PowerPoint slides for this session (Annex 6), or prepare new ones, as you see fit.

CONTENT

Development During Adolescence

1. Introduce the session by reviewing the objectives and agenda for this session (show flipchart of these prepared beforehand).
2. Explain that this session explores the factors that make marginalized street children vulnerable to HIV.
3. Mention that physical changes are the most noticeable sign that a child is becoming an adolescent.
4. Explain that puberty is: “The biological and physical changes that occur during adolescence that result in the capacity to reproduce.”
5. Ask participants what are major physical changes that occur during adolescence.
6. Review the PowerPoint slide of physical changes. Reinforce what participants already said and review key points not mentioned by participants.
7. Ask participants to describe cognitive skills that adolescents acquire during adolescence.
8. Review the PowerPoint slides on adolescent cognitive changes. Reinforce what participants already said and review key points not mentioned by participants.
9. Ask participants to describe components of adolescent cognitive skills.
10. Review the PowerPoint slides on the three components of adolescent cognitive skills. Highlight key points not mentioned by participants.
11. Brainstorm ways how counselors can help adolescents to make use of the adolescents’ developing capacities. Record participants’ responses on flipchart.
12. Supplement the discussion as needed with PowerPoint slides on Fostering Adolescent Cognitive Skills. Highlight key points not mentioned by participants.
13. Brainstorm with participants about opportunities for adolescents to practice realistic decision making. Record participants’ responses on flipchart.
14. If not mentioned, show PowerPoint slides and review these cognitive skills development areas:
   - Role-playing and group problem solving exercises.
   - Helping youth learn to lead by example.
– Demonstrating how to choose between competing pressures and demands.
– Discussing potential difficult situations and brainstorming with youth how to handle them.

**Psychological Well-being and Mental Health Problems**

1. Explain that in addition to physical and cognitive skills, young people also experience changes in emotional and social development.

2. Discuss emotional—social development, referring to PowerPoint slides (see annex 6), as needed.

3. Ask participants what are some skills necessary for managing emotions and successful relationships.

4. If not mentioned, show PowerPoint slide and review the four areas of emotional and social skills development:
   – Self-awareness: What do I feel?
   – Social awareness: What do other people feel?
   – Self-management: How can I control my emotions?
   – Peer relationships: How can I make and keep friends?

5. Discuss in-depth the four areas of emotional and social development. Use PowerPoint slides as needed.

6. Brainstorm with participants how marginalized street children's situation might affect their emotional and social development? Record participant’s response on flipchart paper.

7. Ask participants what “mental health” means to them.

8. Review the mental health definition PowerPoint slide, weaving in participants’ definitions, as appropriate.

9. Point out that emotional extremes are common during the teen years and may include emotional outbursts, sadness, behaviors intended to distract from uncomfortable feelings.

10. Ask participants what are some common signs of emotional disturbances among adolescents?

11. Review the following, using the PowerPoint slides, as needed.
   – Teens capacity to function in school, at home or in relationships is negatively affected.
   – Adolescents may experience a single, prolonged episode in their teens and enjoy good mental health in adulthood.
   – Others may experience emotional disturbances episodically, with bouts of suffering recurring in their later teen years and adulthood.
   – Only a small percentage of those who experience an episode of emotional disturbance will go on to have a lifelong or severe mental health disorder.
12. Discuss common mental health disorders in adolescence, i.e., depression, anxiety disorders and related alcoholism/drug abuse.

13. Ask participants what are some possible causes of mental health disorders.

14. Review the PowerPoint slides on causes of mental health disorders, reinforcing what participants have already said. Review any missing information as needed.

15. Brainstorm with participants ways to address some of the mental health disorders/emotional disturbances.

16. Cover the following, if not mentioned by participants, using the PowerPoint slides, as needed:
   
   – Cognitive-behavioral therapy
   – Family therapy
   – Medication
   – Supportive education for parents and other caring adults.

17. Discuss why it is important to get involved early.

Factors Increasing Vulnerability of Marginalized Children to STI/HIV Risk

1. Explain why children living on the streets are more vulnerable to social and mental health problems which could predispose them to increased risk-taking behaviors:
   
   – Many youth who migrate from rural areas to urban cities in Ethiopia often have little or no education and end up living on the street or as a domestic worker.
   
   – Migrant girls are at risk of coerced sex, transactional sex, physical and emotional abuse and exploitative labor.
   
   – Migrant males often live on the street with no guardian or place of residence and are also sexually, physically and emotionally abused.
   
   – This type of abuse affects children’s physical and psychological well-being, especially those without traditional social protections.
   
   – Psychological stress due to social exclusion, including lack of friends (peer support), parental guidance and support, community support networks and group membership, can often lead to self-injury (e.g., cutting, unprotected sex, drug abuse), shutting down emotions and inability to form functional relationships leading to depression and anxiety.

2. Ask participants what factors increase the vulnerability of marginalized children to STIs/HIV.

3. If not mentioned, review the following factors that increase adolescents’ vulnerability to HIV and the consequences (write on flipchart):
   
   – Migration
   
   – Addiction: Alcohol, drugs (Chat, marijuana, and Shisha), Smoking
– Unsafe/unprotected sex
– Abuse (physical, psychological and sexual)

**Exercise**
Divide the participants into four working groups.

1. Give each working group one of the following factors as a topic of discussion: a) migration, b) alcohol and drug use, c) unsafe/unprotected sex; and d) abuse.

2. Ask each group to: 1) identify the most common factors that increase the vulnerability of marginalized children living on the streets to HIV, and 2) how does each factor relate to the other three factors. Allow about 10 minutes for them to discuss their topic.

3. Ask each group to report on the results of their discussion.

4. Review any of the key points about migration and how it increases vulnerability of marginalized adolescents to mental health disorders, risky behaviors and HIV risk not mentioned by participants. Refer to PowerPoint slides as needed.

5. Discuss the causes and consequences of alcohol, smoking and drug use and how it increases vulnerability of marginalized children to HIV. Use PowerPoint slides as needed.

6. Ask participants how migration and drug use lead to unsafe sexual behaviors.

7. Review any of the consequences of unsafe sexual behaviors on youth not mentioned by participants. Use PowerPoint slides as needed.

8. Ask participants if they have any questions.

**Summary Points and Questions (15 minutes)**

1. Review the following summary points:
   – Knowledge of adolescent development empowers people who work with young people to advance their development.
   – Psychological well-being is determined by a combination of the individual’s physical, cognitive and psychosocial development, and is in constant maturation as individuals negotiate the successive stages of their development through interaction with the social and material environment in their life.
   – Adolescence is characterized by many problems ranging from mild to severe. The most common problems include drug and alcohol abuse, migration (running away from home), risk of pregnancy, and sexually transmitted diseases including HIV.
   – Healthy adolescent development requires creating opportunities for adolescents to experience, learn, and practice competence, confidence, connection, character, and caring as well as emotional support.

2. Ask participants if they have any questions.

3. Answer all questions before proceeding to the Session 3.
SESSION 3
INTRODUCTION TO CONCEPTS OF COUNSELING AND ETHICAL ISSUES IN COUNSELING

INTRODUCTION
Counseling can be defined in different ways depending on one’s theoretical orientations. In general, counseling refers to the skilled and principled use of relationships, which develop self-knowledge, emotional acceptance and growth, and personal resources. The overall aim is to help adolescents live a more satisfying and productive life. Counseling is concerned with addressing and resolving specific problems, making decisions, coping with crises, working through feelings and inner conflicts, or improving relationships with others. The counselor’s role is to facilitate the client’s work in ways that respect the client’s values, personal resources, and capacity for self-determination. This session includes the definition and goals of counseling, the roles of counselors, and ethical principles that form the foundation for the counseling practice (UNESCO 2000).

LEARNING OBJECTIVE
By the end of this session, participants will be able to:

- Describe what counseling is and what it is not
- Describe the goals of counseling
- Describe the roles of a counselor
- Identify the major ethical issues in counseling.

TIME NEEDED
3 hours

PREPARATION
- Collect materials/equipment needed: flipchart stand, flipcharts, markers, PowerPoint presentation, LCD projector, laptop computer.
- Make copies of Handout 4: Counseling Theories to distribute for the next session in the event that some participants forgot to bring their handouts.
- Prepare a flipchart with Session 3 objectives and agenda.
- Adapt Session 3 PowerPoint slides or prepare new ones, as you see fit.
- Adapt the session flow and content as you see fit.
**CONTENT**

**Definition and Goals of Counseling**
1. Introduce the session by reviewing the flipchart of Session 3 objectives, agenda.

2. Ask participants what is the definition of counseling. Write responses on flipchart paper.

3. Expect there to be various definitions of counseling.

4. Ask participants whether there is one single definition of counseling. If so, why? If not, why not?

5. Point out that it is difficult to define what counseling is because definitions of counseling depend on theoretical orientations.

6. Review the general definition of counseling with participants (on flipchart of PowerPoint slide).

   *Counseling is a relationship between a concerned person and a person with a need. This relationship is usually person-to-person, although sometimes it may involve more than two people. It is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices, and through the resolution of emotional or interpersonal problems (UNESCO 2000).*

7. Discuss what counseling is not and why using the PowerPoint slides, as needed.

8. Ask participants what are the goals of counseling.

9. Be sure to cover the following, if not mentioned by participants:
   - Facilitating behavior change
   - Enhancing coping skills
   - Promoting decision making
   - Improving relationships
   - Facilitating the client’s potential

10. Brainstorm with participants what each one of these goals means. If needed, review Handout 3 with participants after the end of the brainstorming.

11. Ask participants what are the three roles of a counselor.

12. Initiate a discussion about what these roles mean. For example, how can counselors serve in a rehabilitative role or a preventive role?

**Ethical Issues in Counseling**
1. Initiate a discussion about why we should be interested in ethics in counseling.

2. Ask what the important ethical considerations in counseling are.
3. If not mentioned by participants, explain that there are many ethical considerations when working as a counselor. In particular, counselors must:

- maintain a professional counseling relationship,
- ensure confidentiality,
- act professionally and responsibly, and
- know how to effectively evaluate, assess, and interpret clients’ conversations.

**Exercise**

1. Divide participants into four small groups. Give each group one of the following topics: a) counseling relationship, b) confidentiality, c) professional responsibility, and d) evaluation, assessment and interpretation.

2. Based on their topic, ask participants to describe what their topic means and how it relates to counseling marginalized young people such as children living on the streets. Point out that participants may refer to Handout 3, if they like. Allow about 15 minutes for participants to complete this exercise.

3. Ask each group to present on their topic, providing the definition of what it means and how the topic relates to counseling marginalized young people.

4. After all groups have reported out, discuss the **counseling relationship**, highlighting information that participants did not mention during their group work. Use the PowerPoint slides as needed.

5. Next, discuss **confidentiality** issues, highlighting information that participants did not mention during their group work. Refer to the PowerPoint slides as needed.

6. Discuss issues related to **professional responsibility**, highlighting information that participants did not mention during their group work. Refer to the PowerPoint slides as needed.

7. Review **evaluation, assessment and interpretation**, highlighting information that participants did not mention during their group work. Refer to the PowerPoint slides as needed.

8. Clarify any information and answer questions before ending the session.

**Summary Points and Questions**

1. Review the following summary points:

   - Counseling is a process of helping people to learn how to solve their problems and achieve improved mental well-being. In this process, the counselor tries to establish a safe, non-judgmental, non-threatening and unconditionally accepting relationship with the client.

   - Even though the goals of counseling depend largely on one’s theoretical orientation, the major goals of counseling mentioned across the different theories include facilitating behavior change, enhancing coping skills, promoting decision making skills, improving client’s relationships with others, and facilitating the client’s development.
– In order to ensure high quality counseling, counselors should respect the ethical issues surrounding the profession.

2. Ask participants if they have any questions.

3. Answer all questions before proceeding to the Session 4.

4. Distribute Handouts 4 and 5 to participants who do not have their handouts.

5. Ask all participants to read Handouts 4 and 5 before the next day’s sessions.
SESSION 4
COUNSELING THEORIES

INTRODUCTION
Theories directly influence the ways we treat clients, including our definitions of mental health and mental illness, as well as our ideas about helping, rehabilitation, and even causes for distress. They address questions such as how do counselors counsel? What do they say, think, and do? Moreover, how do their actions influence the person counseled? The “how’s” of counseling are many. This session provides an overview of some of the major theories of counseling that are applicable in working with marginalized and vulnerable children. Some major counseling approaches (behavioral, rational emotive therapy, and client-centered therapies) have been selected for discussion in order to illustrate and explain the “how’s” of counseling. Additionally, the session includes information on contributions and criticisms of each theory.

LEARNING OBJECTIVE
By the end of this session, participants will be able to:
• Describe the basic theories of counseling.
• Identify the proponents of each basic counseling approach
• Describe the major concepts, contributions and limitations of the basic counseling theories.

TIME NEEDED
3 hours

PREPARATION
• Collect materials/equipment needed: flipchart stand, flipcharts, markers, PowerPoint presentation, LCD projector, laptop computer.
• Make copies of Handout 5: Counseling Skills to distribute for the next session in the event that some participants forgot to bring their handouts
• Prepare a flipchart with Session 4 objectives and agenda.
• Adapt PowerPoint slides or prepare new ones, as you see fit.
• Adapt the session flow and content as you see fit.
CONTENT

Introduction
1. Introduce the session by reviewing the flipchart of Session 4 objectives and agenda.

2. Explain that counseling theories refer to the type of approach counselors prefer in dealing with clients.

3. Mention that there are a number of approaches, which can broadly be classified into three categories:
   - Behavioral
   - Cognitive
   - Affective

Behavioral Theories of Counseling
1. Explain that the behavioral approach attempts to bring changes in an individual's behavior. Key proponents of this approach are: John D. Krumboltz (who popularized it; 1966) and Carl E. Thorenson (1974).

2. Mention that behavioral-oriented approaches include:
   - Operant conditioning
   - Desensitization
   - Assertiveness and social skills training

3. Ask participants what are key concepts about the Behavioral Counseling Theory.

4. If not mentioned by participants, review the following using the PowerPoint slides as needed:
   - Behavior is the function of the interaction of heredity and environment.
   - Observable behavior is what counselors are concerned with, and it is the criterion against which counseling outcomes are assessed.
   - Thorenson characterized behavioral counseling as:
     - Most human behavior is learned and is, therefore, subject to change. Counseling procedures seek to bring about changes in the client's behavior.
     - Changes of the individual's environment can assist in altering relevant behaviors.
     - Reinforcement and social modeling can be used.
     - Counseling effectiveness is assessed by changes in clients' behaviors.
     - Counseling procedures are not static, fixed, or predetermined. They can be specifically designed to assist the client in solving a particular problem.
5. Ask participants what are the criticisms of the Behavioral Counseling viewpoint.

6. If not mentioned by participants, review any of the following using the PowerPoint slides, as needed:
   – Cold, impersonal, manipulative, and relegates the relationship to a secondary function.
   – Counseling goals are often predetermined by the counselor.
   – Symptoms removed may emerge later in other forms of behavior.

7. Ask participants what are the contributions of Behavioral Counseling.

8. Add any of the following not mentioned by participants using the PowerPoint slides as needed.
   – Advanced counseling as a science.
   – Called attention that outcomes are to be measured.
   – Illustrated how limitations in environments can be removed or reduced.

**Cognitive Theories of Counseling**

1. Review what are cognitive theories of counseling:
   – Cognitive-oriented approaches attempt to affect desirable change by acting up on thought patterns of individuals.
   – One cognitively-oriented approach is Rational Emotive Therapy (RET).
   – A major proponent of RET is Albert Ellis who specializes in the field of marriage and family counseling.

2. Ask participants to describe some key concepts about the RET approach.

3. If not mentioned by participants, review the following key concepts of RET, referring to the PowerPoint slides as needed:
   – Ellis believes that humans are both rational and irrational.
   – Emotional problems lie in illogical thinking.
   – By maximizing one's intellectual powers one can free oneself of emotional disturbance.
   – The “should” and “must” statements are the most common irrational thoughts that lead to emotional disturbance. These statements are taught by parents or absorbed from social agencies.
   – Although childhood experiences strongly influence a person to think illogically, the illogical thinking can be reversed.

4. Ask participants what are the criticisms of the RET.
5. If not mentioned by participants, review any of the following using the PowerPoint slides, as needed:
   – It relies too heavily on intellectual techniques.
   – Its emphasis is on persuasion, suggestion, and repetition.
   – Places little emphasis on the need for “timing”.

6. Ask participants what are the contributions of RET.

7. Add any of the following not mentioned by participants, using the PowerPoint slides as needed:
   – Emphasizes on extending treatment outside the counselor’s office.
   – Emphasizes active involvement of the counselor.
   – The recognition of the existence and impact of irrational beliefs is particularly worthwhile.

Affective Theories of Counseling
1. Explain that the affective-oriented approach of counseling focuses on feelings to affect desirable change.

2. Mention that one affectively-oriented approach is Client-Centered Therapy, which originated with Carl R. Rogers (1984). Client-centered counseling is also called:
   – Self-theory counseling
   – Non-directive counseling
   – Rogerian counseling

3. Ask participants what are major concepts that characterize client-centered counseling.

4. Review any of the following, if not mentioned by participants using the PowerPoint presentation as needed:
   – Stresses the ability of clients to determine the issues important to them and to solve their problems.
   – The counselor relationship should be characterized by warmth, permissiveness and accepting climate.
   – The major concepts emphasized in this approach are **concept of self** and **self-actualization**.
     - Concept of self—attention is first given to the concept of self—a learned attribute constituting the individual’s picture of him/herself.
     - Self-actualization—tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism.
5. Mention the client-centered view of human kind:
   – Human kind is “basically socialized, forward moving, rational and realistic”.
   – Humans do not have real desire to hurt themselves.
   – Negative feelings are expressed in counseling settings—underneath the bitterness and hate is a self that is positive, constructive, and concerned about others.

6. Ask participants what are the criticisms of client-centered counseling.

7. If not mentioned by participants, review any of the following, using the PowerPoint as needed:
   – Fails to distinguish between the use of techniques and the use of counselor’s own personality.
   – Clients often fail to understand what the counselor is trying to accomplish.
   – Less effective with certain persons who do not voluntarily seek counseling, who have limited contact with reality, or who have difficulty communicating.

8. Ask participants what are contributions of client-centered counseling.

9. If not mentioned by participants, review any of the following, using the PowerPoint as needed:
   – Emphasis on providing clients with facilitative environment.
   – Clients are likely to express deeper feelings, leading to self-exploration and understanding of attitudes, beliefs and feelings.
   – Clients are helped to recognize their own power on themselves.

**Exercise**

1. Divide the participants into three small groups.

2. Refer participants to Table 1 in Handout 4: Counseling Theories and explain that the table contains both irrational assumptions and rational counteracts. (Note: if participants do not have their handouts, distribute copies of Handout 4)

3. In their small groups, ask participants to brainstorm why one is irrational and the other is rationale. Allow about 10 to 15 minutes for this exercise.

4. When the small groups are ready, ask participants what they learned from the group work about irrational and rational assumptions.

5. Follow-up the discussion with the following points about the nature of Human Kind according to Ellis.
   – According to Ellis, human beings are **neither good nor bad (angel nor devil)**.
   – Instead, they are born with **inner conflicting tendencies**.
– Humans have the tendency to be both rational and irrational.
– These tendencies are both biologically inherited and learned from family and culture.

**Summary Points and Questions**

1. Review the following summary points:
   – Counseling approaches could be behavioral oriented, cognitive oriented or affective oriented.
   – The behavioral oriented theories attempt to bring changes in the individual’s behavior. Cognitively oriented approaches maintain that adjustment results from adjustment of clients’ thought processes whereas the affective oriented viewpoints emphasize interventions that act on the client feelings, emotions, attitudes etc.
   – The counseling viewpoints differ in the concepts they emphasize, in their views of human nature, in their immediate goals, the counseling process, and the roles of clients and counselors.
   – All counseling viewpoints have their own contributions as well as limitations.

2. Ask participants if they have any questions.
3. Answer all questions before proceeding to the Session 5.
4. Distribute copies of Handout 5 to participants who do not have their handouts.
SESSION 5
COUNSELING SKILLS

INTRODUCTION
Effective counseling practice is highly dependent on the skills and techniques of the counselor. One of the main tasks of a counselor is to help clients achieve self-exploration, self-understanding, and decision-making with consequent action. In order to help clients achieve these goals, counselors need to be equipped with counseling skills that are basic to their practice. Apart from the interventions they make, counseling skills are supposed to influence the efficacy of interventions. If counseling skills are not properly utilized, they may hamper the counseling relationship. This session discusses major nonverbal and verbal counseling skills.

LEARNING OBJECTIVE
• By the end of this session participants will be able to demonstrate basic counseling skills.

TIME NEEDED
3 hours

PREPARATION
• Collect materials/equipment needed: flipchart stand, flipcharts, markers, PowerPoint presentation, LCD projector, CD drive.

• Make two copies each of Role Plays #1 to #9 (see Annex 3). Cut out each Role Play so that one can be given to the person playing the volunteer counselor and another can be given to the person playing the volunteer client during the session.

• Make copies of Handout 6: Counseling Process for the next day’s session in the event that some participants forgot to bring their handouts

• Place two chairs facing each other in the front of the room for the role plays.

• Select two to three case studies for boys and two to three case studies for girls from Annex 4 for the Practice session. Make two copies each of the Case Studies, one for the person playing the volunteer counselor and another for the person playing the volunteer client.

• Make enough copies of the Counseling Skills Practicum: Participant Assessment Sheet for each workshop participant.

• Prepare a flipchart with Session 5 objectives and agenda.

• Adapt PowerPoint slides or prepare new ones, as you see fit.

• Adapt the session flow and content as you see fit.
Nonverbal Counseling Skills

1. Introduce the session by reviewing the flipchart of Session 5 objectives and agenda.

2. Explain that counseling skills include what and how counselors say things, and how they listen to what a client says during a counseling session.

3. Mention that there are basically two types of counseling skills: nonverbal and verbal.

4. Explain that non-verbal counseling skills are behaviors/cues that are not spoken.

5. Point out there are nonverbal “attending” behaviors.

6. Ask participants what are examples of non-verbal “attending” behaviors. Record participants’ responses on flipchart.

7. Review what participants discussed and add any of the following non-verbal “attending” behaviors skills not mentioned, referring to PowerPoint slide as needed:
   - Eye contact
   - Adopting an open posture
   - Facing the person squarely
   - Leaning slightly forward
   - Assuming a natural and relaxed position
   - Appropriate facial expression
   - Appropriate gestures

8. Ask participants to provide some non-verbal cues a client could give during counseling that would indicate s/he is not happy and not paying attention.

9. Ask participants to provide some non-verbal cues a client could give during counseling that would indicate interest and willingness to learn.

10. Role Play #1: Ask two volunteers to come forward and sit in the two chairs placed up front for the role plays. Hand them a copy of the script for Role Play #1 (from Annex 4) and ask them to Role Play the situation.

11. After the role play, ask participants what the volunteer counselor was demonstrating.

12. If not mentioned by participants, point out that the role play shows that by bringing the nonverbal behavior to the client’s awareness, it is possible to get clients to share more important and personally relevant feelings that may not otherwise come out.

13. Role Play #2: Ask two different volunteers to come forward and sit in the two chairs placed up front for the role plays. Ask one to play the client and the other to play the counselor. Hand them a copy of the Role Play #2 script and ask them to role play the situation.
14. Ask participants what they learned from the role play.

15. If not mentioned, explain that the counselor was communicating with the client verbally with one message and nonverbally with an entirely different message.

**Verbal Counseling Skills—Minimal Response**

1. Explain that verbal counseling skills are the spoken content in a counseling session.

2. Mention that this session will focus on the Response Modes Approach, which focuses on the grammatical structure of the counselor's verbal responses rather than on the content of the response.

3. Point out that the Response Modes Approach uses four general response-mode categories: a) minimal response; b) directives; c) information seeking; d) complex counselor response.

4. Explain that two general types of minimal response are: minimal encourager and silence.

5. Ask participants how one would use minimal encourager, and to give examples of minimal encourager responses.

6. Ask participants to provide reasons for using the silence response.

7. Reinforce what participants tell you and add any of the following if not mentioned by participants, using PowerPoint slides, as needed.

   - **The minimal encourager** is a very short phrase that may show simple acknowledgement, agreement or understanding. It usually indicates acceptance of the client and encourages the client to keep talking. The minimal encourager tends to be neutral in that it does not imply approval or disapproval, even though it usually seeks to show acceptance. “Go on”, “I see”, and “Okay” are some of the examples in minimal encouragers.

   - The most commonly used minimal encourager is the response “Mmmhmm”, which indicates permissiveness on the therapist's part suggesting to the client, “Go on, I am with you.” “Mmmhmm” can at times be used too frequently, so that the flow of the session is impeded by the seemingly constant use of encouragers. Counselors should be natural and use their judgment.

   - **Silence** may facilitate counselor and client getting closer, emotionally touching: or it may indicate something is wrong in the working alliance. Clients need opportunities to explore their feelings, attitudes, value and behaviors.

   - Silence communicates to clients that the responsibility for the interview lies on their shoulders. It also allows clients to go deep into their thoughts and feelings to think about the implications of what has transpired during the sessions without feeling pressured to verbalize every thought and feeling.

   - There are two types of silences: “pregnant silences” and “empty silences”. In a pregnant silence, the client is doing his or her “work”, for example, thinking or feeling about what is transpiring. In an empty silence, little positive is going on and the client typically shows signs of anxiety, such as fidgeting. Unless the counselor knows what s/he is doing extensive silence should be avoided.
The general rule of thumb is that pregnant silences should not be interrupted by the counselor, whereas empty silences should be.

**Verbal Counseling Skills—Directives**
1. Explain that directives involve directing the client to do something. With directives, the counselor may be trying to: a) get the client to continue what s/he is doing – referred to as response mode of approval; b) provide information or c) direct guidance (providing facts, data, opinion or resources).
2. Ask participants to give examples of these types of directives in a counseling situation.
3. Review types of directives, referring to PowerPoint or the Handout, as needed.
4. **Role Play #3**: Ask two volunteers to come forward and have one play the client and the other play the counselor. Ask them to role play the script they are given.
5. Ask participants what type of directive was demonstrated.
6. If not mentioned, point out that the volunteer counselor was giving directives ranging from mild to heavy reassurances.
7. **Role Play #4**: Ask two other volunteers to come forward have one play the client and the other the counselor. Ask them to read aloud their script.
8. Ask participants what type of directive was demonstrated.
9. If not mentioned, point out that the volunteer counselor was giving directives through providing information.
10. **Role Play #5**: Ask two new volunteers to come forward and alternate reading the part of counselor in the script they are given.
11. Ask participants what type of directive was demonstrated.
12. If not mentioned, point out that the volunteer counselor was demonstrating giving directives through direct guidance.
13. Ask participants what are advantages and disadvantages of directive counseling.
14. If not mentioned by participants, point out that:
   - When therapies are directive, advice is seen as a desirable element in the process.
     - Many counselors do not believe that advice should be given to clients, except in extraordinary circumstances.

**Verbal Counseling Skills—Information Seeking**
1. Explain that information seeking is used when a counselor needs to elicit information from the client.
2. Mention that both close- and open-ended questions can be used to elicit information from the client.
3. Ask participants for examples of close-ended questions.

4. Reinforce that close-ended questions normally require a “yes” or “no” answer or a very short, specific response.

5. Ask participants for examples of open-ended questions.

6. Reinforce that open-ended questions require more information and help the counselor to explore what the client is thinking and feeling.

7. Mention that open-ended questions often begin with “what”, “how”, “why” and “where”.

8. Ask participants when is the best time to use open-ended questions.

9. Review any of the following not mentioned by participants:
   – At the beginning of an interview (“What would you like to talk about today?”)
   – When you want a client to elaborate on a point (“Could you tell me more about that?”)
   – To elicit examples of specific behaviors (“Will you give me a specific answer?”)

Verbal Counseling Skills—Complex Counselor Responses

1. Mention that the last category of the Response Mode Approach to verbal communication is complex counselor responses.

2. Point out that complex counselor responses include: a) paraphrasing; b) interpretation; c) confrontation; and d) self-disclosure.

Paraphrasing

1. Explain that in counseling, paraphrasing includes four skills: restatement of content; reflection of feelings; summarization and nonverbal referent.

2. Explain that restatement is the first type of paraphrase. Being able to restate or paraphrase the content of a client’s statement is the beginning process of learning to listen.

3. Mention that restatement serves three purposes, to:
   – Convey to the client that the counselor is “with” him/her and that s/he is trying to understand what the client is saying.
   – Crystallize a client’s comments by repeating what s/he has said in a more concise manner.
   – Check the counselor’s own perspective to make sure that s/he really does understand what the client is describing.

4. In reflecting a client’s feelings, the counselor responds by paraphrasing the content of the client’s message, but places emphasis on the feeling that the client expressed.

5. Ask participants to give examples of how to reflect a client’s feelings. Refer to the handout as needed.
6. Explain that counselors also need summarization skills which involve summarizing both what the client says (content) and how they are feelings.

7. Point out that summarizing is different than paraphrasing in that the summary typically responds to a greater amount of material. For example, a paraphrase normally responds to a client’s preceding statement while a summary wraps up an entire phase of the counseling session.

8. Ask participants when summarization of content is most frequently used.

9. Review the following, if not mentioned by participants:
   - Recalling high points from a previous session during the beginning of a new session.
   - When a client’s presentation of a topic has been confusing or lengthy.
   - When a client expresses something important to him/her.
   - When plans for next steps require mutual assessment and agreement.
   - At the end of a session when a counselor wishes to emphasize what has been learned.

10. Ask participants when summarization of feelings is advised.

11. Review the following, if not mentioned by participants:
   - To note how emotions progress through an interview.
   - To note inconsistencies of a client’s feelings.
   - During the session to restate in counselor’s own words the feelings and perceptions the client has been communicating.

12. Explain that nonverbal referent is similar to reflection and restatement but points to the client’s nonverbal behavior as an indication of his/her feelings.

13. Mention that nonverbal may refer to body posture, facial expression, tone of voice, gestures and so forth. For example, “Your face has a sad expression as you talk about this.”

14. **Role Play #6:** Ask two volunteers to come forward and role play the script they are given. Ask one to play the client and the other to play the counselor.

15. Ask participants which paraphrasing skill was the volunteer counselor demonstrating.

16. If not mentioned, explain that the volunteer counselor was restating content, i.e. paraphrasing what the client had just said.

17. **Role Play #7:** Ask two new volunteers to come forward and role play the script they are given. Ask one to play the client and the other to play the counselor.

18. Ask participants which paraphrasing skill was the volunteer counselor demonstrating.

19. If not mentioned, explain that the volunteer counselor was reflecting the feelings of the client back to the client.
20. **Role Play #8**: Ask one new volunteer to come forward and read the script that s/he is given.

21. Ask participants which paraphrasing skills was the volunteer demonstrating.

22. If not mentioned, explain that the volunteer counselor was summarizing main issues discussed by a client.

23. Ask participants to describe how a client might feel when the counselor uses paraphrasing skills such as restating content, reflecting feelings and summarizing content.

**Interpretation**

1. Mention that interpretation skills are probably the most complex skill because the counselor usually offers new meaning and points to the causes underlying the client’s actions and feelings.

2. Point out that interpretation requires that the counselor use his/her frame of reference to reframe the client’s material in terms of the counselor’s point of view of what is happening.

3. Review the five common types of interpretation providing examples for each one:
   - Interpretations that establish connections between seemingly isolated events.
   - Interpretation that points out themes or patterns in the client’s behaviors or feelings.
   - Interpretation of defenses, resistance or transference.
   - Interpretation that relates present events, experiences or feelings to the past.
   - Interpretation that entails giving a new framework to feelings, behaviors or problems.

4. Explain that the effectiveness of interpretation depends on issues of depth and timing – when the client can absorb it and take it in.

5. Mention that clients most receptive to interpretative approaches to counseling are those with higher levels of self-esteem, psychological mindedness, and cognitive complexity.

6. **Role Play #9**: Ask two volunteers to come forward and role play the script they are given. Have one play the client and the other the counselor.

7. Ask participants what the volunteer counselor has demonstrated.

8. If not mentioned, explain that the volunteer counselor was demonstrating how counselors interpret what the client has told them.

9. Ask participants to describe how a client might feel when a counselor interprets what the client has told him/her.

10. Discuss and summarize the main points based on Handout 5.

**Confrontation**

1. Mention that confrontation simply means challenging inconsistency in the counseling interview. It expands a client’s awareness of thought, feelings and actions.
2. Ask participants what are the types of situations where confrontation could be appropriate.

3. Reinforce what participants tell you, and review any of the following not mentioned:
   - Inconsistencies in the messages the clients send, i.e. inconsistency between verbal, voice and body language.
   - Possible distortions of reality resulting in clients’ unrealistic and hasty conclusions.
   - Not acknowledging choices or client’s responsibility in his/her choices.
   - Reframing—getting clients to look at the situation from a new perspective.

4. Review some guidelines for confronting clients:
   - Start with reflective responding, indicating that you understand what you heard and that you understood his/her messages.
   - When possible, help clients to confront themselves, by reflecting inconsistencies and then allowing the client to choose his/her own conclusions.
   - Do not talk down to the client.
   - Avoid threatening voice and body messages.
   - Only confront strongly when necessary.
   - Leave the ultimate responsibility to the client.
   - Don't overdo it.

**Self-disclosure**

1. Ask participants what are the two types of self-disclosure responses a counselor can use.

2. Reinforce what participants said, and review the following if not mentioned:
   - Self-involving responses are direct expressions of a counselor’s feelings about or reactions to the client’s statements and/or behaviors.
   - Self-disclosing responses are statements referring to the past history or personal experiences of the counselor.

3. Explain that self-involving responses assist in forming a working alliance. They can personalize the helping process so that clients feel they relate to real people.

4. Ask participants for examples of self-involving responses. If they struggle, review the responses from Handout 5.

5. Explain that self-disclosing responses may help clients to feel that you understand what they are going through.

6. Point out that choosing to disclose or not personal information depends on the nature of the problem raised.
7. Ask participants what are some guidelines for appropriate disclosure of personal information.

8. Review any of the following, if not mentioned by participants. Refer to the Handout 5 or use PowerPoint slides.
   
   – Be self-referent. Do not disclose other people’s experiences.
   
   – Be to the point. Do not slow down or defocus the interview through irrelevance or talking too much.
   
   – Use good voice and body messages. Be congruent. Your voice and body messages should match what you say.
   
   – Be sensitive to clients. Have sufficient sensitivity to realize when your disclosures may help clients and when they may be unwelcome or a burden.
   
   – Be sensitive to helper-client differences. Expectations for helpers differ across cultures, social class, ethnicity, gender, and so do expectations regarding appropriateness of helper self-disclosure.
   
   – Do not do it too often. Helpers who keep talking about themselves risk switching the focus of their work from their clients to themselves.
   
   – Beware of counter transference. Intentionally or unintentionally, some helpers may use both involving and information self-disclosures to manipulate clients to meet needs for approval, intimacy and sex. This shows the importance both of awareness of your motivation and of behaving ethically.

9. Ask participants if they have any questions.

**Summary Points and Questions**

1. Review the following summary points:

   – Counseling skills are skills counselors have to possess and demonstrate in a counseling relationship irrespective of the counseling approach they use.
   
   – Counseling skills can be broadly divided into nonverbal and verbal counseling skills.
   
   – Nonverbal counseling skills are the ways through which the counselor communicates to the client the unspoken feelings or words. They include: eye contact, adopting an open posture, facing the client squarely, leaning slightly forward, and assuming natural relaxed position.
   
   – Verbal counseling skills are those the counselor communicates through words. Based on response modes approach they can be broadly classified in to four: minimal responses, directives, information seeking and complex counselor responses.

2. Ask participants if they have any questions.

3. Answer all questions before proceeding to the Session 6.

4. Distribute copies of Handout 6 to participants who do not have their handouts.

5. Ask all participants to read Handout 6 before the next day’s session.
SESSION 6
THE COUNSELING PROCESS

INTRODUCTION
The steps and processes apparent in counseling depend largely on the type of viewpoint one adheres to. However, there are common steps and processes counselors should employ regardless of their theoretical orientation. These steps are explained better in a model called the Counseling Process Model. According to this model, counseling involves six sequential steps: 1) Initiate the counseling relationship; 2) Understand the client’s concerns empathically; 3) Negotiate counseling goals and objectives; 4) Identify a plan to meet the goals and objectives; 5) Support the plan; and 6) Evaluate the counseling effectiveness. This session discusses the specific activities the counselor is expected to perform at each stage of the counseling process.

LEARNING OBJECTIVE
• By the end of this session participants will be able to describe and demonstrate the process of individual counseling

TIME NEEDED
6 hours

PREPARATION
• Collect materials/equipment needed: flipchart stand, flipcharts, markers, PowerPoint presentation, LCD projector, CD drive, laptop.

• Make copies of Handout 7: Group Counseling for the next session in the event that some participants forgot to bring their handouts.

• Make two copies each of Role Plays 1 to 7 ( Annex 3 ). Cut out each Role Play so that one can be given to the person playing the volunteer counselor and another can be given to the person playing the volunteer client during the session.

• Select two to three case studies for boys and two to three case studies for girls from Annex 4 for the Practice session. Make two copies each of the Case Studies, one for the person playing the volunteer counselor and another for the person playing the volunteer client.

• Make enough copies of the Counseling Process Practicum: Participant Case Study Assessment Sheet for the Counseling Process Practice for each workshop participant ( Annex 4 ).

• Prepare a flipchart with Session 6 objectives and agenda.

• Adapt PowerPoint slides or prepare new ones, as you see fit.
Step 1: Initiate the Counseling Relationship

1. Introduce the session by reviewing the flipchart of Session 6 objectives and agenda.

2. Explain that in the previous sessions, we reviewed counseling theories and skills, but in this session we will practice them.

3. Mention that even though the steps and processes that transpire in counseling depend largely on the type of viewpoint practiced by the counselor, there are some common steps and processes that counselors employ regardless of orientation.

4. Review the six steps of the counseling process model:
   - Step 1: Initiate the counseling relationship: At this point clients communicate their concerns. They also expect the process to be helpful. The roles of counselor and client are also determined.
   - Step 2: Understand the client’s concerns empathically. At this step, the client has to believe that the counselor understands and accepts him/her genuinely.
   - Step 3: Negotiate counseling goals and objectives: At this point the counselor should fetch data from the client on the types of changes the client wants to achieve.
   - Step 4: Identify a plan to meet objectives/achieve outcomes: Efficient counselors will attend to the client from the first moment noting human relationships, skills, information, and achievements that represent potential client resources during the planning stage.
   - Step 5: Support the plan: The counselor has to help clients act on their intentions in their world outside the counseling office. When clients do not do their homework, the counselor must analyze performance problems to learn how the expected performance is being side-tracked.
   - Step 6: Evaluate the counseling effectiveness: Specifically counseling is successful when the negotiated objective is met. At this step whether the objectives have been met or otherwise and the problems that hindered the attainment of the negotiated objectives will be examined.

5. Explain that Step 1 is where initial structuring of counseling has to take place in order to initiate the process of client self-helping.

6. Mention that during this step, an attempt is made to establish working alliances in which a counselor collaborates with clients as partners in developing their skills rather than doing things either to or for them.

7. Point out that during the initial counseling sessions the counselor should allow the client to do most of the talking.

8. Explain that during Step 1, the counselor should focus on clear intentions, attending skills and nonverbal behavior that is accepting of the client.

9. Ask participants why it is important to be clear and consistent about your intention to understand and being an effective and accurate listener.
10. Reinforce what participants say and discuss any of the following not mentioned by participants.

   - It builds trust with the client.
   - Reduces the confusion that can come from conflicting counselor goals that may cycle in and out of the relationship.
   - Leads to improved listening skills as the counselor obtains feedback about how others respond to their efforts.

11. Ask participants what their experience has been with this step.

12. Answer any questions before going to Step 2.

**Step 2: Understand the Client’s Concerns Empathically**

1. Mention that Step 2 in the process is understanding client’s concerns empathically.

2. Ask participants how a counselor can demonstrate this.

3. Review any of the following, if not mentioned by participants:
   - Restatement of content
   - Reflection of feelings
   - Using reaffirming body language

4. Ask participants what are some habits that a counselor should not do during the counseling process.

5. Reinforce what participants say and review any of the following not mentioned by participants:
   - Asking too many questions.
   - Making utterances that indicate judgment, such as “Great”, “Too bad”, “What a mess”, “how wonderful”, etc.
   - “Me too”—referring to similar things that have happened to you (the counselor).
   - “You’re okay”—Saying things like “you’re okay” may seem to soothe the client but this type of response moves the focus away from the client and confuses the issue.
   - “Silence is poison”—Don't be tempted to break any silence during a session. Silence is useful—it opens a gap for the client to continue talking and for the counselor to demonstrate empathetic counseling skills.
   - Be an expert—Avoid saying, “I know how you feel”, or “I have a lot of training in relation to your problems”. It is not helpful to the client and actually widens the status difference between the client and the counselor.
**Step 3: Negotiate Counseling Goals and Objectives**

1. Explain that in this step the counselor helps the client to establish counseling goals and objectives.

2. Mention that a goal is a general expression in broad terms what a client hopes to achieve. Being clear about goals is very helpful in making decisions about resources (time, effort, money).

3. Point out that objectives are specific, individualized steps needed to achieve a goal.

4. Review the following guidelines for helping a client to establish goals and objectives.
   - Initiate the client to share his/her concerns: As a counselor, you need to suggest or let the client know that the information on what changes he/she wants to achieve will be important to the success of the counseling.
   - Recognize potential goal areas: Listen carefully, the utterances the client produces and the nonverbal messages he/she sends can serve as possible menu of goal areas.
   - Agree on a goal: Once the counselor has identified the potential goal areas during the above-mentioned step, he/she should discuss them with the client and help him/her decide which area to work on first.
   - Set criteria for functional objectives: Counseling objectives should clearly communicate: (a) what is to be achieved, (b) when or where it to be achieved and (c) how well or how much is to be achieved.

5. Ask participants what has been their experience helping clients develop a goal and objectives.

6. Ask participants if they have questions before proceeding.

**Step 4: Identify a Plan to Meet the Goals and Objectives**

1. Explain that once the goal and objectives have been set, the next step is to make an operational plan of action.

2. Mention that the following four points should be considered when developing a plan of action.
   - Discriminate “fuzzy” (generalizations about behavior) from specifics (reports describing behaviors).
   - Attend to the three domains of awareness: action, thoughts and feelings.
   - Focus on actual experience in a single event rather than on generalized impressions of many events.
   - Discover the temporal sequence of elements in the critical incident.

3. Explain that not all plans are successful.

4. Ask participants what factors contribute to the success of a counseling plan.

5. If not mentioned by participants, explain that the success of the plan depends on:
– The client's motivation to change
– Self-efficacy
– Existing client skills.

6. Ask participants to give examples of the above-mentioned success factors.

7. Add additional information to participants’ responses, as needed.

8. Point out that developing plans together with the client and that are familiar to the client has three advantages:
   – Clients are confident in such plans.
   – They allow for more efficient use of resources.
   – Such plans are more likely to be culturally sensitive.

9. Suggest the following phases for creating a counseling plan:
   – Phase 1: Identifying the objective
   – Phase 2: Thinking backward from the objective to the beginning.
   – Phase 3: Simulating operation of the plan
   – Phase 4: Identifying necessary conditions for success

10. Review a sample Action Plan format with participants. Refer to the action plan in Handout 6 and talk participants through the process.

11. **Role Play #1**: Ask two volunteers to come forward and role play the script they are given. Have one play the client and the other play the counselor.

12. Ask participants what the volunteer counselor has demonstrated and what the client might be feeling.

13. If not mentioned, explain that the volunteer counselor was demonstrating how a counselor helps a client to make plans to achieve their objective. As a group, come to an agreement on how the client might be feeling.

14. **Role Play #2**: Ask two volunteers to come forward and role play the script they are given. Have one play the client and the other play the counselor.

15. Ask participants what the volunteer counselor has demonstrated and what the client might be feeling.

16. If not mentioned, explain that the volunteer counselor was demonstrating another way to help a client to make plans to achieve their objective. As a group, come to an agreement on how the client might be feeling.

17. **Role plays 3 to 7**: Conduct role plays 3 to 7 as above.
18. Ask participants if they have questions or need clarification.

**Step 5: Support the Plan**
1. Ask participants how they can help support the counseling plan.
2. Reinforce participants’ points and review any of the following not mentioned by participants:
   - Check out to remind the client of the agreed upon plan. It can be presented as a series of unfinished statements made by the counselor, to be completed by the client. Check out usually takes about 8 to 10 minutes.
   - Prime the client’s readiness for action.
3. Ask participants to give examples of checking out and priming the client’s readiness for action.
4. As needed, refer to Handout 6 for examples.

**Step 6: Evaluate the Counseling Effectiveness**
1. Explain that counseling is not an end in itself, it is a means to an end.
2. Ask participants what their experience has been evaluating the counseling process.
3. Acknowledge participants’ experience, and if not mentioned, explain that counseling effectiveness can be evaluated two ways—through process evaluation or outcome evaluation.
4. Explain that for Process Evaluation, every step in the counseling process will be evaluated. This includes the six steps in the counseling process model.
5. Review Table 2 in Handout 6 with participants and discuss how to assess each of the six counseling steps.
6. After the above discussion, point out that Outcome Evaluation is measured in terms of actual desirable changes the client has achieved.
7. Mention that the focus of Outcome Evaluation is not on the counseling process, but on the end result.
8. Ask participants what would “end result” look like.
9. If not mentioned by participants, provide the following two examples of “end results”:
   - If Yeme needed counseling because she wanted to become more assertive, then the question would be, “Has she been able to act assertively?”
   - If Negash came to counseling because of his fear of crowds, then the question would be, “Is he now okay with crowds?”
10. Ask participants if they have any questions before conducting the case studies.
Practice—Case Studies
1. Ask for six to eight volunteers—three to four to play volunteer counselors and three to four to play volunteer clients. Note: The number of role plays conducted during this practice will depend on the amount of time available. Try to conduct at least four role plays—two with case studies for boys and two with case studies for girls.

2. Give each set of volunteers (one playing the volunteer counselor and the other playing the client) a different case study (selected beforehand.)

3. Distribute the Counseling Process Practicum: Participant Case Study Assessment Sheet to workshop participants. Ask participants to use the checklist to assess each practice role play.

4. Decide which role play will go first, and give the volunteers 15 minutes to conduct their role play.

5. Assess the Role Play with participants asking first, what the volunteer counselor did well. Then ask where there might be areas of improvement.

6. Proceed to the next role play and repeat the process until the role plays are complete.

Summary Points and Questions
1. Review the following summary points:
   - According to the Counseling Process Model, there are six steps in counseling irrespective of the approach one adheres.
   - The first step in the counseling process is initiating the counseling relationship. At this step, the client communicates his/her concerns and the roles of counselor and client are also determined.
   - The second step is understanding the client's concerns empathically, where the counselor makes every effort to make the client feel understood and accepted.
   - The third step is negotiating the counseling objectives. At this step the types of changes the client wants to achieve will be determined.
   - The fourth step, identifying plans to meet the objectives, involves setting an agreed upon plan thought to result in the desired change. At this step the counselor is expected to assess the client's existing skills and resources so that the plan set can be achievable.
   - The fifth step involves supporting the plan. At this step the counselor makes every effort in reminding the client of the plan and assesses performance problems when the client comes on the subsequent appointments without having accomplished the plan.
   - The final step is evaluation, where effectiveness of the counseling is assessed.

2. Ask participants if they have any questions.

3. Answer all questions before proceeding to the Session 7.

4. Distribute copies of Handout 7 to participants who do not have their handouts.

5. Ask all participants to read Handout 7 before the next day’s session.
SESSION 7
GROUP COUNSELING

INTRODUCTION
The complex and complicated life vulnerable and marginalized children go through, which is usually characterized by a sense of isolation, threatens the sense of personal relatedness that provides the foundation for human interaction. The feeling of belonging and cohesiveness and the opportunity of interpersonal learning of group experiences promises to be an effective remedy to counteract these depersonalizing forces. Group counseling is especially a most appropriate means of meeting the personal needs of marginalized and vulnerable children and adolescents who often feel and experience isolation, alienation, confusion, frustration, or feelings of being lost. In this session, the nature and concept of group counseling, basic skills of group counseling, the group counseling process, and practical considerations in organizing counseling groups will be discussed.

LEARNING OBJECTIVE
By the end of this session, participants will be able to describe and demonstrate the process of group counseling.

TIME NEEDED
6 hours

PREPARATION
- Collect materials/equipment needed: flipchart stand, flipcharts, markers, cards, PowerPoint presentation, LCD projector, CD drive, laptop computer.
- Make copies of Handouts 8: Creative Therapies and Handout 9: Music and Drama Therapy for the next session in the event that some participants forgot to bring their handouts.
- Make two copies each of Role plays 1 to 5 (see Annex 3). Cut out each Role Play so that one can be given to the person playing the volunteer counselor and another can be given to the person playing the volunteer client during the session.
- Prepare a flipchart with Session 7 objectives and agenda.
- Adapt PowerPoint slides or prepare new ones, as you see fit.
- Adapt the session flow and content as you see fit.
**Group Counseling**

1. Introduce the session by reviewing the flipchart of Session 7 objectives and agenda.
2. Ask participants what is the definition of group counseling.
3. Review the following definition if different from the one mentioned by participants:
   
   *Group counseling is the development of a face-to-face interpersonal network characterized by trust, acceptance, respect, warmth, communication and understanding through which a counselor and several clients come in contact in order to help each other confront unsatisfactory or problem areas in the clients' lives and discover, understand and implement ways of resolving those problems and dissatisfactions (Trotzer 1972).*

4. Ask participants what are traits of group counseling that are different from other small group experiences.
5. Reinforce what participants say, and review any of the following not mentioned by participants:
   
   - As an interpersonal network the counseling group represents a human process of the domain of human relationships in which members are experiencing their problems.
   - The traits of the therapeutic work only have meaning in a relational context. Trust, acceptance, respect, warmth, communication and understanding can only be experienced in interpersonal relationships.
   - There is a built-in interpersonal growth dynamic in that the purpose depends on members helping each other.
   - The focus and purpose of the group are explicit. Counseling groups are initiated for the purpose of problem solving.
6. Explain that the counseling group represents a temporary intervention modality in each group member's life. The therapeutic impact and duration is governed by the intention on the part of both group leaders and members to dissolve the group by resolving the problems.
7. Point out that group counseling focuses on helping people explore and confront specific dissatisfactions in their lives with the express purpose of understanding their concerns and discovering and implementing ways of resolving their problems.
8. Explain that the group leader seeks to develop an atmosphere in which members can talk openly about their problems without fear of rejection or reprisal. S/he encourages members to help each other, facilitates communication, protects individuals if that becomes necessary.
9. Mention that in group counseling participants are able to:
   
   - Exchange ideas and teach each other and learn from each other.
   - Explore and confront specific dissatisfactions in their lives with the express purpose of understanding their concerns and discovering and implementing ways of resolving their problems.
– Feel safe and have the opportunity to both help and be helped; the process becomes one of conscientious concern for each other.

– Try out alternatives and obtain feedback about their probable success prior to attempting to make changes in the real world.

10. Reinforce the fact that group counseling is directed toward self-exploration, encouraging introspection and feedback so that communication can occur and relationships can develop. Therefore, it establishes the fundamental basis needed to make good decisions.

11. Explain that the group process is also a most appropriate means of meeting the personal needs of individuals who often feel isolated, alienated, confused, frustrated, or lost.

12. Point out that group counseling is good for individuals who have identifiable problems in their lives and for individuals who do not have specific concerns:
   – For persons with specific problems group counseling and group therapy can help them resolve their concerns in a personally responsible and realistic manner.
   – For individuals with no specific concerns, the group process can help them improve themselves developmentally and serve as a preventative measure to ensure continued growth, adjustment, and personal satisfaction in their lives.

13. Ask participants which is better, individual counseling or group counseling. Have them explain the rationale for their preference.

14. Remind participants that neither type is better than the other. It depends on the needs and preferences of the client.

15. Point out that group counseling appeals to the following types of people:
   – Those who like/need the input from others, plus they learn more from listening than talking.
   – Teenagers because they often will talk more readily to other teenagers than with adults.
   – Those stuck in the grief process find groups to be very valuable.

16. Mention that others may prefer individual counseling, such as:
   – Individuals who do not want to be or are not ready to be in a group. They can disrupt it or be harmed because group pressure may cause them to take some action or self-disclose before they are ready.
   – Individuals who need more time to address their issues. An individual’s problems may not be addressed adequately in a group setting due to constraints of time.

17. Point out that group counseling is very helpful to adolescents because:
   – The stresses during adolescence and living on the street can be lonely, and it is common for adolescents to feel that there is no one who can help.
– Group counseling can be useful in dealing with these feelings of isolation, because it gives adolescents the means to express conflicting feelings, explore self-doubts, and realize that they share these concerns with their peers.

– Group counseling allows adolescents to question openly their values, and talk freely about their deepest concerns.

– In the group, adolescents can learn to communicate with their peers, benefit from the modeling provided by the group leader, and can safely experiment with reality and test their limits.

18. Ask participants to list some goals of group counseling that are helpful to adolescents. Record participants’ responses on flipchart.

19. Reinforce what participants present and review any of the following not mentioned:

– Grow in self-acceptance and learn not to demand perfection.

– Learn how to trust oneself and others.

– Foster self-knowledge and the development of a unique self-identity.

– Lessen fears of intimacy, and learn to reach out to those one would like to be closer to.

– Move away from meeting other’s expectations and decide for oneself the standards by which to live.

– Increase self-awareness, and increase the possibilities for choosing and acting.

– Become aware of choices and to make choices wisely.

– Become more sensitive to the needs and feelings of others.

– Clarify values and decide whether, and how, to modify them.

– Find ways of understanding, and resolving, personal problems.

20. Ask participants if they have any additions to the list or would like clarification.

21. Discuss and summarize key points about group counseling.

22. Answer any questions before proceeding.

**Basic Skills in Group Counseling**

1. Ask participants what are the counseling skills needed for group counseling. Write responses on flipchart.
2. If not mentioned, review the skills needed during group counseling. Show PowerPoint of these, or have a flipchart prepared beforehand.

- Active listening
- Reflection
- Clarification and questioning
- Summarizing
- Linking
- Mini-lecturing and information giving.
- Encouraging
- Tone setting
- Modeling and self-disclosure
- Use of eyes
- Use of voice
- Use of group leader’s energy
- Identifying allies
- Multi-cultural understanding

**Active listening**

1. Ask participants what are ways that a group leader demonstrates *active listening*.

2. Review any of the following if not mentioned by participants:

   - Listening to the content, voice, and body language of the person speaking.
   - Communicating to the group members that you are really listening. Active listening as a group leader is a complex task because you listen to many people at one time.
   - Scanning the room for nonverbal gestures, especially facial expressions and body shifts of group members.
   - Listening to an individual speak and, at the same time, listen to other members by picking up their silent messages.

**Reflection**

1. **Role play**: Ask four volunteers to come forward. Have one play the counselor and the others play members in a group.

2. Hand them the script for role plays 1 and 2, and ask them to role play the situations.

3. Ask participants what the volunteer counselor has demonstrated.

4. If not mentioned, explain that the volunteer counselor was demonstrating how a counselor reflects feelings of clients in a group counseling session.

5. Ask participants how the counselor’s (group leader’s) reflection of feelings helped the client to improve their understanding of the situation and share their feelings with each other.

6. Explain that in group counseling to reflect a comment is to restate it, conveying that you understand the content, the feeling behind it or both.

7. Ask participants how reflection is helpful to a group.
8. Review the following if not mentioned by participants:
   – It helps an individual group member, or two or three group members who were speaking to become more aware of what s/he is saying
   – It helps communicate to the individual or several group members that you are aware of how s/he/they are feeling.
   – It helps other group members to become aware of their similar feelings

9. Point out that reflection can also be a way to engage other group members to talk. For example, the group leader may follow up from a conversation with something like, “I wonder if other people here are having similar feelings.”

Clarity and questioning
1. **Role plays 2 to 4**: Ask six volunteers to come forward. For each of the three role plays, have one volunteer play the counselor and the other volunteer to play a member in a group.

2. Give each pair of volunteers one of the following scripts: Role Play #2, Role Play #3, and Role Play #4, and ask them to take turns role playing their situations.

3. When they are done, ask them to have a seat.

4. Ask participants what the volunteer counselors from each role play were demonstrating.

5. If not mentioned, explain that volunteer counselors were demonstrating how a counselor clarifies issues in group counseling.

6. Ask participants to describe how the counselors used open-ended questions to clarify the situation and how the counselors summarized the situations.

7. Ask participants how clarification benefits several members in a group counseling setting.

8. If not mentioned, point out that clarification for one person’s benefit may benefit the entire group, especially if the group members are experiencing similar situations.

9. Ask participants if they can share an experience of clarification from their professional counseling experience. If no one is able to do that, review the example in Handout 7.

Summarizing
1. **Role Play #5**: Ask two volunteers to come up and play the role of a counselor.

2. Give each volunteer one of the scripts from Role Play #5, and ask them to take turns role playing the scripts. When done, they can take their seats.

3. Ask participants what skill the volunteer counselors were demonstrating.

4. If not mentioned, explain that volunteer counselors were demonstrating how a counselor summarizes issues in group counseling.
5. Ask participants to describe how the counselor (group leader) pulled together the major points and how this might have helped to deepen or sharpen the focus of the discussion.

6. Explain that the skill of summarizing is an important skill for all group leaders because:
   - Group members generate information from a wide range of viewpoints. Thus, it is very important that the group leader knows how to synthesize the information and present it back to the group.
   - The group leader may pick up on an important issue that was not noticed by the group members.
   - It tightens the focus of the conversation and allows the group leader to stay with an issue or move on.
   - It is useful in making a transition from one topic to another.
   - It can be used to open (or close) a session and is especially helpful if there is unfinished work from the last session or a strong interest on the part of the members to continue a topic.

**Linking**

1. Ask participants what “linking” is, and when is it most useful.

2. Reinforce what participants say, and review the following if not mentioned:
   - Linking is the process of connecting people together to facilitate bonding.
   - It is most useful at the beginning stage of group counseling—the first two to three sessions—because the counselor wants the group members to feel connected to each other.
   - The group leader is always alert to how things one person is saying may apply to another person in the group.

**Mini-lecturing and information giving**

1. Mention that the group leader often needs to provide information to the group, such as information on risk reduction, safe sex, risks of HIV, issues regarding migration, etc. This involves mini-lecturing and information giving.

2. Explain that providing information enables group members to learn from the group leader and from the discussion that follows. Providing information can:
   - Introduce a new topic
   - Help focus the group
   - Deepen the focus
   - Simply help members to understand something about which they are confused.

3. Point out that the key to mini-lecturing is to be knowledgeable on the topic and be brief; otherwise, it becomes a class room.
Encouraging and supportive

1. Ask participants how does being encouraging and supportive help a group session.

2. If not mentioned by participants, explain that it helps members to: a) deal with the anxiety of a new situation and sharing their ideas or personal feelings with others and b) get over their scared feelings and helps them take risks that they otherwise might not take.

3. Ask participants what are ways to demonstrate encouragement and support. Record their responses on a flipchart.

4. Reinforce what participants say and review any of the following not mentioned:
   - Warmth in your voice.
   - A pleasant facial expression.
   - An “open” posture.
   - Being genuine and congruent with your actual feelings.

Tone setting

1. Mention that tone setting refers to creating the mood for the group and is another important skill to have.

2. Ask participants how counselors can help set the right tone for a group setting.

3. If not mentioned, explain that different groups benefit from different tones. For example, some groups for juveniles in conflict with the law and certain kinds of criminals may be conducted effectively with somewhat of a confrontive tone.

4. Point out that there are a variety of tones: serious, confrontive, formal, and “on-task.”

5. Explain that by asking themselves the following questions and leading according to the answers, counselors can probably achieve the desired tone for the group:
   - Should the group be serious, light, or somewhere in between?
   - Should the tone be confrontive or supportive?
   - Should the tone be very formal or informal?
   - Should the group be task-oriented or more relaxed?

Modeling and self-disclosure

1. Mention that two other important skills that counselors/group leaders should possess are modeling and self-disclosure.

2. Explain that one of the best ways to teach desired behaviors is by modeling those behaviors in a group. For example, the counselor’s style of effective communication, ability to listen, and encouragement of others will serve as a model for others.
3. Mention that if the purpose of the group involves more personal sharing, then some self-disclosure can be used to demonstrate how to disclose and that you are willing to risk sharing yourself.

4. Point out that self-disclosure can be used to reveal past events, present events, and present feelings about the group and about some members.

5. Caution participants that a group leader does not need to self-disclose on every topic and that any self-disclosure should not be so intense that it becomes the focus of the group.

Use of eyes
1. Ask participants how the group leader’s eyes can be used effectively in a group setting. Write responses on flipchart.

2. Reinforce what participants say, and review any of the following not mentioned by participants:
   - Scan for nonverbal clues when group members are talking.
   - Draw out members by making eye contact with a member who you wish to draw out or invite to talk, show encouragement and support or demonstrate empathy.
   - Cut off members, especially those who are speaking too much and/or dominating the conversation.
   - Scan the energy of the group.

Use of voice
1. Explain that the group leader’s voice can also be used to influence the tone and atmosphere of the group as well as its pace and content.

2. Ask participants to give examples of how to use their voice for the following situations.
   - Setting the tone of the group.
   - Energizing the group.
   - Pacing the group.

3. If needed, review examples of these in Handout 7.

Identifying allies
1. Ask participants why it is important to identify allies in the group, i.e. members who they can count on to be cooperative and helpful.

2. If not mentioned by participants, point out that the use of allies is helpful in the following situations:
   - The group leader wants someone to start a discussion or an exercise
   - The group leader needs someone reliable to play a role or take a risk.
– The group leader needs someone to be with a member who is working on something very emotional and is upset. This allows the group leader to feel confident that the upset member has support while the group leader continues working with group members.

3. Explain that it takes time and skill to learn who can be allies.

**Multicultural understanding**

1. Ask participants why it is important for a group leader to be culturally understanding.

2. If not mentioned, review some of the following reasons:
   – Multiculturalism is inherent in every group.
   – Group leaders need to understand how culture and religion affect group members’ participation.
   – Each individual must be seen against the backdrop of his/her culture, the degree to which s/he has been acculturated and the level of development of ethnic identity.

3. Point out that culture will influence a group and if the Group leader ignores this, s/he will provide less effective services.

4. Answer any questions before moving on to the group counseling process.

**The Group Counseling Process**

1. Point out that you are going to discuss the Group Counseling Process.

2. Mention that all groups go through three stages, regardless of the group type: a) beginning stage, b) the middle stage, and c) the ending/closing stage.

*Beginning stage*

1. Explain that the beginning stage refers to the period used for introductions and for the discussion of such topics as: purpose of the group, what to expect, fears, ground rules, comfort levels, and the content of the group.

2. Mention that at this stage, members are checking out other members and their own level of comfort with sharing in a group.

3. Ask participants to explain the four guiding steps common in the first group session.

4. Reinforce what participants tell you and review the following if not mentioned:
   – Step 1: Introducing the group
   – Step 2: Establishing ground rules
   – Step 3: Encouraging communication
   – Step 4: Clarifying the group’s objectives
5. For Step 1, ask participants to give examples of how they have introduced group members in their counseling groups.

6. Point that Step 2 involves creating a list of rules or guidelines with group members that the group will adhere to.

7. Exercise 1: Divide the participants into groups of 5–10 participants.

8. Ask each group to review the example of ground rules in the box below and formulate its own ground rules for their small group. Refer participants to Handout 7 or show PowerPoint of this table.

<table>
<thead>
<tr>
<th>Example of Ground Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confidentiality:</strong> Everything that is shared in the group stays in the group. Members’ private lives should not be discussed outside of the session.</td>
</tr>
<tr>
<td><strong>Attendance:</strong> All members should attend sessions regularly.</td>
</tr>
<tr>
<td><strong>Punctuality:</strong> Everyone should respect the starting time of each session</td>
</tr>
<tr>
<td><strong>Mutual respect:</strong> All members should respect the opinions of other members of the group, even if they are different from one’s own</td>
</tr>
<tr>
<td><strong>Participation:</strong> All members should make an effort to participate in-group discussions</td>
</tr>
<tr>
<td><strong>Listening to others:</strong> All members have the right to participate and contribute their ideas in a session. The rest of the participants should listen to the person who is talking. Only one person should speak at a time.</td>
</tr>
</tbody>
</table>

9. After the small groups have developed their own ground rules, let each group present on its ground rules to the entire group.

10. Ask participants what their experience has been setting ground rules in a group counseling setting.

11. If some participants have questions about how they have handled ground rules, redirect the question to other participants to answer, so that the participants can be resources for each other.

12. Point out that the group leader can also come with a list of his/her anticipated terms, such as, mutual respect, confidentiality, listening to one another, etc. that the group leader can introduce if not mentioned by group members.

13. Mention that the rules/guidelines should be revisited:
   - at the beginning of each group meeting, especially when new members have joined the group.
   - if any of the guidelines are not being followed.
   - when the group is faced with challenging moments.

14. Wrap up the discussion on ground rules by mentioning the schedule of the sessions. Point out the schedule depends on the anticipated structure, meeting times and place.
15. For Step 3 explain that we have already discussed how a group leader can encourage communication within a group.

16. Ask participants what phrases/questions they can ask to engage group members in the discussion.

17. Review any of the following not mentioned by participants:
   - “Who has experienced something similar?”
   - “That must have been difficult to share with the group.”
   - “Who wants to comment on what has been said?”
   - “The group appreciates you sharing your feelings like that.”

18. Moving on to Step 4, mention that while it is important to allow group members to decide topics and themes for discussion, the role of the group leader is to also guide the discussion towards themes that have more therapeutic or educational potential.

19. Finalize the discussion on the beginning stage of a group session by mentioning that the beginning stage may last part of the first session, the entire first session, or the first couple of sessions. It is common for the members of certain groups to take more than two sessions to feel enough trust and comfort to share beyond the surface level.

**Middle stage**

1. Mention that the middle stage of group counseling is when the members focus on the purpose. In this stage, the members learn new material, thoroughly discuss various topics, complete tasks, or engage in personal sharing and therapeutic work. This stage is the core of the group process; it is the time when members benefit from being in a group.

2. Explain that during this stage the group leader must pay particular attention to the interaction patterns and attitudes of the members toward each other and the group leader.

3. The following are the important tasks in this stage:
   - Planning topics: Either plan topics a head of time for each group session or allow the group to decide spontaneously what they would like to discuss. However, if a member has an urgent issue, it is important to address it.
   - Group dynamics. Initially it is expected that the group leader will be engaging group members in discussions, but as the group members become more familiar with each other and grow to trust each other, the group leader becomes less and less active.

4. Ask participants what their experience has been during this stage of group counseling.

5. Clarify any comments and answer questions before going to the closing stage.

**Closing stage**

1. Point out that the closing, or ending, stage is devoted to terminating the group.
2. Ask participants what their experience has been during this stage.

3. Review any of the following, not mentioned by participants:
   - During this period, members share what they have learned, how they have changed, and how they plan to use what they have learned.
   - Members also say goodbye and deal with the ending of the group.
   - For some groups, the ending will be an emotional experience, whereas for others the closing will simply mean that the group has done what it was supposed to do.
   - The length of the closing stage will depend on the type of group, the length of time it has been meeting, and its development. Most groups need only one session for this stage.

4. Mention that the process of how a group ends will be largely determined by whether it is a time-limited or open-ended group. However, so will the emotions of the people in the group.
   - In a time-limited group, the end date will have been agreed in the first session and members would generally have prepared themselves accordingly. If the group has been run effectively, members should experience a sense of closure as a chapter of their lives ends.
   - If the group is ongoing and is conducted in a way that people can join and leave periodically, termination occurs more at the individual level. People leave the group at different points, for different reasons.

5. Ask participants what kinds of feelings might group members have when a group ends.

6. If not mentioned by participants, discuss the following:
   - Some members may have built enough self-confidence and be okay with leaving the group. They may have even identified outside sources of support.
   - Other members may feel afraid of how they may cope without the group.
   - Many members having feelings of sadness or anxiety about the future is very common.
   - Some members may decide that they would benefit from a longer period in a group. They would then usually contract for another number of meetings, decide what their needs are, and plan for this.

7. Discuss with participants how a group leader should handle these feelings
   - The facilitator must prepare each member, and the group as a whole, to come to terms with the end of the group.
   - Group members should be encouraged to develop support systems outside of the group.
   - When withdrawal from a group is planned in advance, for instance, because a young person is starting integration and will not be able to continue participating, this should be acknowledged in a session, and the feelings of that member and the feelings of the group explored.
8. Ask participants if they have anything else to share before proceeding to the section on organizing counseling groups.

**Practical considerations in organizing counseling groups**

1. Explain that the group leader needs to decide on a number of issues **before** a group meets.

2. Point out that determining the size of the group is important. For practical purposes a counseling group with adolescents should be between 6 and 10 members.

3. Mention that below this number, the group can lose dynamism. Also mention that there is always attrition, so the group should be large enough to withstand the loss of a member or two without losing its structure.

4. Point out that if the group is larger than 10 people, it becomes more difficult to keep track of the flow of events. Further, there may be the formation of sub-groups which would undermine the group dynamics.

5. Ask participants if they have developed objectives for the counseling groups they ran. If so, ask them to share some of them.

6. Mention that developing objectives helps the group leader to decide which type of group would be most useful.

7. Explain that the group leader also needs to decide on the following:
   - Timing of the group (when to start and stop)
   - Frequency (once a week, once every two weeks, etc.)
   - Length of meeting (1 hour, 90 minutes, etc.)
   - Duration of the group (how long will the group last)

8. Explain that how long a group meets depends on the type of group, i.e.:
   - Time-limited groups tend to meet more frequently but for a shorter period of time, for example, once a week for ten weeks.
   - On-going groups may meet less frequently, but over an indefinite period of time.

9. Ask participants what are the benefits and disadvantages of weekly meetings.

10. Ask participants what are the benefits and disadvantages of meetings that occur every three to four weeks.

11. Mention that the length of a group session can be from 45 to 90 minutes.

12. Ask participants what their experience has been, and why they chose the length of sessions they did.

13. Point out that there are no firm guidelines for the number of meetings. The most important thing is that the group members' issues get addressed.
14. Remind participants that the meeting time should be established with the group members in mind. If they are not working for example, a good meeting time would be during the day.

15. Mention that the most important thing about timing is that it is consistent.

16. Explain that sometimes group members participate voluntarily while others are required to attend. The key to the success of the group is carefully orienting members and preparing them for being a part of a group.

17. Mention that another issue the group organizer must take into consideration is whether the group will be open or closed.
   - Open groups are characterized by changing membership.
   - Closed groups do not add new members during the lifetime of the group.

18. Ask participants about the kinds of meetings places/venues they have used to hold group sessions.

19. Point out the following considerations with identifying a suitable meeting place. They should:
   - Be a space where the group leader can have some authority.
   - Accommodate the number of group members easily and not be too small or too large.
   - Be free from distractions.
   - Be private.
   - Have access to a restroom.
   - Be safe.

20. Review some considerations for arranging the meeting space.
   - The chairs should be comfortable.
   - The group leader should not have a “special” chair.
   - Seats should be arranged in a semi-circle or circle so that everyone can see each other.
   - There should not be any undue spaces or empty chairs between the members.
   - The group leader should be seated in the circle with the rest of the group.

**Summary points and questions**

1. Review the following summary points:
   - Group counseling is the development of a face to face interpersonal network characterized by trust, acceptance, respect, warmth, communication, and understanding through which a counselor and several clients come in contact in order to help each other confront unsatisfactory or problem areas in the clients’ lives and discover, understand, and implement ways of resolving those problems and dissatisfactions.
Group counseling addresses the needs of both persons with identifiable problems and persons who do not have specified concerns.

Group counseling can allow adolescents to question openly their values, and talk freely about their deepest concerns. In the group, adolescents can learn to communicate with their peers, benefit from the modeling provided by the group counselor, and can safely experiment with reality and test their limits.

Group counseling skills are essential for good leading. Some of the major skills required from the group counselor include active listening, reflection, clarification and questioning, summarizing, linking, mini-lecturing and information giving, encouraging and supporting, tone setting, modeling and self-disclosure, use of eyes and voice, use of the group counselor’s energy, identifying allies, and multicultural understanding.

All counseling groups go through three stages: the beginning stage; the middle or the working stage; and the ending or the closing stage.

Organizing counseling groups requires addressing several practical issues which must be clarified before the group meets. These practical issues include group size, objectives of the group, frequency of meetings, length of a session, number of meetings, meeting times, group membership (voluntary or involuntary), nature of the group (open or closed), meeting place/venue, arranging the meeting space, and clarifying expectations.

2. Ask participants if they have any questions.

3. Answer all questions before proceeding to the Session 8.

4. Distribute copies of Handout 8 and 9 to participants who do not have their handouts.

5. Ask all participants to read Handouts 8 and 9 before the next day’s session.
SESSION 8
CREATIVE THERAPIES

INTRODUCTION
Creative Therapy for Children and Adolescents was developed by Manfred Vogt and others, working at NIK (Norddeutsches Institut für Kurzzeittherapie Berlin Germany). It is based on the ideas of Steve de Shazer (1985) and Insoo Kim Berg (2000), the founders of Solution Focussed Brief Therapy and involves principles:

- Look for solutions instead of solving or correcting problems
- The client knows his/her goal, not the counselor
- Make use of the resources of the child and the family
- Make use of rituals as powerful means for constructing individual and social reality

LEARNING OBJECTIVE
- By the end of this session participants will be able to describe the process of creative therapies and identify and address feelings expressed through creative therapy sessions.

TIME NEEDED
3 hours

PREPARATION
- Collect materials/equipment needed: flipchart stand, flipcharts, markers, drawing materials, drawing paper, art book, pencils, crayons, PowerPoint presentation, LCD projector, laptop computer, CD of cultural or relaxing music, CD player (or laptop) and props for the drama exercise (a large piece of cloth, a toilet bowl cleaner, a piece of an old tire, and other items that might provoke creative use of the item)
- Prepare a flipchart with Session 8 objectives and agenda.
- Adapt PowerPoint slides or prepare new ones, as you see fit.
- Adapt the session flow and content as you see fit.

1http://www.nik.de
SESSION CONTENT

Definition and Theory
1. Introduce the session by reviewing the flipchart of Session 8 objectives.

2. Explain that Creative Therapy for Children and Adolescents was developed by Manfred Vogt and others as a therapy to help children feel better about themselves.

3. Mention that it is based on Solution-Focused Brief Therapy which involves the following principles:
   - Looks for solutions instead of solving or correcting problems.
   - The client knows what his/her goal looks like, not the counselor or the social worker.
   - Makes use of the resources of the child and the family.
   - Uses questions that are solution-oriented and systemic
   - Reframes problems (not at school = opportunity to develop other skills).
   - Pacing and leading.
   - Makes use of rituals as powerful means for constructing individual and social reality.
   - “All language is hypnosis.” (Erickson and Rossi 1981)

4. Explain that essentially the counselor should find out three things from the child:
   - What does the child want?
   - What can he do?
   - What’s the next step?

5. Review the general basic assumptions of Solution-Focused Brief Therapy:
   - Problems are challenges that each person tries to deal with and solve in his or her specific personal way.
   - Everybody has resources to handle his life. He is the expert for his life.
   - Human beings cannot “not cooperate”. Each reaction is a form of cooperation.
   - Nothing is always the same. Exceptions point to solutions.
   - Human beings influence each other. They cooperate more easily in an environment that supports their skills and abilities.
   - It is helpful to listen carefully and exactly to the client and take their words serious.
   - To stop something is the hardest way of changing things. To start something new is much easier and more fun.
– Pacing and learning; social workers should take the lead from the child.

– Make use of rituals as powerful means for constructing individual and social reality ("all language is hypnosis"). “Just as your words make up your world, they also make up the world of the people whom you interact with. Similarly, the words you listen to paint intricate pictures in your mind that influence your thoughts, feelings and actions including what you buy and how you buy it.”

6. Discuss assumptions about children:

– Children want their parents to be proud of them.

– Children want to please their parents and other adults.

– Children want to be accepted by the group in which they live and to belong to it.

– Children want to learn new things, they want to be active.

– Children want to surprise and get surprised.

– Children want to strive for achievement and to be successful.

– Children have their own opinion and can tell it, if they are asked

– Children are able to make a choice, if they are given the opportunity.

7. Review assumptions about parents:

– Parents want to be proud of their children.

– Parents want to have a positive influence on their children.

– Parents want their children to get a good education and good chances for success.

– Parents want their children to attain at least the same level of good living as they have.

– Parents want to have a good relationship with their children.

– Parents need hope for the positive chances of development for their children.

8. Point out that in Creative Therapies, children are asked to develop goals for themselves.

9. Ask participants what are some key elements of good goals for children:

10. Review any of the following if not mentioned by participants:

– A goal must be “toward” something (not “away from”).

– A goal must be the presence of something (i.e., not the absence of chaos, but (presence of) order, not “better than….”).

– A goal must be a performance goal (not an outcome goal).

http://www.huffingtonpost.com/shaahin-cheyene/hypnotizing-the-masses-a-_b_1594493.html
A goal must be important for the child.

The new behaviour should increase the possibilities of choice for the child.

11. Ask participants how they use goal setting in a group.

12. Review the following example, if not mentioned by participants:
   - Each child tells the group, one after the other:
     - What can I do well; what do I like to do?
     - What have I reached since the last goal setting (group) talk?
     - And I want to keep it up?
     - So, what are my goals for the coming time (i.e., two weeks, one month)?

13. Point out that this practice helps the youth to realize that s/he can reach his/her goals. The peers act as helpers.

14. Ask participants what are some good questions to ask youth to develop their goals. Record their responses on flipchart.

15. Supplement the discussion with some of the questions in the PowerPoint slide and/or Handout 8.

16. **Exercise 1: Scaling**: Tell participants to imagine a line from the door to window and:
   - The door represents great knowledge about Creative and Music/Drama therapies and your comfort using them.
   - The window (or the farthest point of reference point from the door) represents little knowledge about Creative and Music and Drama therapies and your comfort in using them.

17. Ask participants to stand at the point on the line that reflects their knowledge about Creative and Music and Drama therapies and their comfort using them right now. (Note: expect many participants to be closest to the window (or furthest reference point from the door.)

18. Explain that is assessment of one’s knowledge or goal is called “scaling.”

19. Explain that scaling is a very useful technique to make each other understand how much of something there is. It often helps when to communicate where words are not accurate enough.

20. Mention that scaling gives the child and counselor, as well as the parents and counselor, a common language to speak about things that are difficult to speak about.

21. Ask participants how can we scale and what scales can we use.

22. Review any of the following, if not mentioned participants:
   - Measure children’s progress on a goal since last session.
   - Measure children’s feelings about an issue (happy or sad about the thought of returning home).
– Measure children's skills/abilities to complete a task (e.g., say ‘no’ to an invitation to use an addictive substance).

– We can use a ruler, or a piece of paper or string, or a space (like a room) as scales.

23. Point out that when counselors are helping the child to set his/her goal, s/he can use scaling to show answers to questions. For example:

– How important is this goal for you?
– How easy is it for you to reach this goal?
– How motivated are you to make the effort you need to reach this goal?
– What does help you to reach your goal? How much of it have you got?

24. Explain that once the goal is set, the youth can mark the way to the goal every time s/he speaks to the counselor or social worker about his/her goals.

25. Mention that scaling helps us to see the progress towards the goal and gives us confidence that we are on the right track.

26. Ask participants if they have questions before moving to the process of creative therapy.

**Process of Creative Therapy**

1. Begin the discussion on the relationship of creative thinking, problem-solving and coping (e.g., creative thinkers may find healthier means to cope with their problems rather than being overwhelmed by a problem).

2. **Exercise 2: Transformation**: After the discussion, bring out one item and show it to the group (see suggested props under “Preparation Needed” at the beginning of this session).

3. Ask participants to take the object and transform it into an everyday object. Encourage them to be creative and think of different ways they might transform this object.

4. Give the group an example if needed, e.g., you might transform the toilet bowl brush into a fly swatter, a microscope, or a golf club.

5. Instruct the group that the person transforming the object must SHOW us the transformation (by acting it out) and not tell us. The rest of the group then must guess what the transformed object is. Be sure to tell the group to wait till the person is completely done before shouting out their guesses.

6. Continue around the circle giving each person several chances at transforming the object. After two or three passes, encourage the group to add more movement and action to their transformation. For example, instead of just showing a fly swatter, run around the room trying to chase an imaginary fly with the fly swatter. Allow about 15 to 20 minutes for this exercise.

7. Repeat the exercise with a variety of props.

8. Process the exercise by asking participants how did they relate the creative thinking they did to creative thinking you might have to do with difficult problems?
9. Explain that this exercise is an example of Creative Therapy.

10. Mention that there are many creative therapies which can be used in working with youth. Some examples of Creative Therapy exercises include:

   – Making a collage of “Who Am I.”
   – Developing a memory book.
   – Choosing an animal that most describes your feelings.
   – My life’s journey.
   – Creating positive and negative ‘pictures’ with play dough or clay.
   – Painting a symbol of yourself.
   – Developing a color collage that they think reflects themselves.
   – Drawing or painting what comes to their minds when they hear that music.

11. Explain that giving youth a Treasure Book that they can develop during the Creative Therapy intervention helps them to capture their creative therapy exercises.

12. Mention that the Treasure Book is developed over a 10 week period and is used to help a youth discover him or herself and store information that will help strengthen and empower them to reach their goals.

13. Point out that the Treasure Book only contains positive, successful stories, learning processes and feedback. The youth can adorn the outside however they choose.

14. Explain that the purpose of the book is to help youth feel better about themselves. It is given to members of a youth counseling group at the beginning of the intervention and developed throughout the 10 week intervention period.

15. Review some Creative Therapy exercises that are recorded in the youths’ Treasure Books:

   – House of 1,000 Possibilities
   – What I Like
   – The Beauty of My Name
   – Sunny Times
   – Animal of Power
   – My Dreams
   – The Way to My Dreams
   – Reporter Game
   – Warm Shower
16. Explain that each one of these exercises slowly builds trust and each exercise requires more and more trust and vulnerability. The final exercise, A Warm Shower, requires the most trust and vulnerability.

17. **Exercise 3: House of 1,000 Possibilities:** Ask participants to trace both of his/her hands by following the outline of the hand with a pen or crayon on a piece of paper.

18. Ask participants to write something they do well in each of the fingers.

19. In the middle of the palm of each hand, ask participants to write, “I can do well”.

20. Ask participants to press each finger in its space and say, “I can do (what is written in the corresponding finger) well.”

21. When all fingers have been mentioned, ask participants to press the tips of their fingers together as if it was the roof of a house.

22. Explain that the “roof” can protect their goals. With their ‘house’ there are many other things that are possible for the youths to achieve, including their goals.

23. **Exercise 4: The Beauty of My Name:** Ask participants to write their name on a piece of paper, vertically.

24. Then for each letter, ask them to add at least one positive attribute or quality about him/herself or something s/he likes that begins with the letter. (e.g. J = joy, O = original, H = hard working, N = noisy)

25. Process the exercise by asking participants how that exercise made them feel.

26. **Exercise 5: Animal Power:** Ask participants to draw an animal that will strengthen him/her or give him/her the power to reach their goal.

27. Ask participants which animal they drew and why.

28. If everyone (or the majority) drew a lion, explain that not everyone can be a lion. They can be other animals that reflect who they are, such as:
   - Elephant is slow, strong, determined
   - Tiger is fast, strong, clever
   - Mouse is quiet, curious, fast
   - Dog is friendly, honest, faithful
   - Cat is useful, fast, careful
   - Monkey is naughty, cheeky, quick

29. **Exercise 6: Using Play Dough to Express Feelings:** Explain that we are going to play with some dough to make things.

30. Hand out the colored play dough and ask participants to feel it, to appreciate the colour and the texture and to play with it. Allow time for participants to enjoy the free play.
31. Ask participants to make something that makes them happy with the play dough. They can use different colors but don’t mix them too much.

32. Ask participants to make something that makes them sad with more play dough.

33. Ask them to combine the two play dough models, if that is possible.

34. Ask each participant to show their happy and sad models and how they were able to combine the two.

35. Explore why participants chose these models.

36. Ask, “How did you feel playing with the dough?”

37. Explain that the group has just conducted several Creative Therapy Exercises.

38. Mention that an extensive list of Creative Therapy and instructions can be found in Handout 8. Participants can use these exercises in the adolescent group therapies.
SESSION 9
MUSIC AND DRAMA THERAPIES

INTRODUCTION
Music and drama therapy are powerful tools to help adolescents to explore their feelings, understand their situation and develop plans for their future.

Music Therapy is the “clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship” (AMTA 2014). Music therapy uses these qualities and the musical components of rhythm, melody and tonality to provide a means of relating within a therapeutic relationship. In music therapy, people work with a wide range of accessible instruments and their voices to create a musical language which reflects their emotional and physical condition; this enables them to build connections with their inner selves and with others around them.

Dance provides an alternative means of expression using the whole body in response to music and emotions (BAMT www.bamt.org). Drama Therapy is an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world (Taken from www.nadta.org).

OBJECTIVE:
• By the end of this session participants will be able to describe the process of Music and Drama therapies and identify and address feelings expressed through Music and Drama therapy sessions.

TIME NEEDED
3 hours

PREPARATION
• Collect materials/equipment needed: flipchart stand, flipcharts, markers, art materials, drums, music CDs, CD players, play dough, 15 props for the drama exercise (e.g., hats, gabι, gumboots, soft toy, basket, jebena, plate, cup, etc.) chairs, benches, stools, PowerPoint presentation, and LCD projector
• Prepare a flipchart with Session 9 objective and agenda.
• Make a flipchart for the introduction to Music Therapy. Draw a line on top where you can write “Role” and “Psychological benefits”. Then, draw a line that divides the flipchart in half vertically. On the top left hand side write “Role” and on the right hand side write “Psychological Benefit” (see PowerPoint on Music and Drama Therapy as an example).
• Make a flipchart for the introduction to Drama Therapy. Draw a line on top where you can write “What You Can Do” and “Psychological Advantage”. Then, draw a line that divides the flipchart in half vertically. On the top left hand side write “What You Can Do” and on the right hand side write “Psychological Advantage” (see PowerPoint on Music and Drama Therapy as an example).
• Adapt PowerPoint slides or prepare new ones, as you see fit.
• Adapt the session flow and content as you see fit.
• Note: The content includes a number of exercises. If the facilitator would like to vary these exercises, additional ones can be found in Annex 3.

SESSION CONTENT

Definition, Concept and Theory of Music Therapy
1. Before participants return from lunch break, put on traditional cultural or relaxing music in the classroom.

2. Introduce the session by reviewing the flipchart of Session 9 objectives.

3. Ask participants what role music plays in our lives. Write their responses in the left hand column of the flipchart labeled “Role”.

4. Review any of the following not mentioned by participants, and add to the list under “Roles” on the flipchart:
   – Relaxes us, calms us down
   – Makes us sad/cry or happy
   – Brings back memories
   – Universal language
   – Edifies our life
   – Can be used for political, social, spiritual and/or educational activities.

5. Ask participants what psychological benefits music has. Write their responses on the right hand column of the flipchart labeled “Psychological Benefit”.

6. Review any of the following not mentioned by participants, and add to the list under “Psychological Benefits” on the flipchart:
   – We feel (get in touch with) our emotions
   – We express our emotions
   – We can reflect on our experiences
   – We can communicate with others
   – We feel motivated
   – We can mobilize for action and unity.
7. Explain that Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship.

8. Mention that as we discussed, music plays an important role in our lives.

9. Point out that Music Therapy uses these qualities and the musical components of rhythm, melody and tonality to provide a means of relating within a therapeutic relationship.

10. Explain that in Music Therapy people work with a wide range of accessible instruments and their voices to create a musical language which reflects their emotional and physical condition; this enables them to build connections with their inner selves and with others around them.

11. Discuss the benefits of music therapy:
   – Promotes wellness
   – Manages stress
   – Alleviates pain
   – Expresses feelings
   – Enhances memory
   – Improves communication

12. Explain that research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings.

13. Point out that what makes music therapy different from every other form of therapy is its reliance on music. Thus, every session involves the participant in a musical experience of some kind.

14. Mention that in addition to the musical types of experiences, the music counselor often engages participants in verbal discussions. Participants may be encouraged to talk about the music, their reactions to it, or any thoughts, images, or feelings that were evoked during the experience. Participants may also be encouraged to express themselves through the other arts, such as drawing, painting, dance, drama or poetry.

15. Explain that Music Therapy sessions for children often include various games or play activities which involve music.

**Process of Music Therapy**
1. Explain to participants that before beginning any Music therapy exercise, the group must discuss and agree on group norms, i.e., respect each other, listen to each other, take turns, etc.

2. Mention that before any exercises there is a warm-up activity to prepare for the session.

3. Then, there is the main activity which is the “work” of the session to achieve the goal, and to explore an issue and/or feeling.

4. Explain that after the main activity, there is a closure of the session to “cool down” from the activity,
reflect on the exercise and debrief on the activity.

5. Review some warm-up and cool-down activities:
   – Controlled breathing with physical expression, e.g. breathing in raising arms, breathing out lowering arms
   – Progressive muscle relaxation
   – Visualization

6. **Exercise 1: Body Percussion**: Ask participants to play follow the leader.

7. Lead participants in a series of actions (e.g. clapping, jumping, dancing) and ask them to follow you.

8. Then ask participants to talk about the sorts of music they can make with their body. Record their responses on flipchart.

9. Review any of the following, if not mentioned by participants:
   – Stamping feet
   – Clicking fingers/tongue
   – Clapping hands
   – Wailing
   – Whistling
   – Ululation

10. Talk about how to express emotion with variations in volume, rhythm, speed (e.g., angry music is loud, sad music is slow and soft).

11. Ask participants to imagine a situation that makes you feel angry, then let’s make angry music (start gentle and build and then slow down).

12. Ask them how did it feel to make angry music? How does it feel to express anger in this way?

13. Ask participants to imagine a situation that makes you feel sad, then make sad music.

14. Ask how it feels to make sad music. How does it feel to express sadness in this way?

15. Repeat the same questions for making happy music, scared music and talking.

16. Conduct the Ethemete game starting slowly, then building and then going very slowly.

17. Ask participants what the Body Percussion exercise was like for them and how might they use it when working with adolescents.

18. Ask participants how they might use this exercise with youth in their counseling sessions.

19. Review other types of music therapy activities:
– Moving to music like an animal
– Physical modeling as a group using their body following the music
– Listening to music and visualizing what the music makes them feel
– Dancing dances that are gender and culturally sensitive
– Singing music that is gender and culturally sensitive
– Using scarves to dance to the music instead of using one’s body;

**Drama Therapy**

1. Ask participants what one can do when they are acting out a role. Record their responses on the left hand column of the flipchart labeled “What You Can Do”.

2. Review any of the following not mentioned by participants, and add to the list under “What You Can Do” on the flipchart:
   – Practice new behaviors
   – Practice being in a relationship
   – Practice a change you’d like to make
   – Explore different life roles
   – Express emotions
   – Put yourself in the other’s shoes
   – Explore issues

3. Ask participants what are the psychological benefits of acting out a role. Record their responses on the right hand column of the flipchart labeled “Psychological Advantages”.

4. Review any of the following, if not mentioned by participants:
   – Learn social skills, communication skills, increase range of behaviors
   – Increase self-confidence and self-esteem
   – Explore new options and think about transitions
   – Creative thinking, problem solving
   – Explore emotional responses
   – Understand others and yourself and why we behave the way we do
   – Understand an issue, positives and negatives

5. Explain that Drama Therapy is an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to
rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world.

6. Mention that Drama therapy provides a developmentally appropriate means of processing events with youth for whom verbal methods alone may be insufficient. It taps into their natural propensity toward action and utilizes it to engage youth in play as a means of safely exploring issues and painful feelings.

7. Point out that because the drama leader is willing to meet the youth where they are at and because drama therapy accesses the imagination, it is a safer and more familiar method for young people. This is particularly true for those who have a hard time trusting or connecting with adults.

8. Explain how a drama therapy session has a distinct structure, consisting of three main stages:
   - **A warm-up**, during which the participants and the therapist prepare themselves physically and emotionally for the main activity.
   - **The main activity**, during which the therapist will lead the participants into the world of metaphor and imagination, usually to examine a theme from the world of the participants in a creative way by means of movement or voice, dramatic activity or the enactment of a story.
   - **A process of closure** will take place, usually enabling verbal or creative reflection about a significant moment that occurred during the main activity, and gradually the participants will return to the real world and daily life, as the session draws to a close and the participants leave the therapeutic space.

9. Review potential objectives of a drama therapy session.
   - Improve the participant’s self-confidence and self-image.
   - Enable the expression of angry and aggressive feelings in a safe and contained way.
   - Create a safe space with clear boundaries.
   - Improve social skills.
   - Enable participants to cope with the need for transitions and changes.
   - Promote the exploration and expression of emotions.
   - Foster the capability to play and find new ways of creative expression.
   - Develop the ability to pay attention and listen to others.
   - Develop a strong sense of self.
   - Investigate various means of communication and of relations with the environment.

10. **Exercise 3: Drama**: Ask the group to sit in a circle.

11. Ask everyone to close their eyes and concentrate on their breathing. Feel your chest moving in and out (place your hand on your chest and feel your diaphragm moving), concentrate on breathing in
and out. Allow a minute of gentle breathing.

12. Tell participants that they will now breathe in for the count of 3 and out for the count of three. Repeat several times.

13. Now ask participants to breathe in for the count of 5 and out for the count of five. Repeat several times. Keep breathing regularly and slowly.

14. Mention how calm and controlled you feel when you breathe slowly and regularly.

15. Now ask participants to open their eyes and notice how relaxed they are.

16. Put the props in the middle of the circle.

17. Explain that each participant chooses a prop and has 5 minutes to plan a short drama using the prop.

18. Ask each participant to act out his/her drama in turn.

19. Ask each participant: “Why did you choose the prop? How did you feel when you were in the role?”

20. Close the activity with controlled breathing as above.

21. **Exercise 4: Scaling**: Tell participants to imagine a line from the door to window and:
   
   – The door represents great knowledge about Creative and Music and Drama therapies and your comfort using them.
   
   – The window (of the farthest point of reference point from the door) represents little knowledge about Creative and Music and Drama therapies and your comfort using them.

22. Ask participants to stand at the point on the line that reflects their knowledge about Creative and Music and Drama therapies and their comfort using them right now. (Note: expect many participants to be closest to the window (or furthest reference point from the door.)

23. Ask participants whether there is a noticeable change in the scale of learning between this exercise and the first time they did this during session 8.

**Summary Points and Questions**

1. Review the following summary points:

   – Music plays an important role in our everyday lives. It can be exciting or calming, joyful or poignant, can stir memories and powerfully resonate with our feelings, helping us to express them and to communicate with others. Music therapy provides a powerful means of exploring and processing emotions to prepare youths to explore their future goals.

   – Drama therapy provides a developmentally appropriate means of processing events with youth for whom verbal methods alone may be insufficient. It taps into their natural propensity toward action and utilizes it to engage youth in play as a means of safely exploring issues and painful feelings.
– Because the drama leader is willing to meet the youth where they are at and because drama therapy accesses the imagination, it is a safer and more familiar method for young people. This is particularly true for those who have a hard time trusting or connecting with adults.

2. Ask participants if they have any questions.

3. Answer all questions before proceeding to the concluding the workshop.
SESSION 10
WORKSHOP CONCLUSION

INTRODUCTION
During this session, the workshop facilitator(s) assesses whether the workshop met participants’ expectations, asks participants to develop an action plan, and brings the workshop to a conclusion with final last words and the distribution of certificates of achievement.

OBJECTIVE:
• By the end of this session participants will be able to describe how they will implement what they learned in the workshop.

TIME NEEDED
30 minutes

PREPARATION
• Collect materials/equipment needed: flipchart stand, flipcharts, markers, CD with happy music, CD player.

• flipchart of participants’ expectations developed during the first day of the workshop.

• Signed certificates of achievement for all participants. Make sure that the name of the participant is spelled correctly on the certificate.

• Invite a representative from the project, NGO, Ministry of Health, or other pertinent organization to provide the closing remarks, if available and appropriate.

CONTENT
1. Play some happy music for this session.

2. Divide participants into small groups of three or four at their tables.

3. Ask participants to discuss with their colleagues three things they will implement on their job as a result of participating in the workshop. Remind them to write the three things down on a piece of paper. Allow about 10 minutes for this activity.

4. Per table, ask participants to stand up and explain the three new things they will implement on their job as a result of this workshop.

5. Next, review the flipchart with the participants’ expectations with the group. Go over each expectation and ask the group if it has been met.
6. For the expectations that have not been met, either suggest ways for these to be met (reading, meeting with other experts on the topic, etc.), or ask the participant how they might achieve this expectation.

7. Ask the visiting representative from the project, Ministry of Health, or other organization to provide closing remarks.

8. Distribute the certificates of achievement to each participant.

9. Thank participants for their hard work during the past week.

10. Adjourn the workshop.
REFERENCES


ANNEXES
ANNEX 1
ADDITIONAL TRAINING METHODOLOGIES

ICE BREAKERS
These are usually activities used to warm up the group, open a topic or an issue to be discussed. They are usually fun and involve and draw the attention of every one. They should be short, simple and presented in a clear language. They should not violate or undermine the local culture or the feelings of some members of the group or a certain ethnicity and social position. Examples of ice breakers:

- Throwing a ball around and each person who catches it says something relevant to the topic of training.
- Make a circle and ask someone to enter the circle and try to fall backwards so the other group members catch them.
- Throwing a ball of a string from one person to another and show the web and inter connectivity.
- Passing a ball behind group members and trying to look for it.

ENERGIZERS
These are activities used to energize and refresh the team. They may be simple exercises, jokes or interesting activities such as “giving fruits” and passing on to the next person, “Simon Says” or singing simple songs which the group is familiar with.

THINKING HATS
This activity can be used to decide the best course of action about an issue. It can also help people to come up with ideas about a topic and it helps people to become critical thinkers. It helps participants to think about not only their own opinion but the opinion dictated by the hat.

Materials needed: The activity uses six hats of different colors:

- White Hat: thinks about all the information on a particular issue, the facts.
- Red Hat: thinks of all the emotions this issue raises, what is the gut reaction to this issue.
- Black Hat: thinks about all the negative aspects of the issue, what could go wrong.
- Yellow Hat: thinks about all the positives, exciting benefits that could happen.
- Green Hat: thinks about new ideas about this issue that have not been thought about this issue before.
- Blue Hat: thinks about the process about this issue, how will this work.
**Instructions:**
1. Introduce a topic to be discussed.
2. Give out these hats to six participants.
3. Ask each participant with a hat to consider their role as defined by the color of their hat.
4. Ask each participant to discuss the topic from the point of view assigned to them.
5. Obtain feedback from the group regarding how they felt when the issues were being discussed.

**MIND MAPS**
This activity can be used by a group or individuals in thinking about options on a given issue. For example you write an issue or action in the middle of a paper and ask the participants to write the consequences or outcomes of that action and make them branches of a tree and try and connect them. Try to show the interconnections between the different consequences or outcomes making the point that the outcomes of an action can be multiple and interconnected.
ANNEX 2
PARTICIPANT HANDOUTS
MENTAL HEALTH FOR MARGINALIZED VULNERABLE CHILDREN IN ETHIOPIA: COUNSELING INTERVENTION

Mental health difficulties in childhood and adolescence are associated with various negative social and health outcomes, including addiction to harmful substances, and increased risk taking behavior, which can predispose children and adolescents to HIV infection. Evidence indicates that difficult situations, such as when children move from rural to urban areas for educational or work opportunities in order to escape hardships in their homes, are risk factors for mental health problems. Environmental situations, including economic and psychosocial adversity, exposure to violence or conflict, voluntary or forced migration, effects of HIV/AIDS, as well as the perceived “rights” of a child/adolescent in a particular society can facilitate a mental health disorder (WHO 2003). The Ethiopia Mental Health study was designed to examine the psychosocial and mental health problems of young migrant adolescents in Addis Ababa, Ethiopia in order to pilot test a targeted intervention to address these problems.

An expert committee comprising a psychologist, a psychometrician, and a psychiatrist from Ethiopian universities; service managers from Retrak and Biruh Tesfa; and the Population Council research team met to discuss preliminary findings from this study and to recommend targeted interventions to address the main psychosocial vulnerabilities and risk factors identified, with a view to provide psychosocial support in general, and to reduce their vulnerability to HIV specifically. The expert committee deemed that a set of psychosocial interventions should be administered based on the study findings. This includes: 1) individual counseling to enable both boys and girls to raise and discuss psychological issues with his/her counselor one on one; 2) group counseling and art therapies based on gender-sensitive and culturally acceptable activities of art therapy (Lusebrink 2004), music, dance, and drama, to encourage greater socialization and alternative modalities for youth to “open-up” and better express deeply seated thoughts and feelings; and 3) community engagement events to raise community awareness about this vulnerable group of migrant children, eradicate harmful misconceptions, and help better integrate them into the society.

Reference
HANDOUT 2

ADOLESCENT DEVELOPMENT, PSYCHOLOGICAL WELLBEING AND MENTAL HEALTH PROBLEMS; AND FACTORS INCREASING VULNERABILITY OF MARGINALIZED CHILDREN

1. DEVELOPMENT DURING ADOLESCENCE

A. Physical Development

The physical changes of puberty are perhaps the most prominent markers of the transition to adolescence, and can have a great impact on all areas of a teen's life. The biological and physical changes that make up puberty can occur in different ways and at varying times for different individuals. These changes can have a great impact on social interactions of teens, including how they are viewed by others and how they view themselves (McNeely & Blanchard 2009).

Puberty begins when the brain’s hypothalamus and pituitary gland emit hormones that signal to the male or female sex organs to release sex hormones, including testosterone and estrogen. These in turn cause other physical changes throughout the body (Jones and Lopez 2006, NICHD 2013). Hormones may be internally changing the body for many months before physical changes become outwardly visible.

Boys may experience the onset of physical growth around the age of 10, and typically continues until the age of 16. This physical growth includes the appearance of pubic hair, the elongation of the penis, increases in height, deepening of the voice, and the development of muscle mass. (Nemours Foundation 2016).

Girls may experience puberty as early as eight years old. Typically, girls experience a rapid increase in height between the ages of 10 and 14, while their sexual development can begin as early as age 8 or as late as age 13. The physical changes girls experience are the development of breast buds, appearance of pubic and armpit hair, increases in height, widening of the hips, and the beginning of menstruation (Nemours Foundation 2016).

One of the consequences of puberty is that it brings body image to the forefront of adolescent minds. Body image is the picture of personal physical appearance that one has for himself or herself, and how they think others perceive their physical appearance, as well as how one feels in his or her physical body. This is constructed by emotions, perceptions, physical sensations, and mood, but societal norms and culture play a powerful role as well (McNeely & Blanchard 2009). How one perceives him or herself is important as it is closely linked to self-esteem (how much one feels he or she is worth) which can affect one’s mental health and behavior (Nemours Foundation 2016).
B. Cognitive Development

Though physical changes may be the most prominent, cognitive changes during adolescence occur as well. These changes include the ability to think abstractly and critically. This is evident in their increased interest in debating and questioning authority. It also allows them to contemplate the future, weigh options and decisions, solve problems, and create personal goals.

The three major cognitive developments during adolescence are the strengthening of advanced reasoning skills, the development of abstract thinking ability, and the capability of meta-cognition. Advanced reasoning means teens can think about hypothetical situations, weigh options, and logically make decisions. Abstract thinking allows teens to ponder concepts such as faith, love, and values. Meta-cognition means that adolescents are able to question why they are thinking about certain things, how they feel about those thoughts, and even how others might perceive them (Sanders 2013).

In using these new cognitive abilities, adolescents will certainly make mistakes, but these mistakes are crucial to their learning. Adults can facilitate this learning process in several ways.

First, they can direct adolescents to reliable sources of information that may guide their critical thinking. Second, adults can emphasize the role that emotions and feelings can play in the judgment and decision-making process, and encourage adolescents to not make decisions impulsively, but rather “sleep on it.” Likewise, it is important for adults not to underestimate the skills that adolescents use to make decisions, including logical reasoning and creativity. Adults can ask open-ended questions that encourage, rather than stifle, thought and debate, as this will allow adolescents to develop their thought processes. Third, adults should refrain from subjecting adolescents to public shame or mockery of their thoughts and ideas (McNeely & Blanchard 2009). Fourth, work with them to think about their future goals and to set intermediary goals to help reach those bigger goals. Finally, while adults should praise adolescents for the good decisions they make, adults should also encourage them to learn from their mistakes by having an open and non-accusatory discussion with them about poor decisions that they have made (University of Rochester Medical Center 2016).

Adults can also lead by example when encouraging adolescents to practice decision-making. Some examples are demonstrating the benefits of thinking long-term, by anticipating difficult choices and planning how to handle them in advance; showing how to choose between competing pressures and demands; and involving them in decision-making through group problem-solving and role-playing (McNeely & Blanchard 2009).

C. Psychosocial Development

In addition to physical and cognitive development, adolescents are experiencing emotional and social development as well. The hallmark traits of this development are emotional outbursts and mood swings. The products of psychosocial development are the ability to perceive, assess, and control one’s emotions, as well as the ability to feel empathy and relate to other people, often called “emotional intelligence.” These changes do not occur in a vacuum. Instead, they must be nurtured by emotional and social interactions with others, and occur in tandem with cognitive development (Sanders 2013).

Emotional and social development are joined together in psychosocial development because one cannot be realized without the other. In relating to others, adolescents can learn about their own emotions, and
vice versa. There are four parts to emotional and social development: self-awareness, social awareness, self-management, and the ability to make friends and get along with others (McNeely & Blanchard 2009; American Psychological Association 2002).

1. Self-awareness: what do I feel?

This aspect of development centers on adolescents’ ability to recognize, assess, and identify their emotions. Adolescents must dig deep in order to describe their emotions beyond just “bad” or “good,” and to identify the source of these emotions whenever possible. This is important as it enables the adolescent to identify options and do something constructive to address the source of these emotions (American Psychological Association 2002). If this awareness is not fully developed, teens may be uncomfortable with their own feelings, leading to depression, withdrawal, develop an eating disorder, risky behaviors—such as drug or alcohol abuse, or act out aggressively toward themselves or others in order to cope (McNeely & Blanchard 2009; American Psychological Association 2002).

2. Social awareness: what do others feel?

Social awareness requires understanding the thoughts and feelings of others, and appreciating that differences between oneself and others are acceptable and even valuable. This helps adolescents develop the capacity to feel empathy for others, or to imagine themselves in others’ positions or states of mind (McNeely & Blanchard 2009).

This is often difficult for adolescents, especially in the midst of experiencing other changes. Additionally, teens process emotions differently than adults, and in a different part of the brain, which may lead to misinterpretations of body language. It’s therefore important for adults to clearly articulate their own emotions to aid in this process of understanding (McNeely & Blanchard 2009).

3. Self-management: how can I constructively deal with my emotions?

This is the art of assessing and managing one’s own emotions, as well as setting and achieving positive goals. Teens tend to experiences various intense emotions during adolescence, but they can learn to regulate these. Self-management involves developing reasoning and abstract thinking skills in order to pause, observe, and examine how emotions fit into long term goals. Actively managing, rather than reacting to, overwhelming emotions can significantly improve the outcomes of emotional experiences. Adults can empower young people to assess, manage, and react to emotions in a way that fits into their long-term goals (McNeely & Blanchard 2009).

4. Peer relationships: how can I make and keep friends?

Peer relationships are the foundation of social and emotional development. It is therefore important for teens to have healthy, mutually beneficial relationships that are based on open and communication and cooperation. Additionally, teens need the ability to resist inappropriate peer pressure as well as to resolve conflict (McNeely & Blanchard 2009).

Social skills are developed in one’s peer group. During adolescence, teens often spend more time with peers than with family, which is important for the development of these skills. Influence of peers is normal and to be expected on one’s values, attitudes, behaviors, and tastes, as well as sexual identity, intimate friendships, and romantic relationships (McNeely & Blanchard 2009; American Psychological Association 2002).
Parents can retain their importance during adolescents and avoid having their ultimate authority threatened by a teen’s peers. Parents and families provide affection, identification, values, and decision-making skills on which teens depend (McNeely & Blanchard 2009). It’s been shown that in terms of smoking, alcohol and drug use, and sexual debut, parents have more influence on their teens than do peers (American Psychological Association 2002).

Teens may also seek adult role models other than their parents, including teachers, relatives, club or religious leaders, or neighbors. Connecting with a teacher can be as protective to a teen as connecting with a parent in terms of delaying risky behaviors (McNeely & Blanchard 2009).

However, when parental monitoring and family cohesion are lacking, teens may rely on their peers for role modeling, more so than their parents. It’s therefore important for parents, or other responsible adults, to be the ones to instill independent-thinking, decision-making, and problem-solving skills for their teens. Learning these skills, along with the absence of abuse, help youth apply these skills in their friendships as well (McNeely & Blanchard 2009).

D. Mental Health

“Mental health” is generally used to refer to a psychological and emotional state, which is fluid and encompasses a variety of states:

- Psychological and emotional well-being and the conditions that promote it;
- Absence of mental illness; or
- Presence of mental imbalances that affect overall well-being.

Experiencing emotions can be uncomfortable to adolescence in the midst of their learning about self-management. However, extreme emotions are common during adolescents, as evidenced by emotional outbursts, mood swings, sadness, or distracting behaviors such as excessive sleeping or playing loud music (McNeely & Blanchard 2009).

Recognizing emotional disturbance

What is healthy and normal behavior is often dictated by one’s culture and generation. Emotional disturbances may not be recognized in another culture or generation, and vice versa. A good indication of trouble is persistent changes in a teen’s functioning at school, home, and in relationships with friends, family, and teachers (McNeely & Blanchard 2009).

Not all teens experience these disturbances in the same manner. For most youth, mental health disturbances are intermittent, not permanent (Office of Adolescent Health 2016).

The three most prevalent mental health disorders in adolescence are depression, involving extended periods of hopelessness, guilt, or sadness; anxiety disorders, involving extreme feelings of nervousness, unease, and fear; and alcohol and drug use (McNeely & Blanchard 2009).

Causes of mental health disturbances

Mental health disturbances often do not have a single cause, as there are many complex biological, psychological, family, community, or cultural factors that can contribute to mental health issues (McNeely
Genetic predisposition and environmental exposure to chaos, trauma, or neglect both play a role. Extended periods of stress increase a teen’s vulnerability to mental health disturbances, and extended use of otherwise normal coping mechanisms can be dangerous. Normal responses and coping mechanisms to stress can include feeling anxious and humiliated and in turn skipping school, playing video games, and even experimenting with substances. These become harmful when they develop into chronic issues of anxiety or depression, or when self-harming behaviors become habitual (McNeely & Blanchard 2009).

Prevention and treatment of mental illness

When mental illnesses develop, they are often treatable, especially when several approaches are used simultaneously and especially when treatment begins early (McNeely & Blanchard 2009; Office of Adolescent Health 2016). Cognitive-behavioral therapy, family therapy, medication, and supportive education for caregivers on how to provide stability and hope are useful for families experiencing mental illness (McNeely & Blanchard 2009).

Early intervention is critical and can help to rectify environmental triggers to emotional disturbances. Some examples are creating space for teens to identify and name emotions, teaching coping skills that help teens dispel negative energy and emotions, repeatedly allowing teens to feel understood and respected, and encouraging teens to exercise regularly to decrease stress and strengthen resilience (McNeely & Blanchard 2009; Office of Adolescent Health 2016).

II. FACTORS THAT INCREASE VULNERABILITY OF MARGINALIZED STREET CHILDREN

A. Migration

Migration is the movement of humans from one area to another. The movement of populations in modern times has continued for various reasons. People who migrate are called migrants. Reasons people migrate have been collected into what is sometimes called the “push–pull factors.”

Push factors are reasons for people to leave their home in which they live, and pull factors are reasons that attract people to another place. For example, hunger pushes people to migrate. Job opportunities pull people to different places.

Push factors are reasons that cause young people to leave their home.

- Poverty
- Lack of a chance to get an education
- Family breakdown (conflicts within family, divorce, death of parents)
- Peer pressure/defiance
- Escape from abusive family and early marriage
- Escape from early marriage (for girls)
- Conflict with parents
• Escape from unfair treatment of step mother/father
• Few opportunities
• Famine or drought
• Discrimination

**Pull factors** are reasons that attract young people to move to another area.
• Job opportunities
• Educational opportunities
• Better living conditions
• Attractive climates
• Security
• Family links

(Quizlet 2016)

**Consequences of migration on youth**
Many young women and men migrate to urban areas to seek employment and educational opportunities or escape social problems such as abusive families, forced marriages, and/or poverty. Rural to urban migration exposes young people to new environments and influences on health, often negative ones. More often than not they are met with equally harsh, if not worse, challenges when they arrive in Addis Ababa, including treacherous living situations, abusive working conditions with meager compensation, limited opportunities for education and socialization, and absence of family support (Jani and Schenk 2014). The developmental and health-related issues street children experience not only affect them then but are also likely to follow them into adulthood (Cumber and Tsoka-Gwegweni 2016).

The interrelationships between economic development, urbanization, prostitution, and HIV, coupled with low levels of education, fuel the HIV and AIDS pandemic, as well as other reproductive health-related concerns. Youth are particularly vulnerable, especially regarding their sexual and reproductive health, because when migrating to urban areas, they leave family and community systems that promote, reinforce, and monitor norms of appropriate sexual behavior (Aptekar 1994). When young people leave school and migrate they begin to spend considerably more time on paid and unpaid work. Boys tend to spend more time in recreational and social activities and boys living in the street are more likely to experience sexual abuse and engage in drug use, increasing their HIV risk (Tadele 2009; Hagos 2009). Migrant girls spend more time in unpaid domestic work and may work in physically or sexually abusive environments, increasing their HIV risk (Erulkar et al. 2006).

**B. Smoking, Alcohol, and Drugs**
As part of teens’ desires to assert independence, seek new challenges and take risks, experimentation with alcohol and drugs during adolescence is common. Some teens will occasionally drink alcohol, smoke, or
use drugs, while others will develop a dependency, causing significant harm to themselves—such as death, injury, brain damage, and increased risk of physical and sexual assault—and possibly others. It is difficult to know which teens will develop an addiction to alcohol or drugs. Unfortunately, teenagers often do not see the link between smoking, abusing alcohol and drugs and the effects on their health. They also have a tendency to feel indestructible and immune to the problems that others experience (American Academy of Child & Adolescent Psychiatry 2013; National Institute on Alcohol Abuse and Alcoholism 2016).

An addiction to smoking primarily begins during adolescence with almost 9 out of 10 cigarette smokers beginning to smoke by the age of 18. Teens are more susceptible to developing a smoking addiction as “the decision-making part of the teenage brain that is responsible for impulse control and planning is not fully developed, so teens may make more impulsive decisions—such as starting to smoke tobacco—compared to adults” (Samuels 2015). Smoking is known to increase one’s risk of developing lung cancer, heart disease, and strokes, while the nicotine in cigarettes is known to have negative effects on brain development, possibly long-term effects on memory and attention (Samuels 2015). In addition, teens who smoke are three times more likely to use marijuana, 22 more times likely to use cocaine, and is associated with a number of other risky behaviors, such as violent behavior and unprotected sex ((US Department of Health and Human Services 1994).

Teens who experiment with alcohol before the age of 15 are four times more likely to become alcoholics than those who wait until they turn 21 (Grant and Dawson 1998). Teens also tend to drink more because due to biology, they are able to stay awake longer with higher blood alcohol levels than adults can. (McNeely and Blanchard 2009).

Teenagers abuse legal and illegal drugs. Legally available drugs include alcohol, char, and inhalants (fumes from glues, aerosols, and solvents). The most commonly used illegal drugs are marijuana, hashish, stimulants (cocaine), and heroin. Illegal drug use is increasing, especially among adolescents (American Academy of Child & Adolescent Psychiatry 2013).

Like smoking, using alcohol and drugs at a young age has negative health effects on their brains. Recent brain research with magnetic resonance imaging suggests that alcohol impacts adolescents differently than it does adults (Squeglia, Jacobus, and Tapert 2009). Young people’s brains are still under development well into their 20’s, and alcohol and drugs can alter this development, possibly affecting brain structure and function (National Institute on Alcohol Abuse and Alcoholism 2016). These development issues have potentially harmful consequences for academic, occupational, and social functioning well into adulthood (Squeglia, Jacobus, and Tapert 2009).

Adolescents at risk for developing serious alcohol and drug problems include those who have:

- family history of substance abuse
- family environment that includes violence, physical or emotional abuse
- history of depression
- low self-esteem
- feelings of isolation
- access to alcohol and/or drugs within their community or school
Street children are particularly vulnerable to addiction because they often lack relationships that provide security, predictability, and trust in their lives. The most common reasons street children give for abusing alcohol and drugs are peer pressure, escapism, pleasure, curiosity, and increasing courage and strength for life on the streets (Embleton et al. 2013).

Warning signs of adolescent alcohol and drug abuse may include:

- Physical: Low energy/excess sleep, repeated health complaints, red and glazed eyes, slurring of words, smell of alcohol on breath, and lack of interest in physical appearance.

- Emotional: Personality changes, sudden mood changes—irritability and anger, rebelliousness, low self-esteem, poor judgment, depression, lack of concentration, and lack of interest in hobbies and interacting with others.

- Family: Argumentative, disrespecting rules, or withdrawal.

- School: Negative attitude, academic issues, truancy, and behavioral issues.

- Social problems: Change in friends/social circles, change in interests, and breaking laws.

Parents/guardians can prevent their children from abusing alcohol and drugs by:

- talking to them about alcohol and drugs—types, dangers, how to handle situations in which they are offered the substances;

- communicating openly with them about life in general;

- being positive role models/demonstrating responsible behavior;

- meeting and getting to know their teen’s friends and their parents; and

- observing their child, recognizing potential warning signs, and talk to their teen and/or seek professional help in addressing the issue.

However, street kids find it very difficult to get help if not supported by NGOs. They are often stigmatized and the community does not want to get involved in caring for them.

C. Sexual Behavior

Adolescents engage in risky behaviors as part of their experimentation. However, street children have additional factors pushing them into risky behaviors. Disadvantaged financial conditions can lead to increased risk-taking behaviors such as drug and alcohol abuse as well as the adoption of risk behaviors such as prostitution (Jani and Schenk 2014). Van Blerk and colleagues found that brokers in Ethiopia idle at bus stations waiting for migrant youth travelling to Addis Ababa and often take advantage of girls’ fear
and poverty to bind them into sex work (Van Blerk 2008).

Early and unsafe sexual activity can result in unintended teenage pregnancy and sexually transmitted infections (STIs). Pregnant teenage girls often neglect prenatal care, and are more prone to high blood pressure and preeclampsia than pregnant women in their 20’s and 30’s. Teen mothers also are at greater risk for postpartum depression. The children of teen mothers are at higher risk of low birth weight, health problems, issues with thinking skills, problems with academics, and behavioral problems (Farber 2009). In addition, the children are more likely to experience higher rates of abuse or neglect, live in poverty, and receive insufficient health care compared to children born to mothers aged 18 and over (McNeely and Blanchard 2009).

STIs, including HIV, are also a major concern. Sex without condoms puts young people at risk for STIs, including HIV infection. Young people aged 15–24 account for half of all STIs (Farber 2009). The most prevalent STIs among adolescents are human papillomavirus (HPV), chlamydia, gonorrhea, trichomoniasis, syphilis, and HIV. The risks associated with contracting an STI, include socioeconomic status, abuse, exposure to violence, substance abuse, and depression (Buffardi et al. 2008).

D. Abuse

Often times upon migrating many female migrants find themselves in situations of extreme social isolation which can put them at higher risks of coerced and/or transactional sex (Erulkar and Ferede 2007). Street children are exposed to a range of abuse on the street ranging from unwanted sexual attention, exposure to pornography through to rape. Sexual abuse and exploitation of male children is increasing in Addis Ababa. Having been abused, children’s sense of self-worth is further eroded and they are more susceptible to engage in risky behaviors such as drug use and unprotected sex, which exposes them to further risks of STIs such as HIV and unwanted pregnancies (Jani and Schenk 2014).

References


I. DEFINITION OF COUNSELING
It is difficult to think of a single definition of counseling. This is because definitions of counseling depend on theoretical orientation. However, in this training we use the term with the following definition. “Counseling is a relationship between a concerned person and a person with a need. This relationship is usually person-to-person, although sometimes it may involve more than two people. It is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices, and through the resolution of emotional or interpersonal problems” (UNESCO 2000).

Counseling refers to all sessions where a client talks with a trained counselor about an issue/problem or challenge he/she is facing. It is a process of helping people to learn how to solve their problems and also achieve improved mental well-being. In this process the counselor tries to establish a safe, non-judgmental, non-threatening and unconditionally accepting relationship with the client. Counseling should be conducted in a venue where the client’s comfort and privacy can be accommodated.

Counseling is not:

• Giving advice; telling the client or individual what he or she should do about the problem.

• Judging who is wrong or right.

• An opportunity for the counselor to deal with his or her own issues.

• Arguing or trying to convince the client what decisions she or he should take.

• To make the counselor happy.

II. GOALS OF COUNSELING
According to the theory and practice of counseling (Corey 1996)—facilitating behavior change social sciences psychology the following are the few important goals of counseling.

• Facilitating behavior change: Almost all theorists agree that one of the goals of counseling is to bring about a behavior change, empowering a client to live a more constructive and fulfilling life.

• Enhancing coping skills: Counselors help individuals identify their feelings, enhancing their capacity to cope with their difficult situation effectively.
• **Promoting decision making:**
  - Counselors are promoters, they do not make decisions. Counselors provide information, help clarify and sort out personal characteristics, emotions, and even attitudes affecting decision-making.
  - The client learns to assess the likely consequences in personal sacrifice, time, energy, money, risk, and the like.
  - One question emerges: if the client has the major responsibility of improving himself/herself, then where does the counselor fit in? The answer: the counselor is as a facilitator who provides a safe and comfortable environment in which the client perceives the counselor as a trustworthy person and be able to share his/her problems with him/her. In this therapeutic atmosphere, the client can find resolutions for his/her problems himself/herself.

• **Improving relationships:**
  - Many people have problems relating to others as much of our life is spent in social interactions. Bowlby’s (1988) attachment theory states that children of insecure and rejecting parents establish their adult relationships differently than those of secure and understanding parents. This problem can be due to “poor self-image”, “unstable self-esteem”, or “inadequate social skills.”
  - Counselors assist clients in improving the quality of their relationships, sometimes by improving child-parent relationship.
  - **Facilitating the client’s potential:** Counselors try to support the client’s evolution by improving personal effectiveness and skills like interpersonal relationships and reducing problematic behaviors and emotional problems (e.g., smoking, drinking, shyness, anxiety, and depression). To do this, counselors:
    - First, maximize an individual’s possible freedom within limitations.
    - Second, seek to maximize a client’s effectiveness by giving him/her control over the environment.
    - Third, prepare individuals for what lies ahead and encourage them to believe that they can manage and control their lives.

III. ROLES OF COUNSELORS

A counselor has the following three complementary roles:

- Remedial or rehabilitation,
- Preventive, and
- Educative or developmental.

IV. ETHICAL CONSIDERATIONS IN COUNSELING

The following are the Standards of Practice and the Code of Ethics (Ministry of Health and FHAPCO 2007) for counselors presented under four categories as: a) the counseling relationship, b) confidentiality, c) professional responsibility, and d) evaluation, assessment, and interpretation.
A. The Counseling Relationship

**Nondiscrimination**: Counselors must respect diversity and not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

**Disclosure to clients**: Counselors must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship.

**Dual relationships**: Counselors must make every effort to avoid dual relationship with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs.

**Sexual intimacies with clients**: Counselors must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients with a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination have the responsibility to thoroughly examine and document that such relationship did not have an exploitative nature.

**Terminations**: Counselors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships.

**Inabilities to assist clients**: Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client.

B. Confidentiality

**Confidentiality requirements**: Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure.

**Confidentiality requirements for subordinates**: Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates.

**Confidentiality in group work**: Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work.

**Confidentiality of records**: Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records.

**Permission to record or observe**: Counselors must obtain prior consent from clients in order to electronically record or for a third part to observe a counseling session.

**Disclosure or transfer of records**: Counselors must obtain client consent to disclose or transfer records to third parties.
Data disguise required: Counselors must disguise the identity of the client when using data for training, research, or publication.

C. Professional Responsibility
Boundaries of competence: Counselors must practice only within the boundaries of their competence.

Impairment of professionals: Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others.

Sexual harassment: Counselors must not engage in sexual harassment.

Unjustified gains: Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services.

Clients served by others: With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists.

Exploitive relationships with subordinates: Counselors must not engage in exploitive relationships with individuals, over whom they have supervisory, evaluative, or instruction control or authority.

D. Evaluation, Assessment, and Interpretation
Limits of competence: Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological assessment techniques by unqualified persons under their supervision.

Appropriate use of assessment instruments: Counselors must use assessment instruments in the manner for which they were intended.

Assessment explanations to clients: Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results.

Recipients of test results: Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information.

Obsolete tests and outdated test results: Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose.

References


Counseling theories refer to the type of approach counselors prefer in dealing with clients. Though there can be a number of counseling approaches, we can broadly classify them into three categories: behavioral, cognitive, and affective approaches. The behavioral approach to counseling attempts to bring changes in the individual’s behavior. Cognitive—oriented approaches attempt to affect desirable change by acting up on thought patterns of individuals. The affectively—oriented ones focus on feelings to affect desirable change. The behavioral oriented approaches discussed are: operant conditioning; desensitization; assertiveness and social skills training. The cognitively oriented approach discussed is the rational emotive therapy. The affectively oriented approach discussed is client-centered therapy. In each of the viewpoints, points raised are key figures of, major concepts, the counseling process, and contributions and limitations of the viewpoint.

I. BEHAVIORAL COUNSELING THEORY

While proponents of the behavioral counseling theory include John D. Krumboltz and Carl E. Thorensen, Mr. Krumboltz is the person who popularized it (Krumboltz 1966; Thoresen and Mahoney 1974).

Behavioral counselors define behavior as the function of the interaction of heredity and environment. Observable behavior is what counselors are concerned with, and it constitutes the criterion against which counseling outcomes are to be assessed. Thoresen and Mahoney (1974) characterized behavioral counseling with fivefold statements:

1. Most human behavior is learned and is therefore subject to change.

2. Specific changes of the individual’s environment can assist in altering relevant behaviors, counseling procedures seek to bring about relevant changes in students behavior by altering the environment.

3. Social learning principles, such as those of reinforcement and social modelling, can be used to develop counseling procedures.

4. Counseling effectiveness and the outcome of counseling are assessed by changes in specific client’s behaviors outside the counseling interview.

5. Counseling procedures are not static, fixed, or predetermined, but can be specifically designed to assist the client in solving a particular problem.

The following are criticisms and contributions of behavioral approach to counseling (Shertzer and Stone 1981).
Criticisms
- Behavioral counseling is cold, impersonal, manipulative, and relegates the relationship to a secondary function.
- Although behavioral counselors say that they give counselees the freedom to select counseling goals, they are often predetermined by the counselor.
- Client changes are but symptoms removed that emerge later in other forms of behavior.

Contributions
- Behavioral counselors have advanced counseling as a science because they have engaged in research and applied known knowledge to the counseling process.
- They have called attention to the fact that, if counseling outcomes are to be measured, specific behaviors will have to be made explicit.
- They have illustrated how limitations in environments can be removed or reduced.

II. COGNITIVE THEORY OF COUNSELING: RATIONAL EMOTIVE THERAPY (RET)
The major proponent of this viewpoint is Albert Ellis who specialized in the field of marriage and family counseling (Metcalf 2011). Ellis believed that humans are both rational and irrational. He also believed that emotional problems lie in illogical thinking. According to his viewpoint, by maximizing one’s intellectual powers one can free oneself of emotional disturbances. Ellis holds that the “should” and “must” statements are the most common irrational thoughts that lead to emotional disturbances. According to Ellis, these statements are taught by parents or absorbed from social agencies. Although childhood experiences strongly influence a person to think illogically, the illogical thinking can be reversed. The following illustrates how irrational assumptions relate to rational counteracts (see Table 1).

According to Ellis, human beings are neither good or bad or angel or evil. Instead, he believes they are born with inner conflicting tendencies. Humans have the tendency to be both rational and irrational. These tendencies are both biologically inherited and learned from family and culture (Ellis and Harper 1961).
<table>
<thead>
<tr>
<th>Irrational assumption</th>
<th>Rational alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I must be loved or approved by everyone for everything I do.</td>
<td>It is best to concentrate on my own self-respect, on winning approval for practical purposes, and on loving rather than being loved.</td>
</tr>
<tr>
<td>2. I must be thoroughly competent, adequate, and achieving in order to be worthwhile.</td>
<td>I’m an imperfect creature who has limitations and weaknesses like anyone else—and that’s okay.</td>
</tr>
<tr>
<td>3. It is horrible when things are not the way I would like them to be.</td>
<td>I can try to change or control the things that disturb me or temporarily accept conditions I can’t change.</td>
</tr>
<tr>
<td>4. There is not much I can do about my sorrows and disturbances, because unhappiness comes from what happens to you.</td>
<td>I feel how I think. Unhappiness comes mostly from how I look at things.</td>
</tr>
<tr>
<td>5. If something is dangerous or fearsome, I am right to be terribly upset about it and to dwell on the possibility of its occurring.</td>
<td>I can frankly face what I fear and either render it or accept the inevitable.</td>
</tr>
<tr>
<td>6. It is easier to avoid facing difficulties and responsibilities than to face them.</td>
<td>The “easy way out” is invariably the much harder alternative in the long run.</td>
</tr>
<tr>
<td>7. I am dependent on others and need someone stronger than I am to rely on.</td>
<td>It is better to take the risk of relying on myself and thinking and acting independently.</td>
</tr>
<tr>
<td>8. There’s always a precise and perfect solution to human problems, and it’s catastrophic not to find it.</td>
<td>The world is full of probability and chance, and I can enjoy life even though there is not always an ideal solution to a problem.</td>
</tr>
<tr>
<td>9. The world—especially other people—should be fair, and justice (or mercy) must triumph.</td>
<td>I can work toward seeking fair behavior, realizing that there are few absolutes in life.</td>
</tr>
<tr>
<td>10. I must not question the beliefs held by society or respected authorities.</td>
<td>It is better to evaluate beliefs myself—on their own merits, not on who happens to hold them.</td>
</tr>
</tbody>
</table>

Source: George and Christiani 1991
The following are criticisms and contributions of RET.

**Criticisms**
- RET relies too heavily on intellectual techniques and shortchanges emotions.
- Probably the most notable limitation with RET is with its emphasis upon persuasion, suggestion, and repetition. Those who use this approach are in danger of imparting their beliefs, their own values and philosophies of life to their clients. This danger is particularly present when the counselor assumes the role of expert and acts in an authoritarian manner.
- RET places little emphasis on the need for “timing” when confronting a client, showing little concern for waiting until the client is ready to listen and respond.

**Contributions**
- RET emphasizes extending treatment procedure outside the counselor’s office and the active involvement of the counselor in the process.
- The recognition of the existence and impact as well as the identification of commonly held irrational beliefs that are internalized by the individual is particularly worthwhile.

**III. AFFECTIVE THEORY OF COUNSELING: CLIENT-CENTERED COUNSELING**

Client-centered counseling is also called self-theory counseling, non-directive counseling, and Rogerian counseling. Carl R. Rogers is the originator (Rogers and Sanford 1984).

This approach stresses the ability of clients to determine the issues important to them and to solve their problems. The viewpoint believes that to allow for clients to face their unacceptable characteristics and solve them on their own the counselor relationship should be characterized by warmth, permissiveness and accepting climate. The major concepts emphasized in this approach are concept of self and self-actualization.

- **Concept of self**: Attention is first given to the concept of self. According to Rogers the central construct of client-centered counseling is the self, or the self as a perceived object in a phenomenal field. The self is a learned attribute constituting the individual’s picture of himself or herself.

- **Self-actualization**: Rogers has defined the actualizing tendency as the tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism.

Rogers’s human kind is “basically socialized, forward moving, rational and realistic. For Rogers, humans do not have real desire to hurt themselves. Even though negative feelings are expressed in counseling settings, underneath the bitterness and hate is a self that is positive, constructive, and concerned about others (Shertzzer and Stone 1981).

Vulnerability or anxiety occurs when there is discrepancy between the experiencing and the concept of self. Trouble comes when events perceived as having significance for the self are incompatible with the organization of self. In this case the events are either denied or distorted to the point of acceptability.
The healthy or “self-accepting” person can admit without distortion to awareness and symbolize sensory experiences arising from internal or external forces. The emotionally maladjusted (the neurotic) in contrast is in difficulty because in the first place, communication with himself/herself has broken down and in the second place as a result of this his/her communication with others has been damaged (Shertzer and Stone 1981). There is much overlap or congruence between one’s experience and one’s self among well-adjusted individuals whereas in the maladjusted there is less congruence or overlap between experience and the self.

The following are criticisms and contributions of client-centered counseling:

**Criticisms**
- It fails to distinguish between the use of techniques and the use of counselor’s own personality, their self as instrument.
- Clients often fail to understand what the counselor is trying to accomplish. Such clients, since they are unaware of any positive effects resulting from their interactions with counselor, may withdraw from the counseling process.
- Person-centered therapy appears to be less effective with persons who do not voluntarily seek counseling, who have limited contact with reality, or who have difficulty communicating.

**Contributions**
- Its emphasis is on providing clients with the kind of facilitative environment in which the focus is fully on their concerns, which signals that they are being listened to.
- If clients feel they are being heard without being judged or evaluated they are likely to express even deeper feelings, thus leading to further self-exploration and self-understanding of attitudes, beliefs and feelings.
- Clients are helped to recognize their own power on themselves.

**References**


Counseling skills are skills counselors subscribing to any approach demonstrate and use in the counseling relationship. These skills include what and how counselors say things and how they behave when they listen to what the clients say. Apart from the interventions they make these skills are supposed to influence the efficacy of interventions. If these skills are not properly utilized they may hamper the counseling relationship. Counseling skills can be classified as nonverbal and verbal.

I. NONVERBAL COUNSELING SKILLS

The nonverbal behavior of the counselor communicates unspoken feelings and this has an impact on the client’s perception of the relationship. Apart from verbal behaviors counselors always send nonverbal messages to their clients. As a listener, these body messages are important when both clients and counselors speak. Here the emphasis is on the client. To be a rewarding person with whom to talk you need to physically convey your receptiveness and interest. According to Nelson-Jones (1993) often this is referred to as “attending” behaviors. The following are among the physical “attending” behaviors.

- **Eye contact:** It is important that the counselor maintains good eye contact with the client. This is because it communicates the counselor’s receptiveness to the client. Conversely, it also enables the counselor to read a client’s facial messages. Looking down or away too often in contrast may make clients perceive that the counselor is bored. However, this does not imply that the eye contact should be uninterrupted. In fact, staring threatens clients. Generally, eye contact should be as natural as possible.

- **Adopting an open posture:** The same behavior by an individual can mean different things at different times. Crossed legs and arms are generally interpreted as signs of withdrawal. Although such an interpretation may not always be valid, the counselor should avoid communicating a lack of involvement through crossed legs and arm positions.

- **Facing the person squarely:** The physical environment should allow the counselor and the client to face each other without a table or desk between them. A posture directly facing the client promotes involvement. Trainers, such as Carkhuff and Egan cited in Nelson-Jones 1993, recommend sitting square to clients—your left shoulder opposite their right shoulder. Another option is to sit at a slight angle to clients. Here, it is assumed that both of you can still receive all of each other’s significant facial and bodily messages. The advantage of sitting at a slight angle is that it provides each of you with more discretion in varying the directness of your contact than when sitting directly facing each other. Highly vulnerable clients may especially appreciate this seating arrangement.

- **Leaning slightly forward:** Physical proximity to the client is an important indicator of involvement. Some counselors begin an interview leaning back on their chairs, then lean forward as the level of interaction becomes more intense. Leaning toward the other person often communicates, “I am with you and interested in what you have to say right now”, whereas leaning back or slouching may communicate lack of interest in the client or boredom. However, Egan also noted that leaning too far...
forward or doing so too soon may be anxiety provoking to the client who may experience the cue as a demand for too much closeness too soon. Perhaps the most effective counselors are not rigid but are able to move backward and forward naturally and flexibly, according to what is a happening in the counseling.

- **Assuming a natural and relaxed position:** Since many clients are anxious as they enter a counseling session, it is important that the counselor acts as normal and relaxed as possible. As the counselor becomes more and more compatible with the basic attending posture, it will seem more natural without losing the sense of involvement.

- **Appropriate facial expressions:** Facial expressions are among the most common ways of responding to your clients empathically. Facial expressions should be varied depending on the communication. For instance, when the client talks about happy moments, smiling could be appropriate. At the moment of bad news on the other hand your face should communicate concern.

- **Appropriate gestures:** The most common gesture is nodding. It indicates the counselor’s interest in the client’s story. Counselors should be cautious in the use of their gestures, however. Fiddling with hair or glasses, drumming fingers, keeping one’s hand over mouth, tugging an ear and/or scratching may communicate lack of interest.

The counselor must interpret a client’s nonverbal messages tentatively and must realize that a given behavior may have opposite meaning for two individuals or even for the same person on two different occasions (Gazda 1989). The meaning of nonverbal behaviors also varies among societies and cultures, and counselors should be sensitive to these differences (George and Christiani 1991).

Nonverbal behavior more or less provides genuine additional information about the client. Individuals might fake their verbal messages. However, their nonverbal messages, such as voice tone, facial expression, or body posture, may tell the truth.

An individual will communicate one message verbally and an entirely different message nonverbally. Such an interaction might sound like this:

Counselor: “How are you feeling today?”

Client: “Oh, fine, everything’s just fine.”

Counselor: “You didn’t look as though you felt good as you walked into the office. You were holding your head down, staring at the floor, and now you seem to be avoiding eye contact with me.”

Client: “Well, I guess it is difficult for me to talk about how depressed I feel.”

(George and Christiani 1991)

One important thing counselors should pay attention to is the true attitudes and feelings of their clients. This admittedly suggests that counselors should be sensitive to nonverbal messages of their clients. George and Christiani (1991) added that counselors’ ability to be empathic is directly related to their ability to observe and respond to nonverbal communication.
In many instances it is sufficient for the counselor to bring the client’s attention to the nonverbal behavior. For example:

Counselor: “Are you aware that you break out in a rash each time we discuss your relationship with your husband?”

Client: “I suppose I just get terribly anxious when we discuss my marriage because I feel guilty that I have been wanting a relationship with another man.”

(George and Christiani 1991)

The above case indicates that by bringing the nonverbal behavior to the client’s awareness, it is possible to get clients to share more important and personally relevant feelings that would not otherwise come out.

II. VERBAL COUNSELING SKILLS (VERBAL BEHAVIORS): THE RESPONSE MODES APPROACH

The response modes approach is a model many writers in counseling are using. The approach focuses on the grammatical structure of the counselor’s verbal response rather than on the content. Gelso and Fretz (1992) categorized the 11 different response modes (verbal behaviors) developed by Hill (1985, 1986) into five general categories: 1) minimal responses, 2) directives, 3) information seeking, 4) complex counselor responses and 5) self-disclosure. The subsequent paragraphs discuss these response modes.

A. Minimal Responses

In Hill’s system of categorization the first two response modes are called minimal encourager and silence. These response modes are really not “verbal” in the strict sense; they fit the paralinguistic category.

- The minimal encourager is a very short phrase that may show simple acknowledgement, agreement or understanding. It usually indicates acceptance of the client and encourages the client to keep talking. The minimal encourager tends to be neutral in that it does not imply approval or disapproval, even though it usually seeks to show acceptance. “Go on”, “I see”, and “Okay” are some of the examples in minimal encouragers. The most commonly used minimal encourager is the response “Mmhm”. Benjamin cited in Gelso and Fretz (1992) tells us that “Mmhm” generally indicates permissiveness on the therapist’s part, suggesting to the client, “Go on, I’m with you: I’m listening and following you.” Despite the intended acceptance, phrases like “Mmhm” can at times be used too frequently, so that the flow of the session is impeded by the seemingly constant use of encouragers. Therefore, the suggestion is that you use minimal encouragers as naturally as possible.

- Silence may facilitate counselor and client getting closer, emotionally touching; or it may indicate something is wrong in the working alliance. Clients need opportunities to explore their feelings, attitudes, values, and behaviors. Initially they need someone to listen, even passively, to what they wish to share. Silence communicates to clients that the responsibility for the interview lies on their shoulders. Secondly it allows clients to go deep into their thoughts and feelings to think about the implications of what has transpired during the sessions without feeling pressured to verbalize every thought and feeling.
There are two types of silences: “pregnant silences” and “empty silences”. In a pregnant silence, the client is doing his or her “work”, for example, thinking or feeling about what is transpiring. In an empty silence, little positive is going on and the client typically shows signs of anxiety, such as fidgeting. Grammer and Shostrom, cited in Fretz and Gelso (1992), clearly state that such a silence can mean that the client feels uncomfortable and is anxious or embarrassed at having been sent to the counselor. It may also indicate client resistance to the process. In this instance the client may attempt to use it to manipulate the counselor. The general rule of thumb is that pregnant silences should not be interrupted by the counselor, whereas empty silences should be.

 Writers (for example Benjamin cited in Fretz and Gelso 1992) are of the opinion that unless the counselor is very sure of what he or she is doing extensive silence should be avoided. Often the most appropriate response a counselor can make to client-initiated silence is an accurate emphatic statement such as, “You look very thoughtful; would you like to share what you are feeling?” or “You seem pretty quiet; and I’m wondering if you really are angry that you are here.” More importantly, however, say George and Christani (1991), it is wise to let the client assume responsibility for breaking the silence when the silence is client-initiated.

B. Directives

The category of directives involves directing the client to do something. In using them, the counselor may try to get the client to continue what he or she is already doing (the response mode of approval) or provide information or guidance regarding what the client should do.

- **Response mode of approval**: When the therapist uses the response mode of approval, he or she may be offering support, explicit approval of some aspect of the client or the client’s behavior reassurance and/or reinforcement. Sympathy also fits this category although counseling educators and theorists generally agree that offering sympathy is not a desirable counseling response, except under unusual circumstances. Responses with the response mode of approval may be very short, for example, “Very good”, or they may be much longer. Examples of specific responses in this category are: “It’ll get better”, “Don’t worry about it”, “I think you did the right thing”, “Everyone feels that way from time to time”, “You are right”, “That is really tough to handle”, “It’ll be hard”, “I’m concerned about you”, etc. (Gelso and Fretz, 1992).

When we offer reassurance, we are trying to say in effect, that the client needs an external influence to keep him or her going or to get started, and this we shall provide. Benjamin uses the following examples that range from mild to heavy reassurance:

Client: “I can’t face him.”

Counselor: “You haven’t tried; it may not be as hard as you think.” Or,

“I’m not so sure; I rather suspect you can.” Or,

“Can’t you? That’s one man’s opinion and this man thinks otherwise.” Or,

“Of course you can, I really can’t be there but I’ll be there in spirit.” Or,

“It’s hard, I know; but you can and you must.”
• **Providing information**: The second mode of directives is called providing information. Counselor responses of this category supply information to the client in the form of facts, data, opinion or resources. The information that is given may be related to the counseling process, the counselor’s behavior, or counseling arrangement such as meeting time and place, fee and so forth.

   **Examples of providing information**:

   Client: “So what do you make of these interest test results. What do you think are my best interests?”

   Counselor: “It looks like your strongest interests, are in wildlife management, although there is also a second group of interests that seem to involve sales.”

   Client: “The time went by so fast. Now that I’ve talked to you, I’m really glad I came. How often do we meet?”

   Counselor: “We meet weekly, for up to 12 sessions, which is the session limit at the center.”

• **Direct guidance**: The third response mode of directives is direct guidance. This involves directions, suggestions, or advice offered by the counselor. Whereas the mode of providing information involves giving facts and data, direct guidance requests or suggests that the client does something. One can think of direct guidance as being of two kinds: that which offers advice or directions within the session, and that which does so outside the session.

   **Examples of direct guidance within the session**:

   Counselor: “Relax right now and take a deep breath.”

   Counselor: “I would like you to tell me whatever crosses your mind when you think about your mother. Try not to edit and do not worry about how irrational or silly you may feel it sounds.”

   **Examples of direct guidance regarding behavior outside the office**:

   Counselor: “I really think it would be a good idea to talk this over with Seifu.”

   Counselor: “I think you should talk with your math teacher about why you had problems with the exam last week.”

   Counselor: “As homework, I would like you to keep a record of how many times you feel anxious during each day, and of what was occurring at those moments.”

There are controversies over the use of direct guidance, especially in the form of advice to the client regarding behavior outside the counselor’s office. Many counselors do not believe advice should be given, except in extraordinary circumstances, where as in the therapies that are more “directive”, advice is seen as a desirable element of this process.

**C. Information Seeking**

This is a class of counselor responses that are used to elicit information of some sort from the client. There are two counselor response modes in here: **closed questions** and **open-ended questions**.
• **Closed questions** are used by the counselor to gather data, and they typically request a one- or two-word answer, “yes” or “no” or a confirmation or a number. The following are examples of close ended questions.

  Client:  “I just do not think I am studying enough in math. The problem is more the time I’m putting in than my study skills.”

  Counselor:  “How many hours a night do you study for math on the average?”

  Client:  “Gashu and I finally got away for a weekend without Girma.”

  Counselor:  “Did you have a good time?”

  Client:  “My boyfriend thinks I ought to lose 10 pounds.”

  Counselor:  “What do you weigh?”

• **Open-ended leads or questions**, on the other hand, require more than a “yes” or “no” answer. Typically, they open the door to a discussion of feelings rather than facts. Open-ended leads can be used in several different counseling situations.

  • They help begin an interview. (What would you like to talk about today? How have things been since the last time we talked together?)

  • They help get the interviewee to elaborate on a point. (Could you tell me more about that? How did you feel when that happened?)

  • They help elicit examples of specific behavior so that the interviewer is better able to understand what the interviewee is describing. (Will you give me a specific example? What do you do when you get depressed? What do you mean when you say your father is out of his mind?) They help focus the client’s attention on his feelings. (What are you feeling as you are telling me this? How did you feel then?)

By using open-ended questions, counselors are seeking to facilitate exploration by the client. This exploration may deal with client’s feelings, thoughts, behavior and/or personality dynamics. In addition, studies have shown that closed questions created feelings in the clients of being interviewed in a therapeutic relationship (Gelso and Fretz 1992).

However, according to Gelso and Fretz (1992), the effectiveness of open questions in counseling depends on many factors. For example, how well-timed the questions are, whether the clients is ready for them, the issues with which the client is dealing, and of course the specific nature of the question being asked.

**D. Complex Counselor Responses**

Complex counselor responses include: a) paraphrasing, b) interpretation, c) confrontation and d) self-disclosure.
Paraphrasing

In the counseling context paraphrasing includes: restatement of content, reflection of feelings, summarization skills and nonverbal referent.

- **Restatement of content**: Restatement of content is the first type of paraphrase. It is an accepted fact that the ability to restate the content of a client’s message or to paraphrase a client’s statement is the beginning in the process of learning to listen. In this response mode, the counselor feeds back to the client the content of the client’s statement using different words. In a good restatement of content the counselor’s expression is likely to be clearer and more concrete than the client’s (Gelso and Fretz 1992). Restatement of content serves three purposes, to:
  - Convey to the client that you are with him, that you are trying to understand what he is saying;
  - Crystallize a client’s comments by repeating what he has said in a more concise manner;
  - Check the counselor’s own perception to make sure she/he really does understand what the client is describing.

The following are examples of restatement of content:

Client: “I am so sick of talking to mom I can hardly say any words to her.”
Counselor: “You’ve just about reached your limits as far as talking to mom is concerned.”

Client: “I do not know what to do with my life. Sometimes I think I should marry my girlfriend and settle my life, and then sometimes I think I should pursue my post graduate study.”
Counselor: “You’re in a dilemma with a big decision about what to do with your life, and you’re not sure which of the two directions is better.”

Client: “I told my friend to go hell.”
Counselor: “You were really angry with your friend.”

Paraphrasing is appropriate at the beginning of the counseling interview because it encourages the client to open up and elaborate upon the concern. However, paraphrasing does not lead to in-depth exploration and can result in circular discussion if the counselor does not bring in other skills as the interview proceeds (George and Christiani 1991).

- **Reflection of feeling**: In reflecting a client’s feeling, the counselor responds by paraphrasing the content of the client’s message, but places the emphasis on the feeling the client expressed. The counselor tries to identify the feeling accurately by listening not only to what the client says but also to how the client says it. The following dialogues (George and Christiani 1991) illustrate reflection of feeling:

Client: “I was happy to hear I’ve been selected as best artist of the year.”
Counselor: “What a thrill for you. You must be very excited and proud to know that you were selected for such an honor.”
Client: “My science teacher always stares fiercely at me. I do not know what he will do against me.”

Counselor: “It must be scary for you to attend class with such uncertainty”

• **Summarization skills of content and feelings**: Summarization skills involve the counselor’s ability in summarizing both contents and feelings of clients. Summarization of Content—the summary of content differs from paraphrasing in that the summary typically responds to a greater amount of material. A paraphrase normally responds to the client’s preceding statement; a summary can cover an entire phase of the session or over a total interview (Ivey cited in George and Christiani 1991). Ivey also has noted that a summarization of content is most frequently used in the following situations:

  - When the counselor wishes to structure the beginning of a session by recalling the high points of a previous interview;
  - When the client’s presentation of a topic has been either very confusing or just plain lengthy and tedious and wide;
  - When an client has seemingly expressed everything of importance to him on a particular topic;
  - When plans for the next steps to be taken require mutual assessment and agreement on what has been learned so far; and
  - When, at the end of a session, the counselor wishes to emphasize what has been learned within it, perhaps in order to give an assignment to the client until the next session.

Summarization of content verbalizes the major themes in what the client has expressed. The following are examples.

Counselor: “It looks like the basic issue you’ve been struggling with today is your fear of relationships and how you avoid involvements that are good for you.”

Counselor: “In sum, you’ve spent several weeks sorting through what you want and have come to realize engineering isn’t it. You are now focusing on management and feeling really good about that.”

In a **summarization of feelings** the counselor attempts to identify and respond to the overriding feelings of the client, not only the expressed feelings but also the general feelings and tones of the phase of the session being summarized (George and Christiani 1991). Pertaining to summarization of feelings Ivey has suggested that the counselor:

  - note consistent patterns of emotions as he (she) progresses through the interview. Also note his/her inconsistencies or polarities of feelings, most clients have mixed feelings toward important love objects or situations and showing the client how he/she has expressed his/her mixed feelings may be especially valuable to him/her.
  - at two or three points during the session restate in their own words the feelings and perceptions that the client has been communicating.
• **The nonverbal referent:** The nonverbal referent is similar to reflection and restatement but points to the client's nonverbal behavior as an indication of his or her feelings. Nonverbal here may refer to body posture, facial expression, tone of voice, gestures and so forth.

  Client:  “I don’t know what’s wrong. I should be happy with my relationship with Genet but I’m not.”

  Counselor: “Your face has a sad expression as you talk about this.”

  Client:  “Despite his faults, I do not want to break up with Alemu.”

  Counselor: “Your voice was very soft as you said that.”

**Interpretation**

Of the complex counselor responses, interpretation is probably the most complex skill. Whereas paraphrasing techniques stay with the client and give back to him or her what the counselor hears in that client’s expression; interpretations go beyond what the client has stated or recognized. An interpretation usually offers new meaning and points to the causes underlying the client’s actions and feelings. Here the counselor’s frame of reference emerges as he/she reframes the client’s material in terms of the therapist’s view of what is happening. In Hill’s category system five types of interpretation are described (Fretz and Gelso 1992).

A common type of interpretation establishes connections between seemingly isolated statements, problems, or events. For example, to a client who has been discussing his fear of giving speeches, his low self-esteem, and his problems with relationships, the counselor may eventually know how all three problems are interconnected, and furthermore, how this client’s excessive standards and expectations of himself appear to underlie each problem.

A second type of interpretation points out themes or patterns in the client’s behavior or feelings. An example of this type might occur in response to the client who continues to become disenchanted with jobs after having high hopes initially. The counselor might note, “Each time it seems that you feel very excited about the possibilities of a job, and then when you see the incredible problems, you turn away.” The counselor might follow this interpretation with an open question about what the meaning of the pattern might be, or can provide a further interpretation, assuming of course that the client has provided a further interpretation, for example, “Based on what we have been talking about, I suspect that your turning away is a way of dealing with your fear of failing.” This follow up statement demonstrates how the skilled therapist can connect two or more different types of interpretations within the same response.

The last interpretation above pointed to the client’s underlying defense (turning away) against anxiety (fear of failure). This type of interpretation falls within the third type discussed by Hill (1985, 1986) that is interpretation of defenses, resistance, or transference.

The fourth type of interpretation relates present events, experiences, or feelings to the past. When making this type of interpretation, the counselor aims to help the client see how present problems and conflicts are tied to the past- are causally linked to that past. We say to the client, in effect, “You are misperceiving the present because of those issues or experiences in your past.” For example,
Client: “I don’t know. I just seem to avoid men who are good for me, and get hooked connected up with these bastards who abuse me. And I turn into such a nag. Nag, nag, nag. I nag so much that I’ll turn them into bastards even if they aren’t to begin with. I just do not know why I do these things.”

Counselor: “It seems like you inconsistently get into, and create, situations that are just like your mother and father’s relationship when you were a child.”

The fifth and final type of interpretation entails giving a new framework to feelings, behaviors, or problems. Counselors use this technique to provide clients with a fresh, new way of looking at some aspect of themselves and their lives. Hill (1985, 1986) exemplifies this process as follows:

Client: “He just never does anything around the house, and he goes out drinking with the guys all the time. I get strike fixed taking care of the kids and doing everything around the house.”

Counselor: “He seems to be saving you from any decision about what you are going to do with your life and your career.

According to Fretz and Gelso (1992) the issues of depth and timing are important determinants of the effectiveness of interpretation. For them the “good interpretation” is never a depth interpretation, or at least it is never so deep that it does not make contact with the client’s awareness. With regard to timing, an effective interpretation must be made when the client can absorb it-can take it in.

The characteristic of the client is another factor in whether interpretations are helpful. Spiegel and Hill (cited in Fretz and Gelso 1992) suggest that clients with higher levels of self-esteem, psychological mindedness, and cognitive complexity are the most receptive to interpretive approaches to counseling. The other thing is that counselors need to be aware of the kinds of people who do not profit from such approaches and not use interpretations.

Confrontation

According to Nelson-Jones (1993), confrontation simply means challenging inconsistency in the counseling discussion. Confrontation expands clients’ awareness of thoughts, feelings and actions. Confrontation can take different forms as described below.

- **Confronting inconsistencies**: You may identify some sort of inconsistencies in the messages clients send. The following are among them:
  - Inconsistency between verbal, voice and body messages
  - Inconsistency within verbal messages
  - Inconsistency between words and actions
  - Inconsistency between past and present statements

- **Confronting possible distortions of reality**: Distortions of reality often result from unrealistic perceptions and hasty conclusions. The following are typical examples.
Client: “I have no good relatives.”
Client: “I am a poor teacher.”

When clients utter statements like the above two, counselors should confront them as “You say—, but where is the evidence?”. This time clients may describe an incident to justify their conclusions. Then, the subsequent questions from counselors will be whether there is any other way of looking at the incident.

- **Confronting not acknowledging choice**: This refers to that counselors work towards getting clients to consider choices. For instance, if a client says “I hate having to talk to her about job matters”, the counselor this time might reflect the client’s resentment of talking to her yet confronting his failure of assuming responsibility for talking to her about the job matters. This might go like “You seem resentful, but I wonder whether you sufficiently acknowledge that you choose not to talk to her about job matters.”

In relation to this Nelson-Jones (1993) suggests that counselors focus on the verbs clients use. For instance if the client says, “I cannot do that,” the counselor might ask “Can you say won’t do that?”

- **Confronting by reframing**: This is the same as the last type of interpretation in Hill’s category system (1985, 1986). It involves getting clients to look at a situation from a new perspective. The old conception that “there is nothing inherently good or bad it all depends on how you see it” is the premise here. The situation is the same but the feeling it instigates might vary according to interpretation. The following is an example indicating how a counselor confronts a client with a reframe.

    Hanna perceives her father as disliking her for he always nags her about studying school subjects. The counselor acknowledges the client’s anger but offers her a new perspective that her father was a responsible father who wants his daughter to be a good student and subsequently responsible citizen.

In the above example, the nagging father is perceived as caring and responsible father after reframing.

- **How should confrontation be conducted?**: Unless managed carefully confrontation might have undesirable effects. Nelson-Jones (1993: 123) suggests the following guidelines to be adhered to when one has to confront.

  - Start with reflective responding. Before you begin confrontation, instill in the mind of the client what you have heard and that you understood his/her messages.

  - Where possible, help clients to confront themselves. This can be done by reflecting inconsistency and then allowing clients to choose their own conclusions about it or by asking clients to search for evidence to back up their statements. Assisting in self-confrontation often leads to less resistance than directly confronting clients from ones external viewpoint.

  - Do not talk down. Keep your confrontations at a democratic level. Avoid “You” messages. It is suggested that instead of saying “You—” it is preferable to say, “I understood you say— but—.”

  - Use a minimum amount of ‘muscle ’. Only confront strongly when necessary as strong confrontations can create resistances. In fact such confrontations are suggested to be avoided especially in initial sessions where trust is not yet established.
• Avoid threatening voice and body messages. Practices such as raising voice and pointing fingers spoil the relationship.

• Leave the ultimate responsibility with clients. This involves allowing clients to decide whether your confrontations actually help them to move forward in their explorations.

• Do not overdo it. As nobody likes being persistently challenged, you create an unsafe emotional climate with constant confrontations.

E. Self-disclosure
Self-disclosure is a skill through which the counselor makes himself/herself known to the client. Self-disclosure could be of two types- self-involving responses and self-disclosing responses. McCarthy cited in Nelson-Jones (1993) observes: Self-involving responses are direct expressions of a counselor’s feelings about or reactions to client statements and/or behaviors. On the other hand, self-disclosure responses are statements referring to the past history or personal experiences of the counselor.

• Self-involving responses: These types of responses assist in forming a working alliance. They can personalize the helping process so that clients feel they relate to real people. The following are three areas for self-involving statements (Nelson-Jones 1993:134):
  - Responding to specific disclosures. Illustrative responses are “I’m delighted”, “That’s great”, and “That’s terrible”.
  - Responding to clients as people. Illustrative positive comments are: “I admire your courage”, “I appreciate your honesty”, and “I like your sense of humor”.
  - Responding to the helping relationship. Illustrative comments include: “I’m uneasy because I sense that you want to put me on a pedestal”, “I find my attention wavering and wonder why”, “I’m pleased at your willingness to cooperate and work hard”.

• Disclosing personal information: With these types of responses, clients may feel that you understand what they go through. However, this is not always true. Whether to disclose or not personal information depends on the nature of the problem raised. For instance, it might be unwise to share past unemployment experiences to unemployed clients. In contrast, disclosure of experiences by ex-alcoholics and ex-addicts in Alcoholics Anonymous and in certain drug treatment programs may facilitate counseling (Nelson-Jones 1993).

Below are some tentative guidelines (Nelson-Jones, 1993:135) for appropriate disclosure of personal information and experiences.

• Be self-referent. Do not disclose other people’s experiences.

• Be to the point. Do not slow down or defocus the interview through irrelevance or talking too much.

• Use good voice and body messages. Be congruent. Your voice and body messages should match what you say.
• Be sensitive to clients. Have sufficient sensitivity to realize when your disclosures may help clients and when they may be unwelcome or a burden.

• Be sensitive to helper-client differences. Expectations for helpers differ across cultures, social class, ethnicity, gender, and so do expectations regarding appropriateness of helper self-disclosure.

• Do not do it too often. Counselors who keep talking about themselves risk switching the focus of their work from their clients to themselves.

• Beware of counter transference. Intentionally or unintentionally, some counselors may use both involving and information self-disclosures to manipulate clients to meet needs for approval, intimacy and sex. This shows the importance both of awareness of your motivation and of behaving ethically.

References


HANDOUT 6
COUNSELING PROCESS

I. INTRODUCTION
So far, we have reviewed theories and skills in counseling. It is now time to practice them. Even though the steps and processes that transpire in counseling depend largely on the type of viewpoint adhered to by the counselor, there are common steps and processes counselors should employ regardless of their orientations. These steps are explained better in a model called counseling process model. According to Lauver and Harvey (1997) the model describes a six-step counseling process. This section is a brief description of these steps.

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<th>Guiding questions</th>
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<td>1: Where are we going?</td>
<td>1. Initiate the counseling relationship: At this point clients communicate their concerns. They also expect the process to be helpful. The roles of counselor and client are also determined.</td>
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<td>2. Understand the client’s concerns empathically. At this step, the client has to believe that the counselor understands and accepts him/her genuinely.</td>
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<td>3. Negotiate counseling goals and objectives: At this point the counselor should fetch data from the client on the types of changes the client wants to achieve.</td>
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<td>2: How can we get there?</td>
<td>4. Identify a plan to meet objectives/achieve outcomes: Efficient counselors will attend to the client from the first moment noting human relationships, skills, information, and achievements that represent potential client resources during the planning stage.</td>
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<td>3: How will we know we arrived?</td>
<td>5. Support the plan: The counselor helps clients act on their intentions in their world outside the counseling office. When clients do not do their homework, the counselor analyzes performance problems to learn how the expected performance is being side-tracked.</td>
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<td>6. Evaluate counseling: Specifically counseling is successful when the negotiated objective is met. At this step whether the objectives have been met or otherwise and the problems that hindered the attainment of the negotiated objectives will be examined.</td>
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II. STEPS IN THE COUNSELING PROCESS

STEP 1: INITIATE THE COUNSELING RELATIONSHIP
This step stresses the counselor communication skills and client expectations. The initial counseling session/sessions is/are the phase/phases at which initial structuring of counseling should take place. According to Nelson-Jones (1993) the objective of initial structuring is to initiate the process of client self-helping. At this step, an attempt is made to establish working alliances in which a counselor collaborates with clients as partners in developing their skills rather than doing things either to or for them.

Structuring should not be too much or too little. If it is too much clients may see you taking them to your way of working. As a result, they may resist revealing their concerns. On the other hand, if it is too little clients may get confused and may think that you are not going to be of any value to them (Nelson-Jones1993).

Initial sessions also deserve care. For instance they should not be characterized by counselor talking too much. This interferes with your role of listener. A typical opening session could look like as follows.

“Hello, Aster, my name is Mulu. We have some thirty minutes. I assure you what we say together is confidential. Would you please tell me what brought you here?”

According to Lauver and Harvey (1997) three aspects need to be cared about at this step. They are clear intentions, attending skills and non-verbal behavior of counselors. According to Lauver and Harvey (1997) intending to be an accurate and effective listener, being clear and consistent about your intention to understand, is important in three ways:

• Intending to understand builds trust, because the other person senses a consistency of purpose in your nonverbal and verbal messages. In contrast, faking attention may be dangerous because the client will lose confidence or trust in your being an attentive listener.

• Intending to understand reduces the confusion that can come from conflicting counselor goals that may cycle in and out of the relationship. If, instead of wanting to appear an expert, you concentrate on wanting to understand, you will not confuse the client.

• Consistently intending to understand leads to improved listening skills as you get feedback about how others respond to your efforts. A person who feels understood lets you know it, and that lets you know which listening tools are most effective with this particular client. One excellent way to examine how ones performance matches his/her intention is observing own performance on audiotape or videotape.

STEP 2: UNDERSTAND THE CLIENT’S CONCERNS EMPATHICALLY
Empathic understanding can be demonstrated in a number of ways. They include restatement of content, reflection of feeling and others. Despite your attempts to practice them, if you are not careful about some habits, you may fail to be empathic. Writers in the field call these bad habits. The following are bad habits identified by Lauver and Harvey (1997):

• Questioning. Inexperienced counselors often believe that asking questions is the best way of learning about the client. However, attentive listening can be more important. Questioning particularly
becomes dangerous if it takes the form of interrogating. For example, telling clients as “Answer me directly” and “be brief” may be threatening.

- **Judgments.** While listening some inexperienced counselors emit utterances like “Great”, or “Too bad”, or “What a mess”, or “How wonderful”. This kind of judgmental scorekeeping is not appropriate when the goal is being an accepting, empathic listener. This is so because when you judge the client negatively, he/she might stop talking.

- **Focusing on self.** Responses such as “Me, too!” or “That same thing happened to me last year,” or “I’m separated from my wife too,” moves the focus away from the client and confuses the issue. Who is learning about whom? This does not however mean the counselor should not reveal personal experience at any phase.

- **Insensitive to expressions of pain.** “You’re ok” or “That didn’t hurt, did it?” Sometimes counselors may say you are ok to their clients simply to soothe them. This is inappropriate. For one thing, it is because they are “not ok” that clients seek help. For another thing, this kind of statement interferes with your role of empathic listener. So, you have to acknowledge pains. Be sensitive to expressions of pain; it is easy to minimize it or exaggerate it. Both distortions have the effect of taking us out of the situation.

- **Filling in gaps of silence.** “Silence is poison.” This is to mean that inexperienced counselors may be tempted to break any silence. They do so simply with the intention of bridging gaps. However, as we saw before, not all silences are useless. So, we don’t have to speak just to fill a silent moment. Any counselor should stay with his/her role as an empathic listener, respond to a silent client empathically, and strive to understand the speechless moments for what they may be.

- **Expert.** It is common to hear people say “I know just how you feel”, “I have a lot of training in relation to your problems”. Such statements seem to come from the speaker’s need for assurance of status. It is no help for clients. Such an attitude widens the status difference between the client and the counselor.

**STEP 3: NEGOTIATE COUNSELING GOALS AND OBJECTIVES**

Goals are generalized expressions indicating in broad terms whatever it is we would like to achieve. Goal statements can fit many people. Objectives, on the other hand, are specific and are what an individual intends to do so that the individual’s goal is met. An example of a goal is “I want to be good long distance runner”. This is very broad statement and thus represents a goal statement. An objective for this statement might be, “I want to be able to run 10,000 meters in at least 30 minutes”. This is specific for you. Another person might wish to be able to run the 10,000 meters in at least 35 minutes.

Goals and objectives are important to clients in several related ways (Lauver and Harvey 1997).

- Goals are verbal expressions of what a client hopes to achieve.

- Being clear about goals is very helpful in making decisions about allocating resources such as time, effort, and money.

- Being clear about goals is crucial if clients are to gauge their own progress and to recognize their own success in achieving these goals.
Lauver and Harvey (1997) also suggest the following steps in setting a goal and objectives:

1. **Initiate the client to share his/her concerns**: Clients’ concerns are starting points for establishing counseling goals. As a counselor, you need to suggest or let the client know that the information on what changes he/she wants to achieve will be important to the success of the counseling.

2. **Recognize potential goal areas**: The utterances the client produces and the nonverbal messages he/she sends can serve as possible menu of goal areas. Listen particularly for expressions of pain, dissatisfaction, frustration, discomfort, self-depreciation, unhappiness and similar states. These can be presented as “I’m lonely”, “I’ll never get...”, “I can’t take another day like...,” “I’m not good at...,” “It made me so mad.” Listen also for expressions of hopes, wishes, aspirations, desires, ambitions, needs, improvements, and change. These may appear in statements beginning with “I just wish ...”, “I’d like...,” “I hope that...,” “If only I could...,” “May be it would be better if...,” or “Wouldn’t it be neat if...”

3. **Agree on a goal**: Expressions of distress and hopes, such as those given above, indicate areas in which the client is seeking change. Once the counselor has identified the potential goal areas at the second step, he/she should discuss them with the client and help him/her decide which area to work on first. Note of caution—do not assume the change the client wants; just ask.

4. **Set criteria for functional objectives**: A clear and usable objective statement conveys the same image to everyone who hears it. For better realization, counseling objectives should clearly communicate: (1) what is to be achieved, (2) when or where it to be achieved and (3) how well or how much is to be achieved.

**STEP 4: IDENTIFY A PLAN TO MEET OBJECTIVES/ACHIEVE OUTCOMES**

Once the objectives has been negotiated and set, the next step will be to make an operational plan of action. When plans are developed the following four points are worth considering, according to Lauver and Harvey (1997: 141):

1. **Discriminate fuzzy (generalization about behavior) from specifics (words describing behavior).** For example:
   - Client: “I guess I need to be a good partner to my wife.”
   - Counselor: “What is one way you can be good to your wife?”
   - Client: “I want to live up to her expectations.”
   - Counselor: “You want to ‘live up to her expectations’ by doing...?”
   - Client: “By respecting her ideas in decisions regarding education of our children.”

2. **Attend to the three domains of awareness: actions, thoughts, and feelings.** For example:
   - Client: “My wife and I are going to talk about education of our children tomorrow. I just hope that I don’t lose it!”
   - Counselor: “You don’t want to “lose it.” “What do you want to do instead of “lose it?”
Client: “I want to stay calm.”

Counselor: “So, you want to feel calm. What is one thing you can say to yourself to be calm?”

Client: “Well, we’ve been talking about being better listeners with each other. I need to remind myself to be quite and listen to her viewpoint.”

Counselor: “And if you are thinking about being a better listener and feeling calm, what will you be doing as the discussion progresses?”

Client: “I guess that I will be able to keep my voice down and stay seated at the table until we finish the discussion.”

3. Focus on actual experience in a single event rather than on generalized impressions (personal myth, map) of many events. Example:

Client: “If my boyfriend and I can be friends again, my life will be heaven.”

Counselor: “Do you want to let him know how you’re feeling?”

Client: “Yes.”

Counselor: “When will you have the next opportunity to talk with your boyfriend?”

Client: “I guess I will call him when I get my fears to go off.”

Counselor: “Would it be helpful to talk about what you want to say when you call him?”

Client: “Yes I guess I’m not sure what to say to him.”

4. Discover the temporal sequence of elements in the critical incident. Example:

Client: “Yes, I feel better now that I’m clear that a more organized study routine will help me to feel less scattered.”

Counselor: “What would you be doing in a “More organized” study routine?”

Client: “Oh, you know, sitting down at a regular time and hitting the books.”

Counselor: “How would you determine that regular time?”

Client: “I guess that it would depend on my class schedule.”

Counselor: “So you would have to look at your class schedule before you could set up a regular study time?”

Client: “That’s right, and I guess I need to know about my work schedule and when my girlfriend and I are going to see each other.

Counselor: “So, there are lots of considerations to think about before you schedule study time. [CL: Uh. huh] How do you feel when you are thinking about class schedules and time with your girlfriend and study time?”
Client: “Well, I guess, that’s when I feel scattered and overwhelmed.”

Counselor: “So, let’s see, what else could you say to yourself as you are beginning to feel overwhelmed?”

Client: “I guess—I just pay attention to classes and study time first. I’ll enjoy time with her more if I have my homework done.

Factors to consider in creating plans
Not all counseling plans are successful. The success of counseling plans depends largely on the relevance of client resources. The major aspects of client resources are motivation of the client, self-efficacy, and existing client skills.

- **Motivation:** Motivation is an important factor for success. For counseling plans to be executed by clients, clients have to be motivated. If the outcome of the plan is not appealing or if the problem is better than the solution, then clients will be less motivated. This results in failure of plans.

- **Sense of self-efficacy:** Sense of self-efficacy is the client’s belief on his/her ability to perform the plan. The higher self-efficacy of the client the higher the likelihood that the plan will be executed and become successful. One way to determine the existence of motivation and high sense of self-efficacy on the part of clients is to get them role-play the plan (Lauver and Harvey 1997).

- **Existing client skills:** Considering clients’ experiences is important when developing counseling plans. When clients come to counseling offices, they might have dealt with their problems in some way. Thus, securing information on how the client approached the problem at hand helps the counselor to develop plans that build on client’s skills. Such a plan then becomes familiar to the client.

Developing plans that are familiar to clients have three advantages: 1) clients are confident in such plans; 2) they allow for more efficient use of resources; and 3) such plans are more likely to be culturally appropriate. (Lauver and Harvey 1997).

Existing client skills can be identified either with the use of direct questions as “What have you tried in the past?” or “How have you dealt with similar situations in the past?” or with the use of action techniques like role playing and behavior rehearsal (Lauver and Harvey 1997).

A process for creating plans
Lauver and Harvey (1997) suggest the following phases in developing counseling plans:

- **Phase 1: Identifying the objective:** The first stage in developing a plan is to have in mind what the plan is supposed to achieve. For counseling objectives to be good starting points for plans, they should contain clarity in terms of what is to be accomplished, when or where, and how well or how much.

- **Phase 2: Thinking backward from the objective to the beginning:** This involves asking oneself about steps of actions leading to the goal. This process starts by assuming the objective has just been accomplished. Then, ask yourself, “What action had to occur just before the objective was accomplished?” Write the answer to this question in a statement that begins with a verb.
Then ask, “What action had to occur just before that?” Add this to your list with another statement that starts with a verb. And keep on asking, “And what had to occur just before that?” “And just before that?” ... until you get to a point that seems to be the starting place. This activity yields a list of actions if performed in the sequence in which you named them, should lead to the desired result.

- **Phase 3: Simulating operation of the plan**: This involves mentally walking through the actions developed at step 2 above. Using the list developed, start at the beginning and mentally walk through the actions that seem to be needed to create a logical sequence of actions that appear to lead to the desired outcomes. If there is a logical sequence among the list of actions, then it is possible to say the plan is complete.

- **Phase 4: Identifying the conditions necessary for success**: After one passes successfully through the above three phases, he/she needs to inquire about the fulfillment of necessary conditions to accomplish the plan. The following are critical conditions that should be considered.
  - Objective must be known to all participants.
  - Necessary resources must be available as required.
  - Client’s motivation must indicate that the planned activities will be more satisfying than the alternative.
  - Client must have a belief in his or her ability to perform and to achieve success.

**Action Plan Format**

Action plan format is a format that demonstrates a plan of action. It is a format a client can use as a guide. An example of a completed action plan format can be found in Table 2.

**STEP 5: SUPPORT THE PLAN**

This is the step where the counselor makes every possible assistance so that the client will accomplish the agreed upon plan. Two of the most important things counselors can do in relation to this step are check out and priming client readiness for action.

Checkout is a procedure to remind the client of the agreed upon plan. It can be presented as a series of unfinished statements made by the counselor, to be completed by the client. Checkout usually takes no more than 8 to 10 minutes. The following are examples of checkout.

Counselor:  “Now let’s take some time to go over what we have dealt with in the whole session today. So what you have been concerned in your life is....?”

Counselor:  “And what you would like to change is.....?”

*Counselor:* This is the goal/objective that has been negotiated; this is what the client hopes to accomplish through counseling.

Counselor:  “And what you can do to change is......?”

*Counselor:* This is the plan, the sequence of actions through which the client intends and expects to achieve the objective.
Counselor: “And when you have accomplished these tasks you will be feeling.....?

“and saying to yourself ...?“

“and doing ......?”

“that will tell you that you have met your goal.”

Note: According to Lauver and Harvey (1997) this step is important for two reasons. Asking clients to identify the thoughts, feelings, and actions they expect after executing the plan: 1) affirms the presumed link between the plan and the reason they sought counseling (the counseling objective) and 2) affirms that they know what indicators signal their achievement of change.

Counselor: “And so on a scale of 1 to 10, with 10 certain, how confident are you that you actually can/will do the plan?”

---

Table 2 Action Plan Format

<table>
<thead>
<tr>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling Objective:</strong> To tell Paul that I want to renew our friendship.</td>
</tr>
<tr>
<td>When/Where: Before next weekend. Anywhere as long as we are face to face.</td>
</tr>
<tr>
<td>How well/Much? To express my thoughts and feelings directly, without acting angry or defensive.</td>
</tr>
<tr>
<td>Final Step: Listening to Paul’s response to my request to be friends again.</td>
</tr>
<tr>
<td>Preceding Step: Looking at Paul eye-to-eye and stating that I want to be friends</td>
</tr>
<tr>
<td>Preceding Step: Listening to Paul’s thoughts and feelings about our break up.</td>
</tr>
<tr>
<td>Preceding Step: Telling Paul the things I never told him, about the stress in my life when we broke up.</td>
</tr>
<tr>
<td>Preceding Step: Meeting Paul at a place he chooses.</td>
</tr>
<tr>
<td>Preceding Step: Asking Paul to meet me to clear up the “unfinished business” between us.</td>
</tr>
<tr>
<td>Preceding Step: Telling Paul I want to get together to talk.</td>
</tr>
<tr>
<td>Preceding Step: Calling Paul today.</td>
</tr>
<tr>
<td>Start by: Telling myself that I have the courage to be honest with Paul.</td>
</tr>
<tr>
<td><strong>Prerequisite Conditions/Assumptions</strong></td>
</tr>
<tr>
<td>a. Objective: I know I want to tell Paul that a friendship with him is important to me. He will know that after I talked to him.</td>
</tr>
<tr>
<td>b. Resources: I have practiced my talk in the role-play with my counselor. I feel ready to say what I need to say.</td>
</tr>
<tr>
<td>c. Motivation: Even if Paul doesn’t want to see me again, just getting this off my chest will help me feel better.</td>
</tr>
<tr>
<td>d. Self-efficacy: I have Paul’s Phone number and I know we’re both available next weekend.</td>
</tr>
</tbody>
</table>

Source: Lauver and Harvey (1997:146)
Note: If the client makes a lower estimate, the counselor might say something like:

Counselor: “It sounds as though you think something might keep this plan from happening. I wonder how the plan could be changed so you would be at a 7 or 8? I wonder if doing the plan seems like more effort than the change would be worth to you.”

Note: Such a probe according to Lauver and Harvey (1997) provides an opportunity to examine whether the plan was ambitious or not. Both the client and the counselor might agree upon ambitious plans if the client is agreeable. Thus, there is a need to check it out. When a client makes a lower estimate, it may be because the planned first step is too ambitious. In such a case, the counselor will try to scale down the first homework task to increase likelihood of the client to accomplish the task.

**STEP 6: EVALUATE COUNSELING**

Counseling is not an end in itself. It is a means to an end. This entails that counseling effectiveness should be evaluated. Evaluation can take two forms: process evaluation and outcome evaluation.

**Process Evaluation**

In this type of evaluation, every step in the counseling process will be evaluated. You remember that at the very beginning of the present chapter, we saw that there are six steps in the counseling process model. So, in the process evaluation each of the six steps is evaluated. According to Lauver and Harvey (1997) raising the following questions in the steps is what process counseling is like—see Table 3.

**Outcome Evaluation**

In outcome evaluation, counseling effectiveness is measured in terms of the actual desirable changes the client has achieved. In this type of evaluation, the concern is not on the effectiveness of each of the steps in the counseling process. Rather, the focus is on the end result. Thus, if one needed counseling because s/he wants to become assertive, the question raised will be, “Has s/he been able to act assertively?” Similarly, for one who got counseling for fear of crowd the question will be “Is s/he now okay with crowd?”

**Reference**


### Table 3 How to Evaluate the Counseling Steps

<table>
<thead>
<tr>
<th>Steps</th>
<th>Evaluation</th>
</tr>
</thead>
</table>
| **Step 1: Initiate counseling relationship** | • Where are we going? We're going to Step 2, Understand the client's concerns empathically. I need to hear why this person came to counseling, what's problematic in his/her life, and what s/he hopes to achieve through counseling.  
• How can we get there? I'll invite the client to tell me why s/he came. I'll use attending and following skills to elicit the client to talk about his/her concerns. I may need to teach this person about counseling, process, roles, and limits.  
• How will we know we've arrived? The best indicator will be for the client to begin talking about what brought her to counseling. |
| **Step 2: Understand the client's concerns empathically** | • Where are we going? We are trying to understand as accurately as possible what the client experiences as problematic, and what s/he desires to change in his/her life.  
• How can we get there? Attending and following responses will be our first choice; other means, such as simulation or observation, may be useful.  
• How will we know we've arrived? We'll know when the counselor's description of the client situation is interchangeable with the client's, when the client is ready to consider possible objectives for change. |
| **Step 3: Negotiate counseling objectives** | • Where are we going? We expect to achieve mutual agreement on what is to be accomplished through counseling, when or where it will happen, and how well or how much it will happen.  
• How can we get there? We must agree on the first problem or goal area to address; we'll pinpoint the changes we are seeking.  
• How will we know we've arrived? We will have arrived when we agree on a specific objective as our target. |
| **Step 4: Identify plan for achieving objectives** | • Where are we going? We need to discover and agree on a plan the client believes will achieve his/her goal.  
• How can we get there? We will inventory client resources and draw on the client's resources to develop a plan of action within the client's capabilities.  
• How will we know we've arrived? The client will report confidence in her ability to perform the required tasks. |
| **Step 5: Support the plan** | • Where are we going? The aim is for the client to perform tasks as described in the plan, with appropriate modifications, if needed.  
• How can we get there? We will move toward the goal because the client finds her current status intolerable, has participated in development of the plan, has evidence that the identified tasks are within her capability, values what the plan can achieve and believes s/he is capable of performance.  
• How will we know we've arrived? The client will report performance of the plan as described, with appropriate modifications if needed. |
| **Step 6: Evaluate counseling** | • Where are we going? We are seeking evidence that the process has achieved the client's desired outcomes.  
• How can we get there? We will gather evidence as defined in Step 3 about the status of the client's desired outcome.  
• How will we know we've arrived? The evidence will support achievement of the desired outcome, as described in Step 3, when we are successful. |
HANDOUT 7
GROUP COUNSELING

I. DEFINITION
Instead of strictly achieving a defined goal or product like most group endeavors, group counseling affects the quality and experience of group members’ lives as well. The dynamic mechanism of group counseling mimics the real world where group members not only encounter the issues they wish to address in counseling but where they must also contend with them.

Successful group counseling results from an “interpersonal network characterized by trust, acceptance, respect, warmth, communication and understanding” where a counselor and clients together address clients’ issues and “discover, understand and implement ways of resolving those problems and dissatisfactions” (Trotzer 1972). Trust, acceptance, respect, warmth, communication and understanding, these key components of group counseling, are, by definition, the results of interactions with other people, and group members’ interactions with others necessarily lead to improved relationships with others, if necessarily only with other group members.

Group counseling is begun for a common purpose understood by all members, and the members and leader of a counseling group, together, determine when a group’s purpose has been achieved.

II. NEED FOR GROUP COUNSELING
Group counseling focuses on the “specific dissatisfactions” of group members: understanding them and finding ways to successfully contend with them (Trotzer 1972). Group counseling is designed for honest and open discussion about members’ issues “without fear of rejection or reprisal.” The group leader or counselor’s role is to facilitate members’ aid of one another, developing and promoting successful interpersonal communication and discussion among members while ensuring that each member never feels threatened, intimidated or chastened. Successful group counseling develops into a reciprocal process, with members listening to one another in addition to voicing their own concerns, which results in their shared concern for one another.

Counseling groups become arenas of information exchange and collaborative learning. Counseling groups provide opportunities for members to share solutions and strategies they devise for their problems, and consider other members’ honest, unbiased, and realistic suggestions and recommendations for those solutions and strategies before they are enacted. Group counseling encourages self-exploration. The group process is especially suited for needs of individuals who often feel isolated, alienated, confused, frustrated, or lost.

Group counseling is suited for a wide range of needs and can help individuals from almost any background. It can help individuals focus on their specific problems and needs as well as aiding people’s overall growth as individuals. Group counseling’s flexible structure and nature allows it to be employed in any number of environments for an array of purposes.
III. GROUP VERSUS INDIVIDUAL COUNSELING

Group counseling can provide invaluable benefits that individual counseling cannot, allowing participants to gain support and learn from those with shared experiences. Teenagers and those grieving the loss of loved ones are two types of participants who generally benefit from group counseling. Group counseling should not be imposed on everyone, however, and those who are truly reluctant or not ready to join group sessions can do more harm to themselves as well as others than good. Some individuals’ problems cannot be adequately addressed in a group setting. Group leaders should continually assess whether participants are well served by being in a group setting.

IV. GOALS OF GROUP COUNSELING

For individuals who feel isolated, group counseling can help them deal with their feelings of isolation. Teenagers especially can benefit from group counseling by dealing with their own feelings of isolation, exploring their values and doubts, including self-doubts, learning to communicate better with their peers, and testing their limits within a safe environment.

In general, the following are the goals of group counseling:

- Grow in self-acceptance and learn not to demand perfection.
- Learn how to trust one’s self and others.
- Foster self-knowledge and the development of a unique self-identity.
- Lessen fears of intimacy, and learn to reach out to those one would like to be closer to.
- Move away from meeting other’s expectations and decide for oneself the standards by which to live.
- Increase self-awareness, and increase the possibilities for choosing and acting.
- Become aware of choices and to make choices wisely.
- Become more sensitive to the needs and feelings of others.
- Clarify values and decide whether, and how, to modify them.
- Find ways of understanding, and resolving, personal problems.

VI. BASIC SKILLS IN GROUP COUNSELING

A. Active Listening

Active listening involves not merely hearing the content of what someone says, but paying attention to their tone and body language as well, while conveying to the speaker that you are fully engaged with what they are saying (Corey 2008). Successful Group Leaders try to listen actively to all members of the group most of the time, not just to whoever is speaking, by scanning the room for participants expressions and body language, which is challenging, because primary focus should not be removed from the speaker, whose comments should be reflected, clarified and summarized.
B. Reflection
Reflecting speakers’ comments means restating them, so that speakers realize that their respondents perceive not only their stated meaning but the emotions they conveyed as well. Group Leaders (G. Leader) should always aim to reflect both speaker content and feeling, which not only conveys awareness of speakers’ feelings and intentions, but also helps speakers gain a better understanding of their own communication. Reflection can be employed with individuals speaking in a group, either separately or as part of a dialogue, or with a group as a whole.

Example 1
Almaz: “I’m unsure of participating in this group. I’m uneasy with this process, but I want to make changes in my life.”
G. Leader: “Almaz, participating in this group seems to make you feel both excited and scared right now.”

Example 2
Abebech: “I have a hard time looking for work. I feel like I am begging for any task they can offer me.”
Fantu: “I feel the same way. Sometimes I don’t want to bother.”
G. Leader: “Both of you appear to be saying that a tough part of searching for a job is dealing with feeling needy.”

Successful reflection should lead to a sense of commonality among some, or all, group members for how one specific group member is feeling. Group leaders can solicit responses from other members to reinforce that an experience of one group member is shared by some or many other members of the group. For example, a group leader may ask, “Does anyone else here …?” Reflection should not, however, encourage members to focus too intently on one issue that is not helpful for the group as a whole.

C. Clarification and Questioning
Clarifications of statements can help other group members as well as the Group Leader better understand what a speaker is trying to express. Speakers themselves may also benefit from having to state again, either differently or more clearly, what they are trying to express. A Group Leader may ask specific questions about what someone said, if parts were unclear, or a comment may be re-stated so that the speaker gains a better understanding of what meaning they conveyed to others. Other group members may also be asked to provide clarification, based on their understanding of what a speaker said or was trying to say.

Example 1
Gadissa: “I don’t think we should agree to work for him. I think he is hiding something.”
G. Leader: “Gadissa, can you please say some more about what you mean?”

In the example above, the Group Leader is trying to get more information to shed light on what Gadissa means by the last part of her statement. The Group Leader is using an open-ended question to urge
Example 2

Chaltu: “There are times when I think I’m going crazy, and yet I know I’m just off balance because of my little/brother sister”. My mom says, “What about your brother/sister?” My 8-year-old brother/sister cries all the time wanting me to go back. It’s my life, though! I have got to get out. I don’t know how my mother will make it.”

G. Leader: “Chaltu, you’ve just said a lot. I’d like to try to clarify how you might be feeling at this point—do tell me if I am wrong. There is a part of you that says leaving home was right, and then there is a part of you that says, “Maybe I’m being selfish.” Perhaps the rest of you may want to ask yourself if you have some conflicting views about some current issue of yours.”

In this example, instead of asking any more questions, the Group Leader is re-organizing Chaltu’s information through a statement to clarify the important issues. This clarification helps Chaltu and the other group members focus on what needs to be worked on. Vague, confusing, or incomplete thoughts expressed by a group member—as they often are in moments of stress—are often not easily understood by the other members. As a result, there is a tendency for some members to lose focus and not pay attention to the group.

Example 3

Tigist: “I would like a friend, but my mom says they would be a bad influence on me. But, I am mature enough to know that there are bad and good people and how to choose the right one. It would help me better about completing my chores. My mom is mean to me.”

G. Leader: “Does anyone believe they know how Tigist is feeling about her mom and about having a friend?”

Elsa: “I believe I do. Tigist feels lonely at times and that having a friend would solve that problem. A friend would be someone she can talk to and play with, which would help her feel happier. She would be in a better mood to do her chores. Although she feels that her mom is mean, I don’t think she is. She just wants what is best for Tigist and doesn’t want her to get hurt. Her mom is probably like mine.”

G. Leader: “That seems correct, Elsa. Tigist, how did it sound to you?”

Clarification in group counseling is important for ensuring that members have a similar understanding of what is being expressed by other members, and is especially important when group members come from different ethnic or cultural groups.

D. Summarizing

Summarizing is required for all group counseling. With discussions that have many contributors and perspectives expressed, and topics often ranging over many areas during the course of a session, a well expressed and understandable summary by the Group Leader helps participants put points of discussion
into proper perspective, and not focus on less important topics overall that may have taken up significant discussion time nonetheless.

Summaries are particularly important after a group member has spoken, or several members have discussed a point for several minutes, to reinforce the most important, or relevant, points. Summaries can also provide topic transitions. Even more importantly, summaries can help make sense of a discussion that has ranged over a wide number of topics or has resulted in numerous points of view being expressed.

G. Leader: “Up to this point, we have talked in broad terms about the life changes all of you would wish to make. Mekdes and Alemitu both talked about changing jobs. Tigist, you want to improve your relationship with your mom. Someone talked about going back to school. I believe that was Kelemua. Some other members expressed wanting to be happier. I would like all of you to take a few moments and think about the change you want to make. (Pause) Then, I want you to think about what you may have to sacrifice to make that change?”

Summaries can also open sessions, to summarize progress in the previous session, as well as providing opportunity for further discussion if a topic was not fully addressed in a prior session. Opening summaries should not, however, allow the discussions that follow to be entirely similar to those summarized, but instead should lead ensuing discussions in new directions. For example:

G. Leader: “We covered several topics during the last session. We focused primarily on personal care. Beletu talked about drinking alcohol and Hilina talked about chewing chat, and they both wanted to quit. Others talked about things they are doing that might not be good. We discussed stress, food, and exercise. At the end of the discussion we were talking about music and art. Today, I want us to continue to talk about music and art, and other ways that we can relieve stress.”

Session summaries, to conclude sessions, are also important, to help participants leave with good understanding and perspectives on what was discussed, agreed upon, and achieved during a session.

E. Linking
Group Leaders also link group members with others in the group who have similar feelings, interests, or experiences. This can be especially important at the beginning of a group, to help foster a positive environment and investment in its success, both for the group as a whole and fellow group members.

G. Leader: “Gete, I think what you are experiencing is similar to what Zufan said previously about wanting her employers to approve of her. Zufan, do you agree?”

Zufan: “Huh, it didn’t occur to me until you said it. We are going through the same thing. (To Gete) What do you think while you are cleaning?”

Gete: “Well, I think about what will happen to me if I do something wrong. Will she kick me out of the house?”

Zufan: “That’s what I think about and it is foolish because no one gets kicked out for occasional mistakes. Would you like us to get together after the session and talk about this?”
A Group Leader should always be attentive to discovering, and pointing out, links between group members.

**F. Mini-Lecturing and Information Giving**
When a Group Leader must relay necessary information to group members, s/he should make:

- Make it interesting.
- Make it relevant.
- Make sure you have considered cultural and gender differences.
- Make it short (usually no more than 5–8 minutes).
- Make it energizing.
- Make sure you have current, correct, and objective information.

When providing groups with information, Group Leaders should keep their mini-lectures as brief as possible, providing all of the necessary facts but allowing participants to then discuss the information. Many education-oriented groups will have information that should be provided during a particular session, and successful Group Leaders will provide information in a brief, informative and relevant way that helps focus and deepen a discussion.

  Senait: “Are marriages always difficult? Is there a time when it becomes easier?”

  G. Leader: “That is a good question and let me take a few minutes to comment on that. Almost all marriages require work, especially during the first couple of years as the two partners get to know each other better and encounter more differences that they need to learn to work through together. Going through this tough period the first couple of years does not mean it is a bad marriage. Let me provide you with some ways in which you will benefit from working on your marriage now, rather than later....” *(Leader talks for a couple more minutes)*

**G. Encouraging and Supporting**
Supportive encouragement from Group Leaders helps group members participate more easily, proactively acknowledging possible apprehension and providing verbal reassurance that such feelings are normal, and putting members at ease with their body language and tone, making sure that they provide a feeling of security and reassurance. In addition, Group Leaders convey to all group members that criticism or judgment is anti-therapeutic and counter-productive to a group’s aims.

  G. Leader: “Rahel, you began to talk about some of the issues you are having related to sex. You seem somewhat frightened about talking to us about such a personal issue, which is quite normal. I think you will find this to be a supportive group though. We will listen to you without criticism or judgment. We are here to help and support each other.”
H. Tone Setting
A Group Leader must set the tone for a group session and should pay attention to the content of their words as well as their body language, and consider:

- Should the group be serious, light, or somewhere in between?
- Should the tone be confrontive or supportive? (Some groups for people with addictions, juvenile offenders, and certain kinds of criminals are conducted effectively with somewhat of a confrontive tone.)
- Should the tone be very formal or informal?
- Should the group be task-oriented or more relaxed?

Some groups require a serious tone; others can be more social. At times, depending on the subject and content of a session, a confrontational tone may be necessary instead of a supportive one.

**Serious tone**

G. Leader: “Let’s begin. Before we get started, let’s pull our seats/bring ourselves in closer together. Please also do not drink or eat food during the session. *(Members put down their food and drinks.)* Okay, let’s begin with each group member introducing him or herself and telling the group why they are in this group.”

**Social tone**

G. Leader: “Let’s begin. *(Members remain where they are and continue what they are doing.)* I would like to start the meeting by going around to each member and having you tell us a little bit about yourself. You can say something that you think is important or anything in general.”

**Formal tone**

G. Leader: “I am Hiwot. I’m a counselor from Biruh Tesfa and I’m here today to be the Group Leader of this group. Before we start, I would like to review some of the group ground rules. Then I would like you to introduce yourself. Please state your name, where you come from, and why you decided to join the group.

**“On-Task” tone**

G. Leader: “I’d like us to begin. We have a lot to discuss and a short amount of time to do so. First...”

**Confrontive tone**

It is the first session of a group of girls who have sexually transmitted infections (STIs). Seida has been talking about how she does not think she has any problem with STIs.

G. Leader: “Seida, you have a serious problem! In this group, we can help each other, by ensuring that members are honest with themselves. *(In a rather confrontive voice)* Does anybody else think that Seida has a problem?”
Supportive tone

G. Leader: “Seida, although you do not feel you have a problem, I hope that this group will benefit you. Some of you may feel the same. I think that some of you do recognize that you do have a problem. This group is here to be helpful to each of you by listening, sharing, and hopefully, caring for each other.

Group Leaders should make sure to avoid a group tone that could be described as either “hostile,” “boring,” “frustrating,” “combative,” “slow-moving,” and “confusing.” Successful groups are often characterized as “warm,” “serious and caring,” “interesting,” and “energizing.”

Lighting, seating, and wall decorations can also help set a desired tone for a group, as well as the presence or absence of a central table. Tone is important for a group session, and it should be set by the Leader and not by other factors, including other group members.

I. Modeling and Self-Disclosure

Group Leaders must model the same behaviors of respect and listening that they expect from group members, which includes their own self-disclosure of information that is expected from other group members. For example:

G. Leader: “Okay, now that you have had some time to think about the three people who have made the most impact on you, we’ll begin sharing with the group. I will start the discussion. I will begin with my mother. She was significant because she showed me lots of love and protected me from my alcoholic father. The second significant person in my life is….”

Group Leaders do not have to provide self-disclosure for every topic in every session, and in fact too much self-disclosure may be counterproductive, especially if the Leader becomes the focus of the group. Instead of disclosing their feelings about their own past experiences, Group Leaders can, if necessary, disclose how they feel about the group, in terms of its tone or progress, in particular sessions.

G. Leader: “I want to share how I am feeling about the group tonight. I feel that people are holding back. I am not sure why. Does anyone else feel that?”

J. Use of Eyes

Successful Group Leaders will fully employ their eyes to continually scan the group and assess members’ body languages, encouraging members to speak without, or before, calling on them, as well as deferring some members’ comments:

Group Leaders should also encourage group members to look at one another, by directing her/his eyes among group members while in the process of scanning the group. A Group Leader can also make eye contact with a group member who needs to participate more, and an encouraging look can serve as an invitation to talk. Eye contact should not be reserved for only those who are talking; eye contact can actually be a strong source of encouragement to others.

- Eye contact is an important component of active listening and can help express both empathy and encouragement when someone is talking. Group Leaders must maintain primary focus on those who are speaking to determine when to maintain eye contact with one member for a longer period.
• Group Leaders can use their eyes to control talkative members who tend to speak first or most often. By withholding eye contact from certain members during prompts or questions, Group Leaders can successfully inhibit their responses and encourage others to respond.

• Ending eye contact can also be an effective means for Group Leaders to encourage group members to stop talking or come to a needed conclusion.

K. Use of Voice
Voice is an important tool in setting the tone of a meeting. A stern voice may intimidate members, and a non-assertive voice may cause members not to respect a Leader. A warm, encouraging voice often helps the scared, troubled, or withdrawn member.

• The Leader’s enthusiasm helps energize members. Discussion, education, and task groups can be ruined if Leaders do not demonstrate interest in the topic and group by actions and voice. A sincerely enthusiastic voice will affect most members positively. Group leaders can practice using different energy levels in their voices, changing your voice patterns and habits.

• A group’s pace can also be influenced by the Leader. A slow talking Leader can slow the pace—perhaps too slowly. The Leader’s voice pattern—tone, pitch, volume, and rate—can be instrumental in leading an effective group. Group Leaders may want to audio record themselves and listen to their practiced, as well as actual, sessions to improve their use of tone, pitch, volume, and rate, and thereby improve their group discussions.

L. Use of the Leader’s Energy
Good leaders need to have enthusiasm, and if at all possible, Group Leaders should take a break before a group session and ensure they are focused on the session and feel properly energized. If they are not excited, group members likely will not be either.

M. Identifying Allies
Discovering allies among the group, members a Group Leader can count on to be cooperative and helpful, is important. Group Leaders will often need members to play roles or begin discussions, and having ready allies is an invaluable tool for having groups function smoothly. In addition, allies can be called upon to help work with other group members who may need consolation or other individual attention during sessions.

N. Multicultural Understanding
A Group Leader not only needs to have an understanding of group members’ different cultures but how those cultures will affect group members’ participation.

VII. THE GROUP COUNSELING PROCESS
Any group can be parsed into a beginning stage; middle or working stage; and ending or closing stage, regardless of how many meetings a group has—one or many.
A. The Beginning Stage
The Beginning Stage involves the group’s introductions, both of participants as well as the group’s purpose and its rules and expectations. It also provides an opportunity for members to assess one another and establish a feeling of comfort with the group and the other members. A successful Group Leader will help make members comfortable and at ease.

Step 1—Introducing the group
Group Leaders should develop a means of initial interaction between themselves and group members that allows everyone to introduce themselves and become familiar with each other in a relaxed, informal manner.

Step 2—Establishing ground rules
It is preferable to have group members collaboratively develop the rules of the group, with guidance by the Group Leader. After the group discusses and agrees upon rules of conduct, with the Group Leader ensuring that important precepts are not overlooked, a list should then be made and agreed upon by everyone. Not all groups’ list of rules will look the same, although they should include the same basic principles and customs.

Example of a set of ground rules:

Confidentiality: Everything that is shared in the group stays in the group. Members’ private lives should not be discussed outside of the session.

Attendance: All members should attend sessions regularly.

Punctuality: Everyone should respect the starting time of each session.

Mutual respect: All members should respect the opinions of other members of the group, even if they are different from one’s own.

Participation: All members should make an effort to participate in-group discussions.

Listening to others: All members have the right to participate and contribute their ideas in a session. The rest of the participants should listen to the person who is talking. Only one person should speak at a time.

It is helpful to go over the rules, as well as the schedule and any other pertinent information, at the beginning of each meeting.

Step 3—Encouraging communication
Effective groups involve interaction among group members, and not just responses to the Group Leader. The Leader must work to encourage group members’ interaction and communication with one another.

Step 4—Clarifying the group’s objectives
The important culminating effort of the Beginning Stage is to arrive at the group’s objectives, which should also be a consensus of the members, arrived at by discussion as the rules are. The Group Leader’s role in this is crucial, to make sure that objectives are realistic and achievable by the group, as well as having a genuine therapeutic and educational purpose.
B. The Middle/Working Stage
In the Middle or Working Stage, group members begin their work directly related to the group’s stated mission, when the major issues are addressed and members share their experiences and feelings, guided by the Group Leader.

Planning topics
Groups may determine their schedules for discussion in advance, or at the beginning of each session, but regardless time and flexibility must be allowed for members to share their reflections, progress and achievements since the last meeting.

Group dynamics
Successful groups’ dynamics will change as familiarity and relationships within the group intensify and hopefully improve. Group Leaders will need to be aware of the changing dynamics and adjust their leadership to allow for those improved relationships, as well as always being alert to emotional events or periods of intensity that may occur, and making sure that the group responds appropriately.

C. The Closing Stage
During the Closing Stage, members express their opinions and thoughts about the group and its process, their own progress, and what they expect for themselves afterwards. For group counseling that involves multiple sessions, the Closing Stage is often a separate, final meeting. For groups with limited durations, the Closing Stage or meeting will usually be set when the group begins and its schedule is defined. Closing Stages should provide a “sense of closure” or accomplishment. Children can sometimes be affected more strongly by the ending of a group. If a group decides its mission has yet to be accomplished, its members can decide to institute another group. For longer term or ongoing groups, people will periodically leave and join, and Group Leaders will manage those transitions and make sure they’re appropriately addressed.

The Closing Stage can be the most difficult for longer term or ongoing groups, and Group Leaders should prepare members for that stage, and members can be encouraged to form their own links after the group ends.

VIII. ORGANIZING A COUNSELING GROUP: PRACTICAL CONSIDERATIONS

Group

Size
For groups formed with adolescents especially, a group size between six and 10 is usually considered ideal, because groups with larger numbers can inhibit full participation of some members. A group that is too small, conversely, can disallow the full dynamics of a group to form and be utilized.

Objectives
A group must decide and establish its objectives at the beginning, along with its organization and conduct. Group Leaders must effectively model the behaviors they wish for group members to exhibit.
Group membership (voluntary or involuntary)
Groups are generally more successful if members attend voluntarily, although there are groups whose members are required to attend.

Nature of the group (open or closed)
Groups can be open to new members, or closed, but depending on the sensitivity or nature of a group’s mission, it may be advisable to keep a group closed to new members once sessions begin.

Clarifying expectations
Prospective group members should be clearly informed about what they can and should expect from the group, and any undue expectations beyond those that are realistic should be addressed.

Logistics
Frequency of meetings
Shorter term groups usually meet more frequently, and those expected to continue indefinitely can meet less often, but by an agreed upon, regular schedule. Groups have the latitude to determine what frequencies work for them, but they should not be scheduled far enough apart that progress, lessons, and continuity are disrupted.

Length of a session
Groups meet for at least 45 minutes to as long as two hours each, if members’ time permits.

Meeting times
Participants should determine what times are best for group meetings, depending on members’ schedules.

Meeting place/venue
- Not too large or too small.
- Free from distractions/private.
- Access to restroom facilities.
- Available long-term.
- Safe.

Arranging the meeting space
Chairs should be arranged in a circle, with no special seating positions or types reserved for any member, including the Group Leader.

References

I. PRINCIPLES OF CREATIVE THERAPY FOR CHILDREN AND ADOLESCENTS

Creative Therapy for Children and Adolescents was developed by Manfred Vogt and others, working at NIK (Norddeutsches Institut für Kurzzeittherapie)1. It is based on the ideas of Steve de Shazer and Insoo Kim Berg, the founders of Solution Focused Brief Therapy, and it involves the following principles:

- Look for solutions instead of solving or correcting problems.
- The client knows his/her goal, not the counselor.
- Make use of the resources of the child and the family.
- Solution-orientated systemic asking questions.
- Reframe problems.
- Pacing and leading.
- Make use of rituals as powerful means for constructing individual and social reality.
- “All language is hypnosis.” (Erickson and Rossi 1981)

According to Steve de Shazer (1985) and Insoo Kim Berg (2000), the counselor should find out three basic things:

- What does the child want?
- What can he do?
- What’s the next step?

Basic Assumptions of Solution—focused Brief Therapy for Working with Children and Adolescents

General assumptions

- Problems are challenges that each person tries to deal with and solve in his or her specific personal way.
- Everybody has resources to handle his life. He is the expert for his life.
- Human beings cannot “not cooperate”. Each reaction is a form of cooperation.

1 http://www.nik.de/
• Nothing is always the same. Exceptions point to solutions.

• Human beings influence each other. They cooperate more easily in an environment that supports their skills and abilities.

• It is helpful to listen carefully and exactly to the client and take their words serious.

• To stop something is the hardest way of changing things. To start something new is much easier and more fun.

Assumptions about children
• Children want their parents to be proud of them
• Children want to please their parents and other adults
• Children want to be accepted by the group in which they live and to belong to it.
• Children want to learn new things, they want to be active.
• Children want to surprise and get surprised
• Children want to strive for achievement and to be successful
• Children have their own opinion and can tell it, if they are asked
• Children are able to make a choice, if they are given the opportunity

Assumptions about parents
• Parents want to be proud of their children
• Parents want to have a positive influence on their children
• Parents want their children to get a good education and good chances for success
• Parents want their children to attain at least the same level of good living as they have
• Parents want to have a good relationship with their children
• Parents need hope for the positive chances of development for their children

Developing Goals
• A goal must be “towards” something (not “away from”).

• A goal must be the presence of something (i.e., not the absence of chaos, but (presence of) order, not “better than…”).

• A goal must be a performance goal (not an outcome goal).

• A goal must be important for the Child.
• A goal must be important for the Child.
• The new behaviour should increase the possibilities of choice for the child.

**How to Practise Goal Setting in a Group Setting**
This practise helps the child to realise that he can reach his goals. The peers can act as helpers

• Each child tells the group, one after the other:
  • What can I do well; what do I like to do?
  • What have I reached since the last goal setting (group) talk?
• And I want to keep it up?
  • So, what are my goals for the coming time (i.e., two weeks, one month)?

**Helping a Child Develop His/Her Goal—Ask Good Questions**

*My dream of my future*
• How do you want to be in 10 years from now?
• What is your dream of your future?
• What would you like to become?
• What does it look like when you reach your goal?

*How do i reach this goal?*
• What do you think is important to reach this goal?
• What do you have to do?
• What do you need?

*My steps toward the goal*
• What do you think is the 1.step to the goal?
• What is the easiest small thing to do for you?
• When will you reach this first step?
• (If child says, in half a year): What is a goal you can reach in 1 month, (1 week)?

*Use the acronym P E S G as a help for goal setting*
After the first phase of trust building (one week to one month), follow these steps:

  P = How does the child perceive his problem, i.e.:
– What is the problem you face on the street?
– How come you are living on the street?
– What do you think is my (counselor) view of living in the street?
– What do your parents think about you living in the street?

E = How does the child explain his problem?
– How does the child think his parents would explain his problem?
– How does the child think the social worker/psychologist would explain his problem?
– How does the social worker/psychologist explain his problem?

S = What has the child done to solve his problem?
– What does the child think his parents would say to this solution?
– What does the child think the social worker/psychologist would say to this solution?
– What does the social worker/psychologist say to this solution?

G = What goal does the child have?

*How to assess achievement toward the goal—scaling*
Scaling is a very useful technique to make each other understand, how much of something there is. It helps to communicate where words are not accurate enough! When we are helping the child set his/her goal, we can use scaling for showing various aspects. For example:

• How important is this goal for you?
• How easy is it for you to reach this goal?
• How motivated are you to make the effort you need to reach this goal?
• What does help you to reach your goal? How much of it have you got?

Once the goal is set, the child can mark the way to the goal every time we speak with him about his goals.

Scaling gives the child and counselor as well as the parents and counselor a common language to speak about things that are difficult to speak about. Scaling helps us to see the progress towards the goal and gives us confidence that we are on the right track! How can we scale? What scales can we use? Details on scaling are provided in Exercise 1: Scaling in the Annex.

**II. PROCESS OF CREATIVE THERAPY**
During creative therapy it is helpful for the adolescent to record positive outcomes and goals from these therapies. This can be accomplished through the development of a Treasure Book, which becomes a book of the treasures the youth/adolescent discovers within him/herself or which others help him/her to
It is all about collecting resources that will strengthen and empower the youth and help him/her to reach goals s/he wants to reach. The Treasure Book is given to the adolescent at the beginning of the intervention and will accompany him/her throughout the intervention and in his/her further life. Only successful stories, learning processes, feedbacks, etc. will be mentioned inside. The adolescent/youth adorns the outside with whatever material he likes. The book is given to the adolescent at the end of his/her participation in the 10 week Creative Therapy course.

Creative Therapy involves some of the following activities, which the youth records in his/her Treasure book. Instructions on how to conduct these and other Creative Therapy exercises follow.

- Portrait of Me and My Hope for the Future
- House of 1,000 Possibilities
- The Beauty of My Name
- Sunny Times
- What I Like
- The Animal of Power
- Using Play Dough to Express Happiness and Sadness
- The Warm Shower
- The Way to My Goal

III. INSTRUCTIONS FOR CREATIVE THERAPY EXERCISES

These Creative Therapy exercises will have been introduced during the Ethiopian Mental Health workshop. This section describes each Creative Therapy session in detail so that trained counselors and social workers can use them when they are back at their stations to conduct sessions with the clients.
SESSION A1: TREASURE BOOKS-DECORATION

Aim of Session
• Introduce each other and get to know each other a little
• Introduce creative therapies group sessions

Materials Required
Treasure books, glue sticks, colored pencils, scissors, magazines, pretty papers, stickers

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity
• Form pairs and find out five things about the other youth.
• Ask each youth to introduce the other youth in the pair to everyone else.

Main Activity
• Explain to the youth that this is their treasure book for creative therapies which they will create over the next 10 weeks.
• Mention that they will get to keep this book at the end of the 10 week program or when they go home or move to independent living
• First, ask the youth to print his/her name on the cover in some way.
• Explain that they may decorate the front cover as they like. Make is as beautiful as you can

Suggested Debriefing Questions
• Ask each youth to show the group his/her book and explain why s/he decorated it as they did.
• Affirm each youth’s work.
SESSION A2: HOUSE OF A 1,000 POSSIBILITIES

Aim of Session
- Identify what each youth can do well and understand their potential for the future using their skills and abilities.
- Work together to help each other.

Materials Required
Treasure books and colored pencils

Group Rules
- Respect and listen to each other (don’t laugh at others’ suggestions or ideas)
- Take turns
- Help each other

Main Activity
- Give out the treasure books to the youth.
- Explain that in their treasure book they are going to make a house of 1000 possibilities by thinking about 10 things each of us is able to do.
- Get the youth to choose their favorite color.
- In pairs, have the youth trace around each other’s two hands in your favorite color. Trace the hands in the person’s own treasure book.
- In each finger ask the youth to write one thing that you can do well (e.g., run, swim, read, do math, listen well, make friends, carry luggage, work hard).
- Tell the youth to place their hands on the drawing and one finger at a time, press down on the page and say ‘I can do xxxx well.’ Do this for all 10 fingers out loud or in your head.
- Ask them to place their fingers together to make a ‘house’, where new things can grow.
- Explain that in this “green house”, new skills can grow. Ask them to imagine a new skill they would like to grow and imagine it growing in this house.
- Explain that the skills each one already has will protect the new skills growing in the house.
- Ask them to write on the palm of their hand drawing the new skill you would like to grow.

Suggested Debriefing Questions
- Ask each youth to share the new skill s/he would like to grow in their house.
- If appropriate, allow the group to discuss how each youth might develop these new skills.
SESSION A3: THE THINGS THAT I LIKE

Aim of Session
• Identify youths’ preferences.
• Build their self-confidence and self-esteem.

Materials Required
• Treasure books, magazines, scissors, glue sticks, colored pencils

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity
• Each person, in turn, says ‘my name is xxx and I like yyy’ (something beginning with the first letter of their name).

Main Activity
• Hand out treasure books.
• Ask youth to make a collage from pictures and words found in the magazines about all the things that you like (e.g., food, sport, movies, music, people, places, flowers etc.).

Suggested Debriefing Questions
• Ask each youth to talk about their collage and the things they like in turn.
• Counselors could ask clarifying questions:
  • When have you done this?
  • Have you been to a favorite place?
  • Why do you like....?
SESSION A4: THE BEAUTY OF MY NAME

Aim of Session

- Identify personal characteristics that make each person’s name “beautiful.”
- Gain respect for themselves.
- Gain improved self-esteem/self-image.

Materials Required

- Treasure books, colored pencils

Group Rules

- Respect each other (don’t laugh at others’ suggestions or ideas)
- Listen to each other
- Take turns
- Help each other

Warm-up Activity

- Explain that names are unique and have meaning.
- Ask each youth if they know what their name means literally.
- Ask what we can learn to appreciate about our names

Main Activity

- Ask youth to write their name down the page in large letters.
- Find a word that begins with each letter of their name that describes your personality.
- Brainstorm together some different ideas to help each other.
- Ask youth to write the word beside the letter.
- Allow them to decorate the letters of your name.
- Or if words are too difficult for some youths, they can draw a picture next to each letter of their name.

Suggested Debriefing Questions

- Ask each youth to share his/her name and the words/pictures that describe him/her with the group.
- Counselors may need to ask some clarifying questions (e.g. why did you choose xxxxx?).
- The group affirms each youth.
SESSION A5: SUNNY TIMES

Aim of Session
• Identify youths’ skills and abilities.
• Build their self-esteem.
• Celebrate their skills and abilities.

Materials Required
• Treasure books, colored pencils

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity: Simon Says
• Counselor is ‘Simon’ and everyone has to do what “Simon Says” (e.g., hands on head, touch your toes, etc.). But, if the counselor says, ‘hands on heads’ (without ‘Simon says’ first) youths are not to do the action. Anyone who does the action is out of the game.
• Play until everyone is out of the game or the time is up (5 minutes).

Main Activity
• Ask the youth to draw a picture of a sun with at least 6 rays.
• In the middle of the sun write: “I am a person who…..”
• At the end of each ray write (or draw) things you can do such as:
  • Learns quickly
  • Makes friends
  • Loves my family
  • Works hard
  • Enjoys eating
  • Speaks different languages
  • Shares with my friends
  • Learns new skills

Suggested Debriefing Questions
• Ask each youth in turn, to show everyone his/her sun, and say “I shine because I am a person who…” (and read out the six or more things you can do well)
SESSION A6: ANIMAL OF POWER

Aim of Session
- Identify an animal that has characteristics that will help each youth.
- Build their self-esteem.

Materials Required
- Treasure books, colored pencils

Group Rules
- Respect each other (don’t laugh at others’ suggestions or ideas)
- Listen to each other
- Take turns
- Help each other

Main Activity
- Ask the youth to talk about animals and the characteristics they have (get the youths to suggest animals and their characteristics):
  - Lion is brave, strong, king of the jungle
  - Elephant is slow, strong, determined
  - Tiger is fast, strong, clever
  - Mouse is quiet, curious, fast
  - Dog is friendly, honest, faithful
  - Cat is useful, fast, careful
  - Monkey is naughty, cheeky, quick
- Ask each youth to draw an animal that they would like to be (an animal with the characteristics they would like to have that will help them to be stronger).

Suggested Debriefing Questions
Share the pictures with the group in turn and ask:
- Why did you choose this animal?
- What characteristic of this animal would help you be a stronger person?
- How could you develop this characteristic?
SESSION A7: USING PLAY DOUGH TO EXPRESS HAPPINESS AND SADNESS

Aim of Session
• Develop creativity.
• Express emotions in creative ways.

Materials Required
• Play dough

Group Rules
• Respect each other (don’t laugh at others’ suggestions, ideas or creations)
• Listen to each other
• Take turns
• Help each other

Main Activity
• Explain that we are going to play with some dough to make things.
• Please don’t mix the colors.
• Give each youth a piece of play dough and let them play with it for five minutes.
• Ask youths to make something that makes them happy. They can use different colors but don’t mix them too much.
• With more dough, ask them to make something that makes them sad.
• Ask them to combine the things that make them happy with the thing that makes them sad in some way.

Suggested Debriefing Questions
• Each youth shares their ‘pictures’ with the group.
• Ask ‘How did you feel playing with the dough?’
SESSION A8: MY DREAMS FOR THE FUTURE—WHAT IS MY DREAM?

Aim of Session
- Think and dream about the future.
- Help youth have a dream and a hope.

Materials Required
- An A3 page for each youth, paints, paint brushes, water, soft

Group Rules
- Respect each other (don’t laugh at others’ suggestions, ideas or paintings)
- Listen to each other
- Take turns
- Help each other

Main Activity
- Ask each youth to paint a picture that shows his/her dreams for the future.
- Ask them to write their names on the back of their painting.

Suggested Debriefing Questions
- Ask each youth to show the group his/her painting.
- Ask the following debriefing questions:
  - What are your dreams for the future?
  - Why did you choose the colors you did to paint your dreams?
- Thank each one for sharing their dreams.
- Encourage the youth to remember their dreams and keep working toward them.
- Tell them we will put their painting in their treasure books when they are dry.
SESSION A9: THE WAY TO MY DREAMS—HOW WILL I GET THERE?

Aim of Session
• Identify goals/steps the youth can take to reach their dreams
• Reflect on the challenges in achieving dreams
• Reflect on the personal resources they have to achieve their dreams
• Learn that achieving dreams is a process that takes time and may need help from others

Materials Required
• Treasure books, colored pencils, lego blocks and wooden blocks

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity
• As a group ask the youth to make a giant car out of lego blocks or a building out of wooden blocks.
• Reflect together about the process: How did you achieve the goal? Did you work alone or together?, Was it easy to achieve the goal?
• Explain that to achieve our goals we need:
  • A plan
  • To work together
  • Steps along the way
  • To work and take time, it doesn’t happen immediately

Main Activity
• Ask the youth to draw a picture in their treasure book of the way to his/her dreams, a symbol of the process of achieving your dream (e.g., mountain, ladder, road, tree etc.)
• Inquire how they will get to their dream?
Suggested Debriefing Questions

- Ask each youth to share his/her picture of how they will achieve their dream.

- Ask the following clarifying questions:
  - How do you plan to achieve your dream?
  - What goals can you make to achieve these dreams? What steps can you take now to reach your dreams?
  - What resources do you need?
  - Will you need some help to achieve your dreams?
  - Who or what could help you achieve your dreams?
SESSION A10-A: REPORTER GAME

Aim of Session
• Seek feedback from a friend or trusted adult about youth’s skills and abilities.
• Build youths’ self-esteem.
• Help youth’s see their own strengths and potential through the eyes of others.

Materials Required
• Treasure book, pencils/pens, questions for the youths to ask

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Introducing the Activity
• Explain that it is important in this activity to choose a friend or a trusted adult to talk to.
• Explain that the group will talk about the responses to the questions together at the end.
• Go through the reporter-game questions (A9-b) and check that everyone understands each question.

Main Activity
• Send youths out to be a reporter by asking a friend or trusted adult the attached questions.
• Allow 20 minutes for them to ask the reporter-game questions (A9-b) and write answers on the sheet.
• When they have all returned ask them to share the responses to the questions.

Suggested Debriefing Questions
• Do you agree with this answer? Is it true? To what extent is it true?
• Does your friend/trusted adult know you as well as you thought?
• How could you work on this in the next few weeks?
• How does it feel to receive positive feedback and encouragement?

Comments
• If a youth receives negative feedback make sure you follow this up with the counselor who is doing individual counseling with the youth.
SESSION A10-B: REPORTER-GAME QUESTIONS
Ask the following questions to a friend or a trusted adult.

1. What do you appreciate about me?
2. What do you think I can do especially well?
3. Which experiences with me do you like to remember the most?
4. What do you like to do together with me?
5. What did you notice that I have learned in the last months?
6. What do you wish for me?
7. Which ability or skill would it be good for me to learn?
SESSION A11: WARM SHOWER

Aim of Session
- Youths to affirm each other
- Youths to receive positive affirmation and encouragement
- Build youths’ self-esteem

Materials Required
- Treasure books, colored pencils, ball of string, enough slips of paper to give each youth 10 a piece

Group Rules
- Respect each other (don’t laugh at others’ suggestions or ideas)
- Listen to each other
- Take turns
- Help each other

Warm-up Activity: Web of connections
- Counselor holds onto a ball of string and then throws it to one of the youths.
- The youth holds the string and throws the ball to another youth.
- The group continues until every youth has the string in their hand and is connected to other youths.
- Discuss how we are all connected to other people and this makes a strong web that helps us.
- Ask two to three youth to drop the string.
- Ask: What has happened? (the web has gotten weaker).
- Point out that if we break connections with people in our lives then the web gets weaker.

Main Activity
- Give each youth 10 slips of paper.
- Ask the youth to sit in a circle.
- Ask one youth to stand/sit in the middle.
- Ask each youth in the circle to think of one positive thing they admire or like about the youth in the middle and write it on one slip of paper.
- Then, go around the circle in turn, telling the youth in the middle one piece of positive feedback or compliment about them and give them the slips of paper.
**Only positive feedback is allowed!**

- When everyone is finished showering the youth with warm compliments allow him/her to respond (e.g., thanking the others).

- Encourage the youths to put the slips of paper in their treasure books to be an encouragement to them in the future.

- Repeat the process for each youth in the group.

**Suggested Debriefing Questions**

- After everyone has been showered, counselor asks some questions such as:

- Was it hard to think of positive things about each other?

- How did it feel to hear all those positive things about yourself?

- How could these positive things encourage you when you are struggling?

**References**


I. WHAT IS MUSIC THERAPY?
Music Therapy is the “clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship” (AMTA 2014). **Music plays an important role in our everyday lives. It can be exciting or calming, joyful or sad, can stir memories and powerfully resonate with our feelings, helping us to express them and to communicate with others.**

Music therapy uses these qualities and the musical components of rhythm, melody and tonality to provide a means of relating within a therapeutic relationship. In music therapy, people work with a wide range of accessible instruments and their voices to create a musical language which reflects their emotional and physical condition; this enables them to build connections with their inner selves and with others around them (Taken from www.bamt.org).

Music therapy interventions can be designed to:

- Promote wellness
- Manage stress
- Alleviate pain
- Express feelings
- Enhance memory
- Improve communication

Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings. A substantial body of literature exists to support the effectiveness of music therapy (Taken from www.musictherapy.org).

What makes music therapy different from every other form of therapy is its reliance on music. Thus, every session involves the participant in a musical experience of some kind. The main ones are improvising, recreating, composing, and listening to music.

- In those sessions which involve **improvising**, the participant makes up his or her own music impromptu, singing or playing whatever arises in the moment. The participant may improvise freely, responding spontaneously to the sounds as they emerge, or the participant may improvise according to the specific musical directions given by the counselor. Often the participant is asked to improvise sound portraits of feelings, events, persons, or situations that are being explored in therapy. The participant may improvise with the counselor, with other participants, or alone, depending on the therapeutic...
objective.

- In those sessions which involve re-creating music, the participant sings or plays pre-composed music. This kind of music experience may include: learning how to produce vocal or instrumental sounds, imitating musical phrases, learning to sing by memorization, using musical notation, participating in sing-alongs, practicing, taking music lessons, performing a piece from memory, working out the musical interpretation of a composition, participating in a musical show or drama, and so forth.

- In those sessions which involve composing, the counselor helps the participant to write songs, lyrics, or instrumental pieces, or to create any kind of musical product, such as music videos or audiotape programs. Usually the counselor simplifies the process by engaging the participant in easier aspects of the task (e.g., generating a melody, or writing the lyrics of a song), and by taking responsibility for more technical aspects (e.g., harmonization, notation).

- In those sessions which involve listening, the participant takes in and reacts to live or recorded music. The listening experience may focus on physical, emotional, intellectual, beautiful, or spiritual aspects of the music, and the participant may respond through activities such as: relaxation or meditation, structured or free movement, perceptual tasks, free-association, story-telling, imaging, recalling previous events in life, drawing, and so forth. The music used for such experiences may be live or recorded improvisations, performances or compositions by the participant or counselor, or commercial recordings of music literature in various styles (e.g., classical, popular, rock, jazz, country, spiritual, new age).

- In addition to these musical types of experiences, music counselors often engage participants in verbal discussions. Participants may be encouraged to talk about the music, their reactions to it, or any thoughts, images, or feelings that were evoked during the experience. Participants may also be encouraged to express themselves through the other arts, such as drawing, painting, dance, drama or poetry. Music therapy sessions for children often include various games or play activities which involve music (Taken from www.temple.edu/musictherapy).

II. WHAT IS DRAMA THERAPY?

Drama Therapy is an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world.

Drama Therapy provides a developmentally appropriate means of processing events with youth for whom verbal methods alone may be insufficient. It taps into their natural propensity toward action and utilizes it to engage youth in play as a means of safely exploring issues and painful feelings. Because the drama leader (counselor) is willing to meet the youth where they are at and because drama therapy accesses the imagination, it is a safer and more familiar method for young people. This is particularly true for those who have a hard time trusting or connecting with adults (Taken from www.nadta.org).

Stages of a Drama Therapy Session

A Drama Therapy session has a distinct structure, consisting of three main stages:
• A **warm-up**, during which the participants and the counselor prepare themselves physically and emotionally for the main activity.

• The **main activity**, during which the counselor will lead the participants into the world of metaphor and imagination, usually to examine a theme from the world of the participants in a creative way by means of movement or voice, dramatic activity or the enactment of a story.

• A **process of closure** will take place, usually enabling verbal or creative reflection about a significant moment that occurred during the main activity, and gradually the participants will return to the real world and daily life, as the session draws to a close and the participants leave the therapeutic space.

**Aims of the Drama Therapy Session**
Each intervention via drama therapy has its own objectives. Here are some examples:

• Improve the participant’s self-confidence and self-image.

• Enable the expression of angry and aggressive feelings in a safe and contained way.

• Create a safe space with clear boundaries.

• Improve social skills.

• Enable participants to cope with the need for transitions and changes.

• Promote the exploration and expression of emotions.

• Foster the capability to play and find new ways of creative expression.

• Develop the ability to pay attention and listen to others.

• Develop a strong sense of self.

• Investigate various means of communication and of relations with the environment.

(Taken from www.dramatherapy)

**III. INSTRUCTIONS FOR MUSIC AND DRAMA THERAPY EXERCISES**
SESSION B1: DRAMA

Aim of Session
• Act out a role that is not your own to experience a different role.
• Build self-confidence.

Materials Required
• 15 props (e.g., hats, gabi, gumboots, soft toy, basket, jebena, plate, cup, etc.)

Group Rules
• Respect each other (don’t laugh at others’ suggestions, plays, music)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity
• Group sits in a circle.
• Counselor asks everyone to close their eyes and concentrate on their breathing. Feel your chest moving in and out (place your hand on your chest and feel your diaphragm moving), concentrate on breathing in and out. Allow a minute of gentle breathing.
• Breathe in for the count of three and out for the count of three. Repeat several times.
• Now, breathe in for the count of five and out for the count of five. Repeat several times.
• Keep breathing regularly and slowly.
• Feel how calm and controlled you feel when you breathe slowly and regularly.
• Now open your eyes and we are all relaxed.

Main Activity
• Put the props in the middle of the circle.
• Each youth chooses a prop and has five minutes to plan a short drama using the prop.
• Each youth acts out their drama in turn.
• Counselor asks each youth: Why did you choose the prop? How did you feel in the role?

Cool Down Activity
• Controlled breathing as above.
SESSION B2: BODY PERCUSSION

Aim of Session
• Use our bodies to express a range of feelings.
• Reflect on how it feels to express feelings.
• Reflect on situations that make us have strong feelings.

Materials Required
• None

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity
• Follow the leader.
• Counselor leads the youths in a series of actions (e.g., clapping, jumping, dancing,) and the youths follow.

Main Activity
• Talk about the sorts of music you can make with your body
  • Stamping feet
  • Clicking fingers/tongue
  • Clapping hands
  • Wailing
  • Whistling
  • Ululation
• Talk about how to express emotion with variations in volume, rhythm, speed (e.g., angry music is loud, sad music is slow and soft)
• Tell them to imagine a situation that makes them feel angry, then show them how to make angry music (start gentle and build and then slow down).
• Ask how it felt to make angry music? How does it feel to express anger in this way?
• Repeat making sad music, happy music, scared music and talking.

Cool Down Activity
• Conduct game starting slowly, building and then going very slowly.
SESSION B3: ROLE PLAYS

Aim of Session
- Use drama to explore different ways of behaving.
- Learn new behavior/communication techniques.

Materials Required
- Pairs of animals (that make a recognizable noise) written on slips of paper

Group Rules
- Respect each other (don’t laugh at others’ suggestions, ideas or dramas)
- Listen to each other
- Take turns
- Help each other

Warm-up Activity: Finding your animal partner
- Have five to six pairs of animals written on slips of paper in a box.
- Ask each youth to take out a slip of paper.
- Each youth then makes the noise of the animal on their slip of paper and tries to find his/her partner (e.g., lions roar, snakes hiss, cows moo, etc.).

Main Activity
- Form groups of two to three youths.
- Ask each one to think of a situation that s/he has been in that did not end the way s/he wanted it to. Then ask him/her to act out a different ending to that situation in a short role play. The others in the group can be people in the role play.
- Repeat this for each person in the group (two to three role plays).
- Perform the role plays for the whole group.

Suggested Debriefing Questions
- At the end of each role play, ask the youth:
  - Was this a better ending to the situation?
  - How did it feel to have a different ending?
  - If this situation happened again in real life, could you use this idea?
SESSION B4: MUSIC AND FEELINGS

Aim of Session
• Explore feelings that music brings to mind.

Materials Required
• Computer/CD player, several pieces of cultural music that are different

Group Rules
• Respect each other (don’t laugh at others’ suggestions or ideas)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity: Relaxation exercise
• Counselor explains that everyone is going to do a relaxation exercise to learn how to relax
• Counselor asks everyone to close their eyes.
• Starting with feet, ask everyone to tense the muscles up tight (bending toes), hold it for three to five seconds and then relax. Feel the difference between tight muscles and relaxed muscles.
• Then move to legs, stomach, arms, hands, face (mouth, eyes) tensing the muscles in each body part, holding for three to five seconds and then relaxing.
• When all body parts are relaxed ask youths to feel how relaxed their bodies feel.
• Ask them to open their eyes.
• Explain that they can use this technique to relax when they feel stressed or worried.

Main Activity
• Listen to a music segment
• Counselor asks group members:
  • How does the music make you feel?
  • Can you think of a situation that made you feel this way?
• Repeat with five to six music segments with different emotional content, asking the questions with each piece of music.

Cool Down Activity
• Relaxation exercise as above
SESSION B5: DRAMA—HOPES FOR THE FUTURE

Aim of Session
- Explore youths' hopes for the future.
- Be optimistic about the future.
- Explore opportunities they have within themselves.

Materials Required
- Paper and pencils

Group Rules
- Respect each other (don’t laugh at others’ suggestions or ideas)
- Listen to each other
- Take turns
- Help each other

Warm-up Activity
- Form groups of two.
- Counselor asks each youth to write one question and ask another youth to answer the question. Each youth shares their question and then shares the other’s answer to the question.
- Share as a group.

Main Activity
- Form groups of two to three youths.
- Prepare a short role play about each youth’s hopes for the future. Allow 15 minutes for preparation.
- Act out the role plays for the whole group.
- After each group’s role plays ask the youths to share about their hopes for the future.
- Ask them the following questions:
  - How will they achieve this?
  - What skills do they have to enable them to achieve their hopes?
  - Who could help them achieve their hopes?
SESSION B6: DANCE

Aim of Session
• Identify feelings and associate them with an animal in response to music.
• Express these feelings through movement.

Materials Required
• CD player, music segments that evoke different animals

Group Rules
• Respect each other (don’t laugh at others’ suggestions, ideas, feelings or dance)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity
• Talk about the characteristics of different animals:
  • Lion is brave, strong, king of the jungle
  • Elephant is slow, strong, determined
  • Tiger is fast, strong, clever
  • Mouse is quiet, curious, fast
  • Dog is friendly, honest, faithful
  • Cat is useful, fast, careful
  • Monkey is naughty, cheeky, quick
• Talk about the way that music can make us think of different animals.
• Play a couple of music segments and ask youths what animal it reminds them of.

Main Activity
• Explain that youths will listen to different music segments and when the music is playing, they should think of an animal that the music reminds them of and then move like that animal to the music. When the music stops they have to freeze.
• Then ask them to talk about the music, the different animals and why the music reminded us of the animals.
• Repeat several times with different music segments.
Suggested Debriefing Questions

- In what ways did you feel like the animals you chose? (e.g., Did you feel strong like a lion or scared like a deer or dik dik?)

- What makes you feel that way in life?

- How could you cope with this feeling better in your life? Or How could you build this feeling?
SESSION B7: MUSIC WITH SCARVES

Aim of Session
• Learn visualization skills to help calm down and relax.
• Use music to arouse emotions.
• Express emotions using body movement with scarves.
• Encourage creativity and freedom.

Materials Required
• CD player, music, a scarf for every group participant

Group Rules
• Respect each other (don’t laugh at others’ suggestions, ideas, dance)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity: Visualization
• Counselor in a gentle calm voice asks everyone to close their eyes and imagine an orange.
• Feel the weight of the orange in your hand, feel the smoothness of the skin on your fingers.
• Imagine beginning to peel the orange, smell the citrus juices released by the skin.
• Imagine opening the orange and breaking off a segment, feel the juice running down your fingers.
• Imagine eating a segment, taste the juice in your mouth, feel the pulp on your tongue, enjoy the taste as you swallow the segment.
• Finish ‘eating’ the orange and then open your eyes.

Main Activity
• Inform the youth that they are going to use music to explore different feelings and then express them with these scarves.
• Give everyone a scarf.
• Ask youths to listen to the music for a short while and then start to respond to the music using the scarf to express how you are feeling.
• Repeat five to six times with different music segments with a variety of emotive music.
• Finish with piece of music that is calm and relaxing.
**Cool Down Activity**

- Collect scarves and ask youths to close their eyes.
- Ask them to think of a beautiful place they can remember.
- Tell them to go to the place in their imagination. Ask them to imagine taking one last look around at the place. Ask them to notice the sounds, the smell, the feel and how you feel.
- Tell them to come back to where you live now (Addis Ababa).
- Ask them to open their eyes.

**Suggested Debriefing Questions**

- How did you feel in your beautiful place?
- What feelings did you have as you listened to the music? What was the strongest feeling?
- When you went back to your beautiful place, how did you feel?
- Could you imagine going to your beautiful place when you are feeling lonely or upset as a way to become more calm and peaceful?
SESSION B8: USING PLAY DOUGH TO MAKE A BEAUTIFUL PLACE

Aim of Session
• Learn visualization skills to help calm down.
• Use play dough to respond to a beautiful place.
• Learn coping strategies for times when youth feel out of control, lonely, and/or sad.

Materials Required
• Play dough

Group Rules
• Respect each other (don’t laugh at others’ suggestions, ideas, creations)
• Listen to each other
• Take turns
• Help each other

Warm-up Activity: Visualization
• Counselor in a gentle calm voice asks everyone to close their eyes and imagine going to a favorite place (a mountain, a field, a river, a park, a garden, a house, a building). Imagine travelling there and arriving. You look around, is it as you remember it?
• Counselor asks the youth to imagine what it looks like, the features, the colors, the textures.
• Counselor asks them to imagine what it smells like, the grass, the flowers, the animal smells, incense....
• Counselor asks them to imagine what they can hear, the river running over rocks, animals lowing, birds singing, the wind in the trees, maybe children playing in the distance, happy sounds of laughing, singing....
• Counselor asks them to imagine what it feels like, the grass under the feet, the warm sun on the arms, light or heavy rain on the body....
• Counselor tells the youth to just sit and enjoy this beautiful place, be thankful for the peaceful feeling they have being here.
• Counselor now asks them to open their eyes so they can be creative in this beautiful place.

Main Activity
• Explain that they are going to make some things with play dough that remind them of this beautiful place.
• Give out play dough to each youth.

• Ask them to make something that reminds them of their beautiful place.

• Allow them time to make their creations.

• Ask each member of the group in turn:
  • What have you made?
  • How does it remind you of your beautiful place?
  • How do you feel when you think of your beautiful place and look at this picture you’ve made?
  • What does the rest of the group think?

• When everyone has shared, ask them to close their eyes.

Cool Down Activity
• Counselor asks the youth to:
  • Remember the beautiful place.
  • Imagine it is time to go and take one last look around at the place. Notice the sounds, the smell, the feel and how they feel.
  • Come back to where they are (Addis Ababa).
  • Open their eyes.
  • Put away the play dough, trying to keep the colors separate.
SESSION B9: FACING THE FUTURE

Aim of Session
- Practice visualization skills to help calm down
- Make music/dance to express feelings about the future
- Learn coping strategies for times when youth feel out of control, lonely, sad

Materials Required
- CD player, music, scarves, musical instruments

Group Rules
- Respect each other (don’t laugh at others’ suggestions, ideas, dance, music-making)
- Listen to each other
- Take turns
- Help each other

Warm-up Activity: Visualization
- Counselor in a gentle calm voice asks everyone to close their eyes and imagine going to a favourite place (a mountain, a field, a river, a park, a garden, a house, a building). Imagine getting there and arriving. You look around, is it as you remember it?
- Counselor instructs them as follows:
  - Imagine what it looks like, the features, the colors, the textures.
  - Imagine what it smells like, the grass, the flowers, the animal smells, incense....
  - Imagine what you can hear, the river running over rocks, animals lowing, birds singing, the wind in the trees, maybe children playing in the distance, happy sounds of laughing, singing....
  - Imagine what it feels like, grass under your feet, sun on your arms, light/heavy rain on your body....
  - Just sit and enjoy this beautiful place, be thankful for the peaceful feeling you have being here.
  - Now make a simple body movement (e.g., thumb up, hands folded) as you sit in this beautiful place.
  - Keep that body movement and whenever you do it, you will go to this beautiful place.
  - Now open your eyes and so we can be creative in this beautiful place.

Main Activity
- Counselor says the following to the youth:
  - Explain they are going to make music and dance to expresses their feelings about the future.
• Ask the youth to think about their dreams for the future and how that makes them feel.
• We can choose how we do this: using scarves, musical instruments, or just our bodies.
• Ask them to listen to the music and imagine their future and think how they feel.
• Ask them to choose how they want to respond to the music and collect what they need.
• Play the music again and allow youths to respond.
• Counselor asks each member of the group in turn:
  • How did you respond?
  • How did you feel listening to the music?
  • How do you feel when you think about your future?
• When everyone has shared, ask the group to create a response to the music together. They can make a dance or music but they must work together, include everyone’s ideas, and everyone needs to take part.
• Allow time to work out what they are going to do.
• Play the music again as the youth perform their response together and ask:
  • How did it feel working together to create a response to the music?
  • Could you have worked together like this before joining this group?
  • How do you feel about facing the future?
• Counselor affirms the group response and the progress they have made through the Music and Drama therapy. Thank the youths for their participation and enthusiasm.

**Cool Down Activity**
• Counselor gives the following instructions to the group:
  • Ask everyone to close their eyes and remember your beautiful place.
  • Now it is time to go. Imagine taking one last look around at the place. Notice the sounds, the smell, the feel, and how you feel.
  • Now come back to where we are (Addis Ababa).
  • Open your eyes.
  • Ask them to pack up the equipment.

**Reference**
ANNEX 3
EXERCISES AND ROLE PLAYS
### Activity Table I  Irrational Assumptions and Rational Counteracts

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<thead>
<tr>
<th>Irrational assumption</th>
<th>Rational alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I must be loved or approved by everyone for everything I do.</td>
<td>It is best to concentrate on my own self-respect, on winning approval for practical purposes, and on loving rather than being loved.</td>
</tr>
<tr>
<td>2. I must be thoroughly competent, adequate, and achieving in order to be worthwhile.</td>
<td>I'm an imperfect creature who has limitations and weaknesses like anyone else—and that's okay.</td>
</tr>
<tr>
<td>3. It is horrible when things are not the way I would like them to be.</td>
<td>I can try to change or control the things that disturb me—or temporarily accept conditions I can't change.</td>
</tr>
<tr>
<td>4. There is not much I can do about my sorrows and disturbances, because unhappiness comes from what happens to you.</td>
<td>I feel how I think. Unhappiness comes mostly from how I look at things.</td>
</tr>
<tr>
<td>5. If something is dangerous or fearsome, I am right to be terribly upset about it and to dwell on the possibility of its occurring.</td>
<td>I can frankly face what I fear and either surrender to it or accept the inevitable.</td>
</tr>
<tr>
<td>6. It is easier to avoid facing difficulties and responsibilities than to face them.</td>
<td>The “easy way out” is invariably the much harder alternative in the long run.</td>
</tr>
<tr>
<td>7. I am dependent on others and need someone stronger than I am to rely on.</td>
<td>It is better to take the risk of relying on myself and thinking and acting independently.</td>
</tr>
<tr>
<td>8. There's always a precise and perfect solution to human problems, and it's catastrophic not to find it.</td>
<td>The world is full of probability and chance, and I can enjoy life even though there is not always an ideal solution to a problem.</td>
</tr>
<tr>
<td>9. The world—especially other people—should be fair, and justice (or mercy) must triumph.</td>
<td>I can work toward seeking fair behavior, realizing that there are few absolutes in life.</td>
</tr>
<tr>
<td>10. I must not question the beliefs held by society or respected authorities.</td>
<td>It is better to evaluate beliefs myself - on their own merits, not on who happens to hold them.</td>
</tr>
</tbody>
</table>

Source: George and Christani 1991

### Reference

SESSION 5—ROLE PLAYS 1 TO 9

Role play #1 Script (Nonverbal skills)

Counselor: “Are you aware that you chew your nails every time you come in to talk to me?”
Client: “I suppose I am anxious about discussing my family because I feel angry with them, and I should love them.”

(Cut)

Role Play #2 Script (Nonverbal skills)

Counselor: “How are you feeling today?”
Client: “Oh, fine, everything’s just fine.”
Counselor: “You didn’t look as though you felt good as you walked into the office. You were holding your head down staring at the floor and now you seem to be avoiding my eye contact.”
Client: “Well, I guess it is difficult for me to talk about how depressed I feel.”

(Cut)

Role Play #3 Script (Verbal skills/Directives/reassurances)

Client: “I can’t face him.”
Counselor: “You haven’t tried; it may not be as hard as you think.”
Counselor: “I’m not so sure; I rather suspect you can.”
Counselor: “Can’t you? That’s one man’s opinion and this man thinks otherwise.”
Counselor: “Of course you can, I really can’t be there but I’ll be there in spirit.”
Counselor: “It’s hard, I know; but you can and you must.”
Role Play #4 Script (Verbal skills/Directives/providing information)

Client: “So what do you make of these interest test results. What do you think are my best interests?”

Counselor: “It looks like your strongest interests, are in wildlife management, although there is also a second group of interests that seem to involve sales.”

Client: “The time went by so fast. Now that I’ve talked to you, I’m really glad I came. How often do we meet?”

Counselor: “We meet weekly, for up to 12 sessions, which is the session limit at the center.”

(Cut)

Role Play #5 Script (Verbal skills/Directives/direct guidance)

Counselor: “Relax right now and take a deep breath.”

Counselor: “I would like you to tell me whatever crosses your mind when you think about your mother. Try not to edit and do not worry about how irrational or silly you may feel it sounds.”

Counselor: “I really think it would be a good idea to talk this over with Seifu.”

Counselor: “I think you should talk with your math teacher about why you had problems with the exam last week.”

Counselor: “As homework, I would like you to keep a record of how many times you feel anxious during each day, and of what was occurring at those moments.”

(Cut)

Role Play #6 Script (Verbal/Paraphrasing/restating content)

Client: “I am so sick of talking to Mom I can hardly say any words to her.”

Counselor: “You’ve just about reached your limits as far as talking to mom is concerned.”

Client: “I do not know what to do with my life. Sometimes I think I should marry my girlfriend and settle my life, and then sometimes I think I should pursue my study.”

Counselor: “You’re in a dilemma with a big decision about what to do with your life, and you’re not sure which of the two directions is better.”

Client: “I told my friend to go to hell.”

Counselor: “You were really angry with your friend.”
Role Play #7 Script (Verbal/Paraphrasing/reflecting feelings)

Client: “I was happy to hear I’ve been selected as best artist of the year.”

Counselor: “What a thrill for you. You must be very excited and proud to know that you were selected for such an honor.”

Client: “My science teacher always stares fiercely at me. I do not know what he will do against me.”

Counselor: “It must be scary for you to attend class with such uncertainty.”

(Cut)

Role Play #8 Script (Verbal/Paraphrasing/Summarizing Content)

Counselor: “It looks like the basic issue you’ve been struggling with today is your fear of relationships and how you avoid involvements that are good for you.”

Counselor: “In sum, you’ve spent several weeks sorting through what you want and have come to realize that returning to your village isn’t it. You are now focusing on starting a business and feeling really good about that.”

(Cut)

Role Play #9 Script (Verbal/Interpretation)

Client: “I don’t know—I just seem to avoid men who are good for me, and get connected up with these bad men who abuse me. And I turn into such a nag. Nag, nag, nag - I nag so much that I’ll turn them into bad men even if they aren’t bad to begin with. I just do not know why I do these things.”

Counselor: “It seems like you inconsistently get into, and create, situations that are just like your mother and father’s relationship when you were a child.”

Client: “He just never does anything around the house, and he goes out drinking with the guys all the time. I get stuck taking care of the kids and doing everything around the house.”

Counselor: “He seems to be saving you from any decision about what you are going to do with your life and your career.”
SESSION 6—ROLE PLAYS 1 TO 7

Role Play #1 Script (Identifying Plans for Achieving Objectives)

Client: “I guess I need to be a good partner to my wife.”
Counselor: “What is one way you can be good to your wife?”
Client: “I want to live up to her expectations.”
Counselor: “You want to ‘live up to her expectations’ by doing?”
Client: “By respecting her ideas in decisions regarding education of our children.”

(Role Play #1 Script ends)

Role Play #2 Script (Identifying Plans for Achieving Objectives)

Client: “My auntie and I are going to talk about my education tomorrow. I hope I don’t lose it!”
Counselor: “You don’t want to ‘lose it.’ What do you want to do instead of ‘lose it’?”
Client: “I want to stay calm.”
Counselor: “So, you want to feel calm. What is one thing you can say to yourself to be calm?”
Client: “Well, we’ve been talking about being better listeners with each other. I need to remind myself to be quite and listen to her viewpoint.”
Counselor: “And if you are thinking about being a better listener and feeling calm, what will you be doing as the discussion progresses?”
Client: “I guess that I will be able to keep my voice down and stay seated at the table until we finish the discussion.”
Role Play #3 Script (Identifying Plans for Achieving Objectives)

Client: “If my boyfriend/girlfriend and I can be friends again, my life will be heaven.”
Counselor: “Do you want to let him/her know how you’re feeling?”
Client: “Yes.”
Counselor: “When will you have the next opportunity to talk with him/her?”
Client: “I guess I will call him/her when I get my fears go off.”
Counselor: “Would it be helpful to talk about what you want to say when you call him/her?”
Client: “Yes I guess I’m not sure what to say to him/her.”

(Cut)

Role Play #4 Script (Identifying Plans for Achieving Objectives)

Client: “I guess I need to be a good partner to my friend.”
Counselor: “What is one way you can be good to your friend?”
CL: “I want to live up to his/her expectations.”
Counselor: “You want to ‘live up to his/her expectations’ by doing?”
Client: “By respecting his/her ideas regarding how live a good life in the city.”

(Cut)

Role Play #5 Script (Identifying Plans for Achieving Objectives)

Client: “My auntie and I are going to talk about my education tomorrow. I hope I don’t lose it!”
Counselor: “You don’t want to ‘lose it.’ What do you want to do instead of ‘lose it’?”
Client: “I want to stay calm.”
Counselor: “So, you want to feel calm. What is one thing you can say to yourself to be calm?”
Client: “Well, we’ve been talking about being better listeners with each other. I need to remind myself to be quite and listen to her viewpoint.”
Counselor: “And if you are thinking about being a better listener and feeling calm, what will you be doing as the discussion progresses?”
Client: “I guess that I will be able to keep my voice down and stay seated at the table until we finish the discussion.”
Role Play # 6 Script (Identifying Plans for Achieving Objectives)

Client: "If my boyfriend/girlfriend and I can be friends again, my life will be heaven."
Counselor: "Do you want to let him/her know how you are feeling?"
Client: "Yes."
Counselor: "When will you have the next opportunity to talk with him/her?"
Client: "I guess I will call him/her when I let my fears go off."
Counselor: "Would it be helpful to talk about what you want to say when you call him/her?"
Client: "Yes I guess I'm not sure what to say to him/her."

(Cut)

Role Play # 7 Script (Identifying Plans for Achieving Objectives)

Client: "Yes, I feel better now that I’m clear that a more organized study routine will help me to feel less scattered."
Counselor: "What would you be doing in a ‘more organized’ study routine?"
Client: "Oh, you know, sitting down at a regular time and hitting the books."
Counselor: "How would you determine that regular time?"
Client: "I guess that it would depend on my group schedule."
Counselor: "So you would have to look at your group schedule before you could set up a regular study time?"
Client: "That's right, and I guess I need to know about my work schedule and when my friend and I are going to play with each other."
SESSION 7—EXERCISE AND ROLE PLAYS 1 TO 5

EXERCISE 1: HELPING A GROUP SET GROUND RULES FOR GROUP COUNSELING

Example of Ground Rules

Confidentiality: Everything that is shared in the group stays in the group. Members’ private lives should not be discussed outside of the session.

Attendance: All members should attend sessions regularly.

Punctuality: Everyone should respect the starting time of each session.

Mutual respect: All members should respect the opinions of other members of the group, even if they are different from one’s own.

Participation: All members should make an effort to participate in-group discussions.

Listening to others: All members have the right to participate and contribute their ideas in a session. The rest of the participants should listen to the person who is talking. Only one person should speak at a time.

(Cut)

Role Play #1 Script (Reflection)

Almaz: “I’m unsure of participating in this group. I’m uneasy with this process, but I want to make changes in my life.”

G. LEADER: “Almaz, participating in this group seems to make you feel both excited and scared right now.”

(Cut)

Role Play #2 Script (Clarification and questioning)

Gadissa: “I don’t think we should agree to work for him. I think he is hiding something.”

G. LEADER: “Gadissa, can you please say some more about what you mean?”
Role Play # 3 Script (Clarification and questioning)

Chaltu: “There are times when I think I’m going crazy, and yet I know I’m just off balance because of my little/brother sister”. My mom says, “What about your brother/sister?” My 8-year-old brother/sister cries all the time wanting me to go back. It’s my life, though! I have got to get out. I don’t know how my mother will make it.”

G. LEADER: “Chaltu, you’ve just said a lot. I’d like to try to clarify how you might be feeling at this point—do tell me if I am wrong. There is a part of you that says leaving home was right, and then there is a part of you that says, “Maybe I’m being selfish.” Perhaps the rest of you may want to ask yourself if you have some conflicting views about some current issue of yours.”

(Cut)

Role Play # 4 Script (Clarification and questioning)

Tigist: “I would like a friend, but my mom says they would be a bad influence on me. But, I am mature enough to know that there are bad and good people and how to choose the right one. It would help me better about completing my chores. My mom is mean to me.”

G. LEADER: “Does anyone believe they know how Tigist is feeling about her mom and about having a friend?”

Elsa: “I believe I do. Tigist feels lonely at times and that having a friend would solve that problem. A friend would be someone she can talk to and play with, which would help her feel happier. She would be in a better mood to do her chores. Although she feels that her mom is mean, I don’t think she is. She just wants what is best for Tigist and doesn’t want her to get hurt. Her mom is probably like mine.”

G. LEADER: “That seems correct, Elsa. Tigist, how did it sound to you?”

(Cut)

Role Play # 5 Script (Summarizing)

G. LEADER: “Up to this point, we have talked in broad terms about the life changes all of you would wish to make. Mekdes and Alemitu both talked about changing jobs. Tigist, you want to improve your relationship with your mom. Someone talked about going back to school. I believe that was Kelemua. Some other members expressed wanting to be happier. I would like all of you to take a few moments and think about the change you want to make. (Pause) Then, I want you to think about what you may have to sacrifice to make that change?”
SESSION 8—EXERCISES

EXERCISE 1: SCALING

1. Tell participants to imagine a line from the door to window and:
   - The door represents great knowledge about Creative and Music and Drama therapies and your comfort using them.
   - The window (or the farthest point of reference point from the door) represents little knowledge about Creative and Music and Drama therapies and your comfort using them.

2. Ask participants to stand at the point on the line that reflects their knowledge about Creative and Music and Drama therapies and their comfort using them right now. (Note: expect many participants to be closest to the window (or furthest reference point from the door.)

3. Explain that this assessment of one’s knowledge or goal is called Scaling.
EXERCISE 2: TRANSFORMATION GAME

**Equipment:** A large piece of cloth, a toilet bowl cleaner, a piece of an old tire, and other items that might provoke creative use of the item

**Focus Area:** Creative thinking and coping

**Quick Description:** Participants are given an item such as a large piece of cloth and prompted to transform the object into an everyday object.

**Complete Description:**

1. Begin discussion on the relationship of creative thinking, problem-solving and coping (e.g., creative thinkers may find healthier means to cope with their problems rather than being overwhelmed by a problem).
2. After discussion, bring out one item and show it to the group. Announce the game of Transformation.
3. Ask participants to “take this object and transform it into an everyday object...be creative and think of different ways you might transform this object.”
4. Give the group an example if needed. For example, you might transform the toilet bowl brush into a fly swatter, a microscope, or a golf club.
5. Instruct the group that the person transforming the object must SHOW us the transformation (by acting it out) and not tell us. The rest of the group then must guess what the transformed object is. Be sure to tell the group to wait till the person is completely done before shouting out their guesses.
6. Continue around the circle giving each person several chances at transforming the object. After two or three passes, encourage the group to add more movement and action to their transformation. For example, instead of just showing a flyswatter, run around the room trying to chase an imaginary fly with the flyswatter. Allow about 15 to 20 minutes for this exercise.
7. Process the exercise by asking participants how did they relate the creative thinking they did in the exercise to creative thinking one might have to do with difficult problems?
SESSION 9—ADDITIONAL EXERCISES

ACTIVITY: FOLLOW ME (FOR MUSIC THERAPY )

Size of group: 2–10

Equipment: Small percussion musical instruments, drum sticks, maracas, tambourines, etc.

Objective:

• Increase attention
• Increase mental flexibility
• Increase short-term memory
• Increase participation in group activities

Description:

1. Ask everyone to choose an instrument.
2. Choose someone to lead the activity that is comfortable with using percussion instruments.
3. Ask the leader to play a simple rhythm (start with 2-3 beats), then have the group play it back together.
4. You can increase the complexity of rhythms and number of beats as the activity progresses.

Some adaptations:

• Ask for other participants who might like to lead the activity.

• Make this a competition and give a reward to the ‘last person standing’. To do this, every time a person plays the rhythm incorrectly, they are out of the game. The leader should increase the speed and complexity of the rhythms.

• Have the leader play to one person at a time, that person plays the rhythm back, then the next, then the next, and so on.
ACTIVITY: COPY ME (FOR DRAMA THERAPY)

Size of group: 10–15

Equipment: Participants and some dancing music

Objective: Increase socialization skills, cognitive skills, good for following directions. Provides opportunity for independence during activity.

Description:
1. Have individuals stand around in a circle.
2. Ask one person to stand in the middle of the circle and do a movement.
3. Ask the rest of the group to imitate the movement.
4. When that individual feels they are ready to move on, they will point to another person in the circle to come into the middle to make another movement, for the group to imitate.
5. Go all the way around the circle until everyone has a turn.
6. You can go as many times as you like. You’d be surprised how many smiles come out!!
ACTIVITY: HAT CHARACTERS (FOR DRAMA THERAPY)

Size: 6-12

Equipment: A box or bag of different types and shapes of hats

Objective: Allow participants to create characters using their imagination and to express themselves in a different character

Description:

1. Ask the first person to close his/her eyes and pick a hat from the box.
2. Ask the participant to put on the hat and begin a story and a character for him/herself.
3. Ask another person to pick a hat and then add onto the story as a character as well.
4. Each participant does this in turn.
5. The group leader facilitates by helping the story along and providing comments when appropriate to add humor.
ANNEX 4
CASE STUDIES FOR PRACTICE SESSIONS
COUNSELING SKILLS PRACTICUM: PARTICIPANT CASE STUDY ASSESSMENT SHEET

1. Check whether the volunteer counselor used any of the counseling skills during the case study role play.

2. If the role play was too short and some of the skills were not used, put “NA” in the box.

<table>
<thead>
<tr>
<th>Counseling skills</th>
<th>Yes/no #1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body position—face-to-face/facing the person squarely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye contact</td>
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<tr>
<td>Adopting an open posture</td>
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<tr>
<td>Leaning slightly forward</td>
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<tr>
<td>Assuming a natural and relaxed position</td>
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<tr>
<td>Appropriate facial expressions</td>
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<td></td>
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<tr>
<td>Use of minimal encouraging</td>
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<td></td>
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<tr>
<td>Use of silence</td>
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<tr>
<td>Use of response mode of approval</td>
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<tr>
<td>Provides information/guidance</td>
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<tr>
<td>Asks appropriate close-ended questions</td>
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<td></td>
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<tr>
<td>Asks appropriate open-ended questions</td>
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<td></td>
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<tr>
<td>Restates content</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflects feelings</td>
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<tr>
<td>Summarizes client’s content</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Summarizes client’s feelings</td>
<td></td>
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<tr>
<td>Use of nonverbal referent (points to client’s nonverbal behavior as an indication of his/her feelings)</td>
<td></td>
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<td></td>
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<tr>
<td>Use of interpretation</td>
<td></td>
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<tr>
<td>Effective use of confrontation—challenging inconsistencies in the interview or distortions of reality/reframing</td>
<td></td>
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<tr>
<td>Appropriate use of self-disclosure response</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
CASE STUDIES FOR SESSIONS 5 AND 6

CASE SCENARIOS ABOUT BOYS

Case Scenario #1
Dereje is a 16 year-old boy. He came from the Southern part of Ethiopia Tercha Woreda (District). He used to live with his father, Bazabih. But his mother was dead. He attended school up to grade 8 before he left home. Later, Dereje’s father was incarcerated for a criminal activity he committed. After his father was imprisoned, Dereje continued his education while living with relatives in that same village. Dereje had to work hard for this family after school. However, as the work he performed for this family got harsher and harsher, it become beyond his capacity to carry on. For this reason Dereje left home, but he didn’t know where to go. Then he decided to go to Addis Ababa and look for work. When he arrived in the capital, he was confused and had nowhere to stay. The only option he had was to live on the streets around the busy bus station.

After his arrival in the capital, Dereje tried to work and feed himself, but he couldn't get a job. From day to day the situation became worse for him. He couldn't get food. The cold during the night time was intolerable. He was continually beaten by other older boys. Dereje was found at the bus station by Retrak staff and he has been registered in Retrak. Today is his first counseling session as Retrak and you are the counselor who is listening to his story trying to understand his problems.

(Cut)

Case Scenario #2
Dejenie is 16 years old and a Grade 9 student who comes from Jima town. He is the only child for his family. His mother and father love him very much, and he loves them too. He used to live with his mother and father. His father is mentally sick and a very aged man. The family lived on the street for about ten years due to homelessness. While living on the street they made a shelter with plastic and wood in the field in the town. For the past six years they have lived in this makeshift plastic house.

His mother leads the house by selling charcoal and working doing anything she can find. She is also an old woman. Economically the family is very poor, and they don’t have sufficient food. Even though the family is very poor, they love each other and care for each other. Despite this poverty, Dejenie reached Grade 9 at school. But when the problem of poverty increased, Dejenie decided to drop out of school and support his old mother by doing any work he could find. Then he left home and came to Addis Ababa to search for a job. When he came to Addis Ababa what he expected and what he saw was completely different. There was no job, no sleeping place and no food in Addis Ababa. Then he became confused and started living on the street. His life became even more miserable than previously at home. He realized that he had dropped out of school, he was separated from his loving family, he couldn’t get a job in Addis Ababa and his future looked completely dark. It was when he was feeling like this that he heard about Retrak from other street children. Then he came to an NGO that helps street children and contacted outreach workers. After some discussion the outreach workers allowed him to join the program. You are a counselor at Retrak and you are counseling him because he is confused about his decision to leave school.
Case Scenario #3
Robel is 14 years old. He was born in Dire Dawa. Before he came to be on the street he used to live with his parents and two sisters. He is the eldest child. He used to attend school and lived happily with his family. But after a while his mother left home. As a result, his father remarried again. Robel started to live with his father and step mother. But it was difficult for him because his step mother was abusive both physically and psychologically. Therefore, he decided to leave home and lived on the streets of Dire Dawa town. While he was on the street a stranger sexually abused him. Robel informed the police but the abuser was not found. The police took him to hospital because he was very injured. When he got better he was discharged from the hospital, but then he returned back to the street again.

After a while Robel decided to leave Dire Dawa and come to Addis Ababa. In Addis Ababa he survived by doing car washing, carrying luggage and getting leftover food from hotels. After staying two months on the street Robel was sexually abused by strangers for the second time. Robel went to the police again but no one helped him. Robel was very suspicious and angry and was often fighting with the other boys and often cried. You are a counselor at Retrak and you are counseling him because of his aggressive behavior.

(Cut)---------------------------------------------------------------------------------------------

Case Scenario #4
Biruk was born in Southern part of Ethiopia called Butajira. He is 16 years old. His mother died while she was giving birth. Then Biruk started to live with his step mother, father and step children. His father was severely addicted to alcohol and because of this he frequently disturbed the family. Biruk was usually abused by his father, who hit him and would not allow him to eat food. While he lived with them he suffered from hunger.

Biruk left his home and he started to live with his older grandmother; but this also was very hard for Biruk and for his grandmother. She only received support from her children who brought food and clothes. She had no income to support Biruk to provide food and school fees and even if she had money she couldn't cook because she was too old.

Because of economic hardship and peer pressure he decided to come to Addis Ababa and to work. When he came to Addis Ababa; the situation was different than he expected and life was too difficult for Biruk. He stayed on the street for one year. While he was on the street he suffered from hunger and lack of shelter. In order to survive he started to carry luggage at the bus station.

He heard about an NGO that helps street children from his friends and he went to the NGO. Before he joined the NGO’s program, his friends used to bully him and this made him discouraged. How would you counsel Biruk?
Case Scenario #5
Ayalew is a 17-year-old boy who came from SNNPR region. His biological mother died when he was two years old. His father doesn’t want to give him care. Ayalew started to live with his uncle and with his aunt. While he was living with them he was attending primary school. His uncle has a disability because both his legs are non-functional since he was born but he was the bread winner by doing weaving. His aunt also supports the family by selling the weaving products and by cooking food. Ayalew also supported the family by renting his bicycle.

Ayalew is like a beloved son in the family and he also respects his uncle like father. He was happy living in this family until he came to the street. One day his friends told him about the city; that he can get money easily and change his and his family’s life easily. Then Ayalew decided to come to Addis Ababa. He sold his bicycle for transportation and food. After he came to Addis the situation was upside down. It was very hard to get food, shelter and clothes. Because of the problem that he faced he became psychologically disturbed.

After he stayed for a week on the street an NGO outreach workers found him and discussed with him the possibility of joining Retrak. He decided to join the NGOs program for street children. When he first went to the NGO he was very confused and depressed and he was brought to your office for counseling.

Case Scenario #6
Biniam is 15-year-old boy. He came from Gondar (Amhara region). He was living with his father and elder sister. He has also an elder brother who is living independently. His mother divorced his father and remarried another man. He was attending grade 2.

His main reason for leaving his home was his father has low standard of living and he could not enjoy school because his father couldn’t fulfil his basic needs. Thus he was encouraged by his friends to go to Addis Ababa to find a job. But when he came to Addis it was not as he expected, it even became challenging to get left over food. Through these days on streets he rarely had food to eat and went to sleep hungry most nights. After being in this difficult situation for a week, one street boy informed him about an NGO that offers programs for street children, and he was able to join the drop-in centre. He has been at the NGO for one week. The NGO wants to start tracing his family but he is not keen to return to them because of the neglect he had experienced. He has been brought to your office for counseling.
**Case Scenario #7**

Abebe and Kbede are brothers who were born in the southern part of Ethiopia called Acheber. Abebe is 17 and Kebede is 14 years old. Before they came to the street, they lived with their parents. Their father was a farmer and their mother was a housewife. While they lived together, they were never sent to school because of the economic hardship. When the hardship became strong, Abebe was sent to their uncle’s house where he looked after sheep and received a small amount of money. The youngest boy Kebede remained with his parents. Suddenly the father’s behavior changed negatively. He started to hit his wife and disturb the house. The neighbors usually tried to intervene when there was a quarrel, but he couldn’t change his behavior. Instead he started to fight with the neighbors. When the problem became severe the mother left the house.

Abebe was always thinking about his family and how to improve their economic situation. He started saving the money that he got from the job. Abebe bought sheep and brought them to his family. When he arrived, he couldn’t find his mother, but only his brother and father. When their father saw the sheep, he asked Abebe to sell the sheep so that the three of them could go to Addis Ababa. Abebe agreed with his father, they sold the sheep and came to Addis Ababa. When they reached the Addis Ababa bus station, their father told them to stay at the bus station, and he left. They waited for their father but he didn’t return. The children became terrified and started to cry. They didn’t eat anything for a day because they didn’t know where to get food. The community around the bus station kept them for the night. In the morning the outreach team found Abebe while he was crying on the street. When they asked why he was crying he said that he was hungry. How would you counsel Abebe?

*(Cut)*

**Case Scenario #8**

Kemil Mohamed is 16 years old. He came from Eastern Ethiopia Arsi zone. His father is deceased. He used to live with his mother and stepfather. While he was with his family he used to go to school and had a good relationship with his family. He left home because his mother punished him for letting cattle go over a neighbor’s crops while he was responsible for them. After he left home, he went to a nearby town and lived on the street. After he lived on the street for one year he came to Addis Ababa and stayed on the streets for three months. He survived by carrying luggage and eating leftover food from hotels. Moreover, when he was on the street he suffered from hunger, cold, sickness and lacked access to a toilet and place to wash.

After he heard about Retrak from the beneficiaries, he came to the Retrak gate. The outreach team talked with him and he joined Retrak. Before he came to Retrak he didn’t realize that his reasons for leaving home were minor. It was during the discussion with the social worker that he realized the difference between street life and home life. Kemil was not interested in going back home. As a counselor how would you help Kemil?
Case Scenario #9

Musie was living in a southern part of Ethiopia. He was living with his biological parents and with his three brothers. While Musie was a child he lost both his biological parents. Because of this he started to live with his uncle and his brothers also agreed to live with their uncle's son. But his uncle didn't treat him in a good way and did not give him love. Musie was also challenged by poverty which hindered him attending school.

Musie decided to leave his uncle's home and go to Addis streets. While he was on the street he met his brother who had been living with his uncle but he too ran away to Addis Ababa and was living on the street. He survived by carrying luggage at the bus station and by eating leftover food from the hotels. Musie had been to another NGO that helps street children which reintegrated Musie with his relatives. But, Musie was not content to return to his uncle because the issues were not solved properly. So Musie came back to the street.

He heard about another NGO that helps street boys from his brother who was a beneficiary of that NGO. Then he came to the drop-in centre after the outreach team talked with him and invited him to join the NGO's program. When he first joined he seemed hopeless, helpless and lonely. After he had discussions with social workers, his attitude improved as did his behavior. He stayed in the program for one year. He decided to take business training and wanted to get back to his relatives. Musie took business training and he was prepared for reintegration. But his relatives were not keen to accept Musie. They told the social worker that they can't accept him as family member. Musie felt shame in his relative's response because he expected a warm welcome. Musie returned to the NGO and was brought to your office for counseling.
Case Scenario #10

Abebe is 15 years old boy. He came from SNNPR region. He used to attend school in primary school in grade 8. He has three brothers and one sister. He is the second child with his twin brother. After his father died his mother became the breadwinner for the family.

He was attending school with his siblings regularly before his father passed away from tuberculosis. After his father’s death the family was left alone and faced many challenges in their life. The mother had been a housewife and had no experience in working outside the home. As a result of this, he and his siblings have felt a responsibility to fight poverty together with their mother. After some time the pressures of life forced the children to attend school irregularly and to focus on their day to day business to sustain life. Their mother started to sell sweet potatoes and the children supported her at home.

One day after Abebe finished school, he met someone who told him that if he went to Addis Ababa he would get a job easily and could support his family adequately. Since Abebe desperately needed money to support his family he decided to follow the person who promised to give him a job in Addis. Abebe came with the person to Addis without informing his family. But after they arrived in Addis Ababa bus station, Abebe couldn’t find his friend. He was left alone, didn’t know where to go, whom to ask and everything became dark. Fortunately, he found one child around the bus station and asked him where to eat and sleep. The child recognized Abebe was new to the street and informed him about street life. While he was on the street, most of the time Abebe rarely had food to eat and went to sleep hungry. Abebe found the street life difficult and it was not easy for him to talk with other children about his feelings freely. After spending eight tough days on the street, Abebe heard about an NGO’s service from other children, and he came to join the program. How would you counsel Abebe?
B. CASE SCENARIOS ABOUT GIRLS

Case Scenario #1
Beletu came to Addis Ababa with her aunt to get a better job and go to school. However, after they arrived in Addis, her aunt neither found her a job nor sent her to school. Beletu instead made a living by assisting her aunt with the household chores. Without another alternative, Beletu continued serving her aunt with diligence. However, Beletu's aunt shouts at her whenever she fails to finish her chores and Beletu is afraid that her aunt will kick her out of the house. One day, Beletu got a message from her parents through a relative who came to visit her aunt. The relative told Beletu that her father was sick and could not work on the farm any more. As a result, her mother and younger sisters were in financial trouble. The relative said that it would be good if Beletu sent home some money. Beletu was worried and didn't know how to ask her aunt for wages or to help her find another job where she could earn a salary. She was also very worried about her father's health. Beletu didn't have the courage to ask her aunt for help for fear that the aunt would throw her out of the house. This situation was very stressful for Beletu. As time went by, Beletu became depressed, lost her appetite and started to get persistent headaches. Thus, she was referred to you for counseling.

Case Scenario #2
Tigist is a domestic worker in Addis Ababa where she works for and lives with a wealthy couple. One day, Tigist's female employer goes out to lunch with her friend, leaving Tigist alone in the house with the husband. When Tigist goes upstairs to clean the bathroom, the husband pushes her into the bathroom so she cannot escape and rapes her. Tigist is terrified of being attacked again, but also afraid to lose her job. She heard about you and comes to talk to you.

Case Scenario #3
Almaz is 16 and very excited because the boy she has a crush on, Fikre, just bought her a gift. Over the next few weeks, Fikre continues showing affection for Almaz. He offers to walk her home from school one day. When he comes to pick her up, however, Fikre starts making Almaz very uncomfortable, telling her that she has been selfish to accept all of Fikre's gifts without giving him something in return. Almaz is very upset and tells Fikre she has no money to buy him a present and that she did not realize she had been selfish. Fikre tells Almaz he expects her to have sex with him to thank him for all his attention. Almaz is confused about what to do and comes for help to you.
Case Scenario #4
Alem was born and raised in Addis Ababa. Her father died when she was very young, so she grew up with her mother. She was going to school, when she met this man (Zewde) and fell in love. He was a few years older than her and he worked as a daily laborer. When her family found out, they did not approve of the situation. They wanted her to first finish her education, but she was young and foolish. She told Zewde about the problem and, he told her to leave her family's house and live with him. The next day, she didn't go to school, instead she secretly packed her bags and went to Zewde's house. The first few days were nice, and then life started to get difficult. Zewde would come home drunk almost every day and he would beat her. Since she wasn't on good terms with her mother, she couldn't go home, so she stayed. Later on she became pregnant and gave birth to a baby girl. Soon after her baby's birth, Zewde started to get very sick and started to lose a lot of weight. Alem has come to you for counseling because she thinks she has got HIV from Zewde.

(Cut)

Case Scenario #5
When Hirut was 12 years old, she moved from Gondar to Addis Ababa to live with her uncle and get an education. Her uncle had promised to send her to school but when she arrived he made her work in the house, taking care of his children, cooking, and cleaning. His wife was very mean and beat her every day. Finally, after a few years she had saved some money and moved out of his house. She got a job selling vegetables. Life was not easy but it was better than living with her uncle. She even started night school. One day, she stayed a little after school and when she left, it was very late. On her way home, a strange man grabbed and raped her. She had never expected something like this would happen to her, but again she survived. A few months later, while listening to the radio, she heard about HIV for the first time. She has come to you for counseling because she is worried she might have gotten HIV when she was raped.

(Cut)

Case Scenario #6
Meseret was born in Addis Ababa’s Mercato area. She is 18 years old and she has three brothers and one sister. Meseret’s legs have been paralyzed since she was four years old due to polio. Meseret spends her time assisting her mother in household activities. She cooks and cleans the house and also embroiders. She has never been to school, but her siblings go to school. Meseret’s mother sells vegetables and Meseret’s embroidery to generate income, which means that Meseret is the one who takes care of most of the household duties. Sometimes her younger sister, Hanna, helps her after school. Meseret is not allowed to go out and play with other children in the neighborhood, but her brothers and sister are. When she was a little girl, she used to sneak out of the house to play with her sister and neighbors, but the other children used to humiliate her and discriminate against her. Because of this, Meseret does not want to go out of her house, even if her mother would allow her to. She is afraid of socializing in the community so she lives an isolated life without education. She recently joined Biruh Tesfa and is attending classes with other girls but the teacher has noticed that she does not socialize with other girls and has referred her to you for counseling.
Case Scenario #7
Tigist and Birtukan are best friends. Tigist is wise and does additional work, which generates a better income than Birtukan’s. Because she has more money, Tigist sometimes lends money to Birtukan. Soon, Birtukan worried that the debt is increasing and she is not able to pay. Her mentor has brought her to you for counseling.

(Cut)

Case Scenario #8
Demeku is 16 years old and lives with her mother and younger brother in the Merkato area of Addis Ababa. When Demeku was 11 years old, her mother got sick and stopped being able to support the family. Demeku dropped out of school in grade 4 and started to support her family by engaging in petty trade and daily labor. Demeku’s mother was often in the hospital so Demeku covered her medical costs. Demeku works hard and loves her family very much, but failed to earn income and support her family because she ran out of money to run her petty trade. Consequently, she begins to go out with men who pay her money. She felt guilty to engage in such a dangerous behavior but she at the same time had no other choice. Being tired with such stresses, she came to you for seeking help.

(Cut)

Case Scenario #9
Chaltu was 15 years old when she first came to Addis Ababa. She is a product of a broken family—her mother and her father divorced when she was only two years old. She lived with her father, her step mother, and her six step-brothers and -sisters, until she decided to run away from home because her father had begun physically abusing her and making her feel unloved. When she arrived in Addis Ababa, she was totally confused and had nowhere to stay. The only option she had was to stand on the street around the bus station and cry. While she was on the street one stranger came and promised her to offer a home to stay and took her away from the sight of other people and raped her in the street. The police found her on the street, took her to hospital because she was very injured. When she got better she was discharged from the hospital and employed as a housemaid but suffered with the memories of the rape. She has been referred to you for counseling.
ANNEX 5
CERTIFICATE OF COMPLETION
EXAMPLE
Certificate of Completion & Recognition

This is to certify that

<Counselor Name>

has successfully completed the

“Mental Health Project for Marginalized Vulnerable Children in Ethiopia Counseling Intervention”

training conducted in collaboration with Retrak Ethiopia at <Name of venue> in Addis Ababa, Ethiopia, <insert date>.

__________________________________________

Dr. Lynn Kay
Retrak Ethiopia Director

Gebeyehu Mekonnen
Population Council/Ethiopia PEPFAR Chief of Party
ANNEX 6
POWER POINT PRESENTATIONS
Session One
Ethiopia Mental Health Study Intervention

Ethiopia Mental Health Study Objectives

- Investigate whether providing psychosocial support services to marginalized young people is likely to improve their responsiveness to HIV program/activities.
  - Measure if provision of a tailor-made psychosocial support intervention can reduce the psychological/mental health problems of the study participants (intermediate objective)
  - Measure if the provision of a tailor-made psychosocial support intervention for participants with psychological/mental health problems can improve their responsiveness to HIV program/activities (ultimate objective)
Key Findings

- Mental health problems of male and female adolescents varied significantly.

<table>
<thead>
<tr>
<th>Mental health outcomes</th>
<th>Males (N=149)</th>
<th>Females (N=557)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social problem</td>
<td>49.0 (73)</td>
<td>15.8 (88)</td>
</tr>
<tr>
<td>Attention problem</td>
<td>36.2 (54)</td>
<td>10.0 (56)</td>
</tr>
<tr>
<td>Anxiety problem</td>
<td>47.0 (70)</td>
<td>21.5 (120)</td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td>43.2 (45/104)*</td>
<td>23.0 (128)</td>
</tr>
<tr>
<td>Any mental health problem</td>
<td>80.8 (101/125)**</td>
<td>37.3 (208)</td>
</tr>
</tbody>
</table>

*N=104 and **N=125 due to missing values.

- The psychosocial counseling intervention was associated with increased knowledge and uptake of HIV and sexual health services among both male and female migrant adolescents, and with reduced mental health problems among female adolescents.
Session 2 Objectives

- At the end of this session, the counselor should be able to:
  - Discuss major changes during adolescence and their implications
  - Identify mental health problems (emotional disturbances) of adolescents
  - Be aware that mental health problems are treatable

Adolescent Physical Development - Girls

- Puberty can start as early as eight years old
- Around age 10 they experience a rapid growth spurt
- Growth spurt lasts for a few years. Girls grow more slowly until 17 or 18 years of age.
- Breast buds develop, pubic hair appears, height increases, menstruation begins, and hips widen
Adolescent Physical Development - Boys

- Begin their growth spurt one to two years after most girls
- Continue to develop for three to four years after the girls
  - Boys may not finish growing physically until they are 21
- Pubic hair appears, the penis gets longer, height increases, voice deepens, and muscle mass develops

Adolescent Physical Development (1)

- Puberty is triggered by the actions of hormones on various parts of the body
- New hormones might be at work for several months before development becomes outwardly evident
- For adolescent boys, the visible changes come late in the development process
Adolescent Physical Development (2)

- Puberty puts a bright spotlight on body image
- It is the concept of one’s own changing body
  - How it feels
  - How it moves through space
  - How it looks in the mirror
  - How one thinks it looks to others
- Body image can be shaped by emotions, perceptions, physical sensations, experience, and moods
- It can also be powerfully influenced by cultural messages and societal standards

Adolescent Cognitive Development (1)

- Newly developed thinking skills are one of the most thrilling aspects of adolescence
- As their ability to think in abstract terms grows young people love to:
  - Debate
  - Challenge established ideas or values
  - Question authority
  - Question notions of absolute truth
  - Acquire the capability to present logical arguments
Adolescent Cognitive Development (2)

- This higher level of brainpower helps adolescents to:
  - Consider the future
  - Judge options
  - Solve problems
  - Set goals
- Gaining new thinking skills includes making mistakes and learning from them.
- Adults play role in guiding cognitive development by helping young people master the skills of critical thinking and decision making.

Components of Adolescent Cognitive Skills (1)

- Advanced reasoning skills:
  - Thinking about multiple options and possibilities
  - Pondering things hypothetically ("what if…?")
  - Following a logical thought process
Components of Adolescent Cognitive Skills (2)

- Abstract thinking skills:
  - Allows one to think about things that cannot be seen, heard, or touched
  - Allows one to think about faith, love, trust, beliefs and spirituality

Components of Adolescent Cognitive Skills (3)

- Capacity to think about thinking (meta-cognition):
  - Allows young people to consider how they feel and what they are thinking
  - Involves being able to think about how one is perceived by others
  - Used to develop strategies such as mnemonic devices
Ways You Can Foster Adolescent Cognitive Skills (1)

- Ask open-ended questions that invite thought and debate.
- Never subject an adolescent to public criticism or mockery of their ideas.
- Encourage a deeper understanding of issues brought up.
- Make sure teens grasp the role of emotions in the decision-making process (feelings such as anger, fear, sadness or elation can cloud judgment).

Ways You Can Foster Adolescent Cognitive Skills (2)

- Decisions should be made while calm and revisited after "sleeping on it".
- Realize teens bring a variety of strengths to the decision-making process.
- Get youth actively practicing decision-making through role-playing and group problem-solving exercises.
- Explore how you make decisions and then lead by example.
Ways Adults Can Foster Adolescent Decision Making

- Demonstrate how to choose between competing pressures and demands.
- Show the benefits of future thinking by anticipating difficult situations and planning in advance how to handle them.
- Encourage adolescents to spend time with friends who share their values.

Emotional/Social Development

- The stereotype of adolescence emphasizes emotional outbursts and mood swings.
- In reality, the teen years are a quest for emotional and social competence.
  - Emotional competence is the ability to perceive, assess, and manage one’s own emotions.
  - Social competence is the capacity to be sensitive and effective in relating to other people.
- Cognitive development gives teens capacity to manage their emotions and relate well to others.
Helpful Skills for Emotional and Social Development

• Through relating to others, you gain insights into yourself
• Skills needed for managing emotions and successful relationships include:
  – Self-awareness: What do I feel?
  – Social awareness: What do other people feel?
  – Self-management: How can I control my emotions?
  – Peer relationships: How can I make and keep friends?

Self-awareness: What do I feel?

• Feelings cannot be labeled accurately unless conscious attention is paid to them.
• An adolescent might discover he or she feels:
  – “Anxious” about an upcoming test
  – “Sad” when rejected by a potential love interest
• Identifying the source of a feeling can lead to figuring out constructive ways to resolve a problem.
• Undefined feelings can become uncomfortable enough that adolescents may grow withdrawn and/or depressed.
• This can lead to numbing behaviors such as: drinking alcohol, using drugs, or overeating.
Social Awareness: What do other people feel?

- Youth must also develop empathy and take into account the feelings of others.
- Understanding the thoughts and feelings of others are the cornerstones of social awareness.
- Cognitive development during adolescence may make social awareness difficult:
  - Adolescents read emotions through a different part of the brain
  - Teens may misinterpret body language and facial expressions
- Adults can help by telling teens how they are feeling.

Self Control: How can I control my emotions?

- Self-management is monitoring and regulating one’s emotions.
- Adolescents can experience intense emotions with puberty. Nonetheless, they can learn to manage their emotions
- Self-management in a young person involves:
  - Using developing reasoning and abstract thinking skills
  - Examining emotions
  - Considering how those emotions bear on long-term goals
- By actively managing emotions rather than reacting to a flood of feelings young people can learn to avoid the pitfalls and problems that strong emotions often evoke.
Peer Relationships: How can I make and keep friends?

• Social and emotional development depends on establishing healthy relationships based on: cooperation, effective communication, resolution of conflict, resisting inappropriate peer pressure.
• These social skills are fostered by involvement in a peer group.
• Teens generally prefer to spend increasing amounts of time with fellow adolescents and less time with family.
• Peers provide a new opportunity for young people to form necessary social skills and an identity outside the family.

Peer Relationships: cont’d

• The influence of peers is normal and expected.
• Peers have significant sway on day-to-day values, attitudes, and behaviors in relation to:
  – School, tastes in clothing, music, etc.
• Peers also play a central role in the:
  – Development of sexual identities
  – Formation of intimate and romantic friendships
Peer Relationships: cont’d

• Friends need not be a threat to parents’ ultimate authority
  – Parents remain central throughout adolescence
  – Young people depend on their families and adult caregivers for affection, identification, values, and decision-making skills
• Parents have more influence than peers on whether or not adolescents smoke, use alcohol and other drugs, or initiate sexual intercourse.
• Youth need to learn independent thinking, decision-making, and problem-solving skills from their parents or guardians.
• Teens also seek adult role models and advisors.
• Connections to teachers can be just as protective as connections to parents.

What is Mental Health? (1)

• Generally refers to the psychological and emotional state of a person.
• Good mental health is:
  – A positive state of psychological and emotional well-being and the conditions that foster it
  – The absence of mental illness or mental imbalances that affect overall psychological well-being.
What is Mental Health? (2)

- Emotions can bring discomfort for everyone, especially adolescents.
- Emotional extremes are common during the teen years and may be reflected in:
  - Mood swings
  - Emotional outbursts
  - Sadness
  - Behaviors intended to distract from uncomfortable feelings

What is Mental Health? (3)

- Adolescents have some periods that are more challenging than others.
- For some, feelings of anxiety, sadness, anger, or stress may become severe enough to interfere with their ability to function.
- It is estimated that at some point before age 20:
  - One in 10 young people experiences a serious emotional disturbance that disrupts their ability to function at home, in school, or in the community
- Good news: Most emotional disturbances are treatable.
Signs of Emotional Disturbance (1)

- What is considered normal and healthy behavior depends to some degree on culture.
- Serious disorders in one culture may not appear in another culture.
- The same is true across generations
- What is important to watch for is:
  - Whether a teen’s capacity to function in school, at home, and in relationships is being negatively affected
- Family and friends are usually the first people to notice.

Signs of Emotional Disturbance (2)

- Emotional disturbance follows no single pattern:
  - Some adolescents suffer a single, prolonged episode in their teen years and enjoy good mental health in adulthood
  - Others experience emotional disturbances episodically, with bouts of suffering recurring in their later teen years and adulthood
- A small percentage of those who experience an episode of emotional disturbance will have a lifelong disorder that seriously impairs their functioning as an adult.
Common Mental Disorders in Adolescence

• The most common mental health disorders in adolescence are:
  – Depression (feeling hopeless and sad)
  – Anxiety disorders (extreme feelings of anxiety and fear)
• Common consequence: alcohol and other drug abuse.

Causes of Mental Disorders

• Underlying causes of emotional disturbances are varied and cannot always be identified. Many factors go into the mix, including:
  – Genetic predisposition
  – Environmental conditions (exposure to or living in a chaotic household)
  – Trauma such as abuse or witnessing a homicide
  – Prolonged stress
• A normal coping reaction to a difficult experience can impair someone’s wellbeing if it goes on for too long
Treatment and Prevention of Mental Illness (1)

- Most mental health disorders are treatable.
- Treatment often includes multiple approaches which include:
  - Cognitive-behavioral therapy
  - Family therapy
  - Medication
  - Supportive education for parents and other caring adults

Treatment and Prevention of Mental Illness (2)

- It is important to get involved early to:
  - teach positive coping skills
  - address environmental situations that may trigger emotional disturbances
- The supports that bolster good mental health are:
  - Providing opportunities for young people to practice identifying and naming emotions
  - Helping to figure out coping skills that help them dissipate the energy of negative emotions
  - Providing the experience of being heard, understood, respected, and accepted
Factors Increasing Vulnerability of Marginalized Children to HIV

• Some of the major factors increasing the vulnerability of marginalized adolescents
  – Migration
  – Use of/addition to drugs and alcohol
  – Unsafe sex
  – Abuse

Migration

• Migration is the movement of humans from one area to another.
• People who migrate are called migrants.
• Reasons people migrate have been collected into the “push–pull factors”.
• Push factors are reasons for people to leave their home in which they live.
• Pull factors are reasons that attract people to another place.
**Migration – Push Factors**

- Push Factors are reasons that cause young people to leave their home:
  - Poverty
  - Lack of a chance to get education
  - Family breakdown
  - Peer pressure/defiance
  - Escape from an abusive family and/or early marriage
  - Escape from unfair treatment of stepmother/father
  - Few opportunities
  - Famine or drought
  - Discrimination

**Migration – Pull Factors**

- Pull Factors are reasons that attract young people to move to another place:
  - Job opportunity
  - Educational opportunities
  - Better living conditions
  - Attractive climate
    - Security
    - Family links
Consequences of Youth Migration

- Health risks (violence, STIs/HIV, substance use)
- Vulnerable regarding their reproductive health
  - Youth leave family and community systems that promote norms of appropriate sexual behavior
- Young people are more likely to be exposed to coercion or sexual violence.
- They may also be more likely to engage in consensual, unprotected “survival” sex.
  - To ensure access to food and shelter

Alcohol, Smoking, and Drugs (1)

- Experimentation with alcohol and drugs during adolescence is common:
  - Some teens will experiment and stop
  - Others will develop a dependency
  - It is difficult to know which teens will experiment and stop and which will develop serious problem
- Teenagers often don't see the link between their actions today and the consequences tomorrow.
- They also have a tendency to feel indestructible and immune to the problems that others experience.
Alcohol

- Using alcohol at a young age has negative health effects.
- Brain research with MRI suggests that alcohol impacts adolescents differently than it does adults.
- Young people are more vulnerable to the negative effects of alcohol on the hippocampus.
  - The part of the brain that regulates working memory and learning

Alcohol

- Result in lower scores on tests of memory and attention.
- Teens who begin drinking before age 15 are four times more likely to become alcohol-dependent than those who wait until they are 21.
- Teens also tend to be less sensitive than adults to alcohol’s sedative qualities.
Smoking

- Differences in the way nicotine affects adolescent and adult smokers:
  - Nicotine results in cell damage and loss throughout the brain at any age
  - But in teenagers the damage is worse in the hippocampus
- Compared to adults, teen smokers:
  - Experience more episodes of depression and cardiac irregularities
  - Are more apt to become quickly and persistently nicotine-dependent

Drug Use (1)

- Drug use is associated with a variety of negative consequences:
  - Increased risk of serious drug use later in life
  - School failure
  - Poor judgment, which may put adolescents at risk for accidents, violence, unplanned and unsafe sex, suicide
- Drugs (cocaine and amphetamines) target dopamine receptor neurons in the brain
  - Damage to these neurons may affect adolescent brain development
- Other effects of substance abuse in adolescents include:
  - Delays in developing executive functions
  - Overblown and immature emotional responses to situations
Drug Use (2)

- Teenagers abuse a variety of drugs (both legal and illegal)
  - Legally available drugs include alcohol, khat, and inhalants
  - Most commonly used illegal drugs are marijuana, hashish, cocaine, and heroin
- Use of illegal drugs is increasing, especially among adolescents
  - The average age of first marijuana use is 14
  - Alcohol use can start before age 12 in the USA
  - The use of marijuana and alcohol in high school has become common

Adolescents at Risk of Alcohol and/or Drug Abuse

- Adolescents at risk for developing serious alcohol and drug problems include those:
  - with a family history of substance abuse
  - who are depressed
  - who have low self-esteem, and
  - who feel like they don't fit in or are out of the mainstream
Warning Signs of Alcohol and Drug Abuse (1)

- Physical (fatigue, repeated health complaints, red and glazed eyes, a lasting cough)
- Emotional (sudden mood changes, irritability, low self-esteem, poor judgment, depression)
- Family (starting arguments, breaking rules, withdrawing from the family)

Warning Signs of Alcohol and Drug Abuse (2)

- School (decreased interests, negative attitude, drop in grades, many absences, truancy, discipline problems)
- Social problems (new friends who are less interested in home and school activities, problems with the law, changes to less conventional styles in dress and music)
How Parents Can Help

• Parents can prevent their children from using drugs by:
  – Talking to them about drugs
  – Open communication
  – Role modeling
  – Responsible behavior
  – Recognizing if problems are developing

Sexual Behavior

• Early and unsafe sexual activity can result in unintended teenage pregnancy and STIs, including HIV.
• Giving birth before age 18 limits the future for both the girl and her baby:
  – Girls who become mothers early are less likely to complete high school
  – They are more likely to face poverty
  – They often do not get sufficient prenatal care
  – They are at greater risk for postpartum depression
  – HIV-positive mothers and children face many health problems
Sexual Behavior—Consequences

- Children of teen mothers can:
  - Experience higher rates of abuse or neglect
  - Likely to live in poverty and to receive inadequate health care
- Sexually transmitted infections are also a major concern
  - Sex without condoms puts young people at risk for STIs, including HIV infection
  - Adolescent cases account for half of all STIs cases.

Session Summary

- Adolescence presents extensive developmental challenges for both boys and girls.
- The developmental changes adolescents undergo are dramatic, which makes it one of the most confusing and stressful times of life.
- These changes are intense, demanding and sometimes frightening, and largely out of their control.
- Adolescence may be a time of increased risk taking and poor decision making.
Session Three
Introduction to Counseling and Ethical Issues in Counseling

Session 3 Objectives

• By the end of this training, the counselor should be able to:
  – Understand what counseling is and what it is not
  – Recognize the goals of counseling
  – Discuss the role of the counselor
  – Identify the major ethical issues in counseling
General Definition of Counseling (1)

- It is difficult to think of a single definition of counseling
- This is because definitions of counseling depend on theoretical orientation
- Thus, in general, counseling is a relationship between a concerned person and a person with a need
  - This relationship is usually person-to-person
  - Sometimes it may involve more than two people

General Definition of Counseling (2)

- It is designed to help people to:
  - Understand and clarify their views
  - Learn how to reach their self-determined goals
- Counseling refers to all sessions where clients talk with trained counselor about an issue/problem.
- It is a process of helping people to:
  - Learn how to solve their problems
  - Achieve improved mental well-being
General Definition of Counseling (3)

- In this process the counselor tries to establish a safe, non-judgmental, non-threatening and unconditionally accepting relationship with the client.
- Counseling should be conducted in a venue where the client’s comfort and privacy can be accommodated.

Counseling Is Not

- Advice giving
- Telling the client or individual what he or she should do about the presenting problem
- Judging who is wrong or right
- An opportunity for the counselor to deal with his or her own issues
- It is not arguing or trying to convince the client what decisions she or he should take
- To make the counselor happy
Goals of Counseling

• The following are the few important goals of counseling:
  – Facilitating Behavior Change
  – Enhancing Coping Skills
  – Promoting Decision Making
  – Improving Relationships
  – Facilitating the Client’s Potential

Roles of Counselors

• A counselor has the following three complementary roles:
  – The remedial or rehabilitation role
  – The preventive role, and
  – The educative or developmental role
Ethical Considerations in Counseling

- Standards of Practice and the Code of Ethics for counselors can be presented under four categories:
  - The counseling relationship
  - Confidentiality
  - Professional responsibility
  - Evaluation, assessment, and interpretation

The Counseling Relationship (1)

- Nondiscrimination:
  - Counselors respect diversity and must not discriminate against clients
- Disclosure to clients:
  - Counselors must adequately inform clients regarding the counseling process and counseling relationship
- Dual relationships:
  - Counselors must make every effort to avoid dual relationship with clients
The Counseling Relationship (2)

- Sexual intimacies with clients
  - Counselors must not engage in any type of sexual intimacies with current clients.
  - Must not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship.
- Terminations
  - Counselors must assist in making appropriate arrangements for the continuation of treatment of clients.

The Counseling Relationship (3)

- Inabilities to assist clients
  - Counselors must avoid entering a counseling relationship if they are unable to be of professional assistance to a client.
  - The counselor may assist in making an appropriate referral for the client.
Confidentiality (1)

• Confidentiality requirements:
  – Counselors must keep information related to counseling services confidential unless disclosure
    • is in the best interest of clients
    • is required for the welfare of others
    • is required by law
  – When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure

Confidentiality (2)

• Confidentiality requirements for subordinates
  – Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates

• Confidentiality in group work
  – One of the key norms to be set at the beginning of a group counseling session is that what is discussed in the group remains in the group

• Confidentiality of records
  – Maintain appropriate confidentiality of counseling records
Confidentiality (3)

• Permission to record or observe
  – Obtain prior consent from clients to record or observe sessions
• Disclosure or transfer of records
  – Obtain client consent to disclose or transfer records to third parties
• Data disguise required
  – Disguise the identity of the client when using data

Professional Responsibility (1)

• Boundaries of competence
  – Practice only within the boundaries of their competence
• Impairment of professionals
  – Refrain from offering services when their personal problems may cause harm to a client or others
• Sexual harassment
  – Counselors must not engage in sexual harassment
Professional Responsibility (2)

- **Unjustified gains**
  - Not use their professional positions to seek or receive unjustified personal gains
    - sexual favors, unfair advantage, or unearned goods or services
- **Clients served by others**
  - Counselors must inform other mental health professionals serving the same client
- **Exploitive relationships with subordinates**
  - Counselors must not engage in exploitive relationships with individuals

Evaluation, Assessment and Interpretation (1)

- **Limits of competence**
  - Perform only testing and assessment services for which they are competent
  - Not allow the use of assessment techniques by unqualified persons under their supervision
- **Appropriate use of assessment instruments**
  - Use assessment instruments in the manner for which they were intended
Evaluation, Assessment and Interpretation (2)

- Assessment explanations to clients
  - Provide explanations to clients prior to assessment about the nature and purposes of assessment
- Recipients of test results
  - Ensure that accurate/appropriate interpretations accompany any release of assessment information
- Obsolete tests and outdated test results
  - Not base assessment or intervention decisions on data or test results that are obsolete or outdated
Session 4 Objectives

• By the end of this training the counselor should be able to
  – Understand the basic theories of counseling
  – Identify the proponents of each basic theory of counseling
  – Describe the major concepts, contributions and limitations of the basic theories of counseling

Introduction

• Counseling theories refer to the type of approach counselors prefer in dealing with clients.
• There are a number of approaches. We can broadly classify them into three:
  – Behavioral
  – Cognitive
  – Affective
Behavioral Counseling Theory

- The behavioral approach attempts to bring changes in an individual’s behavior.
- Behavioral-oriented approaches include:
  - Operant conditioning
  - Desensitization
  - Assertiveness and social skills training
- Key proponents of this theory
  - John D. Krumboltz (who popularized it)
  - Carl E. Thorenson
  - Others

Behavioral Counseling Theory Major Concepts

- Behavior is the function of the interaction of heredity and environment.
- Observable behavior is what counselors are concerned with.
  - The criterion against which counseling outcomes are to be assessed
**Major Concepts – cont’d**

- Thoresen has characterized behavioral counseling:
  - Most human behavior is learned and is therefore subject to change.
  - Changes of the individual's environment can assist in altering relevant behaviors.
    - Counseling procedures seek to bring about changes in client's behavior.

**Major Concepts – cont’d**

- Reinforcement and social modeling can be used.
- Counseling effectiveness is assessed by changes in clients behaviors.
- Counseling procedures are not static, fixed, or predetermined.
  - Can be specifically designed to assist the client in solving a particular problem.
Behavioral Counseling: Criticisms and Contributions

• Criticisms
  – Cold, impersonal, manipulative, and relegates the relationship to a secondary function
  – Counseling goals are often predetermined by the counselor
  – Symptoms removed may emerge later in other forms of behavior

• Contributions
  – Advanced counseling as a science
  – Called attention that outcomes are to be measured
  – Illustrated how limitations in environments can be removed or reduced

Cognitive Theory of Counseling

• Cognitive-oriented approaches attempt to affect desirable change by acting upon thought patterns of individuals.
• One cognitively-oriented approach is Rational Emotive Therapy (RET).
• Major proponent of this viewpoint is Albert Ellis who specialized in the field of marriage and family counseling.
RET—Major Concepts (1)

- Ellis believes that humans are both rational and irrational.
- Emotional problems lie in illogical thinking.
- By maximizing one’s intellectual powers one can free oneself of emotional disturbance.

RET—Major Concepts (2)

- The “should” and “must” statements are the most common irrational thoughts that lead to emotional disturbance.
  - These statements are taught by parents or absorbed from social agencies.
- Although childhood experiences strongly influence a person to think illogically, the illogical thinking can be reversed.
RET—Nature of Human Kind

- According to Ellis, human beings are neither good or bad (angel or evil).
- Instead, they are born with inner conflicting tendencies.
- Humans have the tendency to be both rational and irrational.
- These tendencies are both biologically inherited and learned from family and culture.

RET—Criticisms and Contributions

- Criticisms:
  - Relies too heavily on intellectual techniques
  - Emphasis on persuasion, suggestion, and repetition
  - Places little emphasis on the need for “timing”
- Contributions:
  - Emphasizes on extending treatment outside the counselor’s office
  - Emphasizes active involvement of the counselor
  - The recognition of the existence and impact of irrational beliefs is particularly worthwhile
Affective Theory of Counseling

- The affectively-oriented ones focus on feelings to affect desirable change.
- One affectively-oriented approach is Client-Centered therapy
  - Originated by Carl R. Rogers; also called:
    - Self-theory counseling
    - Non-directive counseling
    - Rogerian counseling

Client-Centered—Major Concepts (1)

- Stresses the ability of clients to determine the issues important to them and to solve their problems
- The counselor relationship should be characterized by warmth, permissiveness and accepting climate.
- The major concepts emphasized in this approach are concept of self and self actualization.
Client-Centered—Major Concepts (2)

- Attention is first given to the concept of self
  - A learned attribute constituting the individual's picture of him/herself
- Self actualization
  - Tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism

Client-Centered View of Human Nature

- Human kind is "basically socialized, forward moving, rational and realistic"
- Humans do not have real desire to hurt themselves
- Negative feelings are expressed in counseling settings
  - Underneath the bitterness and hate is a self that is positive, constructive, and concerned about others
The Nature of Anxiety

• Vulnerability occurs when there is discrepancy between the experiencing and the concept of self
• The healthy person can admit without distortion to awareness
• The emotionally maladjusted (the neurotic) in contrast is in difficulty because
  – Communication with himself / herself has broken down
  – His/her communication with others has been damaged
• There is congruence between one’s experience and one’s self among well-adjusted individuals
• In the maladjusted there is less congruence or overlap between experience and the self

Criticisms and Contributions

• Criticisms
  – Fails to distinguish between the use of techniques and the use of counselor’s own personality
  – Clients often fail to understand what the counselor is trying to accomplish
  – Less effective with certain group of persons
• Contributions
  – Emphasis on providing clients with facilitative environment
  – Clients are likely to express deeper feelings, leading to self exploration and understanding of attitudes, beliefs and feelings
  – Clients are helped to recognize their own power on themselves
Session Five
Counseling Skills

Session 5 Objectives

• By the end of this session counselors will be able to demonstrate basic counseling skills.
Introduction

• A counselor's main task is to help clients achieve:
  – self-exploration
  – self-understanding
  – decision-making with consequent action
• Should influence the efficacy of interventions.
• 2 types: verbal and non-verbal.

Verbal Counseling Skills

• Spoken content in a counseling session.
• This session will focus on the Response Modes Approach.
  – Focus on grammatical structure of counselor's verbal responses, rather than content.
  – 4 general response-mode categories
    a) minimal response
    b) directive
    c) information seeking
    d) complex counselor response
Minimal Responses

• Minimal encourager: short phrase demonstrating simple acknowledgement
  – “I see”
  – “Go on”
  – “Okay”
• Silence: allows clients to go deep into their thoughts and feelings and can facilitate emotional closeness between counselor and client
  – “Pregnant silence” – client is thinking/feeling
  – “Empty silence” - client is anxious/fidgety

Directive

• Get the client to continue what s/he is doing – referred to as response mode of approval
• Provide information
• Direct guidance (providing facts, data, opinion or resources)
**Information Seeking**

- Used when a counselor needs to elicit information from the client.
  - Closed-ended questions (yes/no)
  - Open-ended questions
    - What would you like to talk about today?
    - Could you tell me more about that?
    - Will you give me a specific answer?

**Complex Counselor Response**

- Paraphrasing
- Interpretation
- Confrontation
- Self-disclosure
Paraphrasing

- Restating the content of a client’s statement is learning to listen.
  - Convey that the counselor is “with” the client
  - Crystallize a client’s comments by repeating what s/he has said more concisely
  - Check the counselor’s own perspective
- Summarizing wraps up an entire phase of the counseling session
  - How emotions progressed through an interview
  - Inconsistencies in client’s feelings

Interpretation

- Counselor offers new meaning and points to the causes underlying the client’s actions and feelings.
- Requires that the counselor use his/her frame of reference to reframe the client’s material.
  1. Establish connections between seemingly isolated events.
  2. Note themes or patterns in the client’s behaviors or feelings.
  3. Interpretation of defenses, resistance or transferences.
  4. Interpretation of present experiences or feelings to the past.
  5. Giving a new framework to feelings, behaviors or problems.
Confrontation

• Challenging inconsistency.
• Expands a client’s awareness of thought, feelings and actions.
• Use when:
  – Clarifying inconsistencies in client messages.
  – Possible distortions of reality.
  – Client not acknowledging responsibility in his/her choices.
  – Reframing: getting clients to look at the situation from a new perspective.

Self-disclosure

• Help clients to feel that you understand what they are going through.
  – Self-involving
    • Direct expressions of counselor’s feelings or reactions to the client’s statements/behaviors.
  – Self-disclosing
    • Statements referring to personal history/experiences of the counselor.
Nonverbal Counseling Skills

- Behaviors/cues that are not spoken
  - What and how counselors say things
  - How they listen to what a client says during a counseling session

- “Attending” behaviors
  - Eye contact
  - Open posture
  - Facing the person squarely
  - Leaning slightly forward
  - Assuming a natural and relaxed position
  - Appropriate facial expression
  - Appropriate gestures

Session Six
Counseling Process
Session 6 Objectives

- By the end of this session counselors will be able to describe and demonstrate the process of individual counseling

Counseling Process Model

1. Initiate the counseling relationship
2. Understand the client’s concerns empathically
3. Negotiate counseling goals and objectives
4. Identify a plan to meet the goals and objectives
5. Support the plan
6. Evaluate the counseling effectiveness
Step 1: Initiate the Counseling Relationship

- Roles of counselor and client are determined to initiate process of client self-help.
- Establish working alliances.
- Client should do most of the talking and communicate concerns.
- Counselor should focus on clear intentions, attending skills, and non-verbal behavior that is acceptable to the client.
- Reinforce what client says.

Step 2: Understand the Client’s Concerns Empathically

- Demonstrated by:
  - Restating content
  - Reflecting feelings
  - Using reaffirming body language
- Ask client what counselor should not do/say
  - Ask too many questions
  - “Me too”
  - “You’re okay”
  - “I know how you feel”
Step 3: Negotiate Counseling Goals and Objectives

- Goal is a general expression of what a client hopes to achieve.
  - Setting clear goals is very helpful in making decisions about resources (time, effort, money)
- Objectives are specific, individualized steps needed to achieve a goal.
  - Ask client to share his/her concerns.
  - Recognize potential goal areas.
  - Agree on a goal.
  - Set criteria for functional objectives.

Step 4: Identify a Plan to Meet the Goals and Objectives

- Make an operational plan of action.
- Consider:
  - Discriminating generalizations about behavior from specific behaviors.
  - Attending to the 3 domains of awareness: action, thoughts, and feelings.
  - Focusing on experiencing a single event rather than on generalized impressions of many events.
  - Discovering the temporal sequence of elements in the critical incident.
Phases for Creating a Counseling Plan (Step 4 con’t)

1. Identify the objective.
2. Think backward from the objective to the beginning.
3. Simulate operation of the plan.
4. Identify necessary conditions for success.

Successful Counseling Plan (Step 4 con’t)

• Success depends on:
  – Client’s motivation to change.
  – Self-efficacy.
  – Existing client skills.

• Advantages of developing counseling plan with the client:
  – Clients are confident.
  – Allows for more efficient use of resources.
  – More likely to be culturally sensitive.
Step 5: Support the Plan

• Ask client how he/she can support the counseling plan.
  – Remind client of the agreed upon plan.
  – Prime the client's readiness for action.
  – Refer to Handout #6 on Counseling Process as needed.
  – Assess performance problems when client attends subsequent counseling appointments without having accomplished the plan.

Step 6: Evaluate Counseling Effectiveness

• Counseling is a means to an end.
• Counseling can be evaluated through 2 methods:
  1. Process Evaluation
     • Includes the 6 steps in the counseling process model; every step evaluated. (Handout #6)
  2. Outcome Evaluation
     • Measured by actual desirable changes the client has achieved; focuses on end result.
     • i.e., If Yeme sought counseling because she wanted to become more assertive, the outcome question would be, "Has she been able to act assertively?"
Session Seven
Group Counseling

Session 7 Objectives

• By the end of this session, participants will be able to describe and demonstrate the process of group counseling.
What is Group Counseling?

- Group counseling is the development of a face-to-face interpersonal network characterized by trust, acceptance, respect, warmth, communication and understanding through which a counselor and several clients come in contact in order to help each other confront unsatisfactory or problem areas in the clients’ lives and discover, understand and implement ways of resolving those problems and dissatisfactions (Trotzer 1972).

What is Group Counseling? cont’d

- Temporary intervention modality in each group member's life.
- Focuses on helping people explore and confront specific dissatisfactions in their lives with the purpose of understanding their concerns and discovering and implementing resolutions.
- Group leader develops an atmosphere in which members can talk openly about their problems without fear of rejection or reprisal.
  - Members encouraged to help each other, facilitating communication
What are Unique Group Counseling Traits?

- Focus and purpose—aimed at problem solving.
- Trust, acceptance, respect, warmth, communication and understanding can only be experienced in interpersonal relationships.
- Built-in interpersonal growth dynamic depends on members helping each other.

Group Counseling Participant Roles

- Exchange ideas; teach and learn from each other.
- Explore and confront specific dissatisfactions in their lives with the express purpose of understanding their problems and implementing resolutions.
- Feel safe and have the opportunity to both help and be helped.
- Try out alternatives and obtain feedback about their probable success prior to attempting to make changes in the real world.
Aims for Group Counseling

- Self-exploration, encourage introspection and feedback so that communication can occur and relationships can develop.
- Establish the fundamental basis needed to make good decisions.
- Appropriate means of meeting the personal needs of individuals who often feel isolated, alienated, confused, frustrated, or lost.

Target Audience

- Help individuals with identifiable problems in their lives to resolve their concerns in a personally responsible and realistic manner.
- Help individuals without specific concerns improve themselves developmentally and serve as a preventative measure to ensure continued growth, adjustment, and personal satisfaction.
To Whom Group Counseling Appeals

- Those who like/need the input from others.
- Those stuck in the grief process.
- Teenagers because they often will talk more readily to other teenagers than with adults.

Advantages for Adolescents

- Address feelings of isolation by giving adolescents the means to express conflicting feelings, explore self-doubts, and share concerns with peers.
- Openly question their values and talk freely about their deepest concerns.
- Learn to communicate with their peers and safely experiment with reality and test their limits.
- Grow in self-acceptance and learn not to demand perfection.
- Learn how to trust oneself and others.
- Foster self-knowledge and the development of a unique self-identity.
Advantages for Adolescents (cont’d)

- Lessen fears of intimacy.
- Move away from meeting other's expectations and determine own life standards.
- Increase self-awareness.
- Become aware of choices and make choices wisely.
- Become more sensitive to the needs and feelings of others.
- Clarify values and decide whether, and how, to modify them.
- Find ways of understanding and resolving personal problems.

Basic Group Counseling Skills

- Active listening
- Reflection
- Clarification and questioning
- Summarizing
- Linking
- Mini-lecturing and information giving
- Encouraging
- Tone setting
- Modeling and self-disclosure
- Using eyes
- Using voice
- Using group leader’s energy
- Identifying allies
- Multi-cultural understanding
Active Listening

• Content, voice, and body language.
• Overcome challenge of listening to many people at once.
• Scan the group for nonverbal gestures, especially facial expressions and body shifts.
• Pick up on silent messages among group members.

Linking

• Process of connecting people together to facilitate bonding.
• Most useful at the beginning stage—the first 2-3 sessions.
• Group leader should always be alert to how what one person is saying may apply to another person in the group.
Mini-lecturing and Information Giving

- Group leader often needs to provide information on risk reduction, safe sex, risks of HIV, issues regarding migration, etc.
- Brief and knowledgeable.
- Enables group members to learn from the group leader and peer discussion.
  - Introduce a new topic.
  - Help focus the group.
  - Deepen the focus.
  - Help participants understand something that may confuse them.

Encouraging and Supporting

- Helps deal with the anxiety of a new situation and overcome fear of not taking risks they might otherwise not take.
  - Warm voice.
  - Pleasant facial expression.
  - “Open” posture.
  - Being genuine and congruent with your actual feelings.
Tone Setting

• Different groups benefit from different tones.
  – Should the group be serious, light, or somewhere in between?
  – Should the tone be confrontative or supportive?
  – Should the tone be very formal or informal?
  – Should the group be task-oriented or more relaxed?

Modeling and Self-Disclosure

• Best way to teach desired behaviors is by modeling
  – Counselor’s style of effective communication, ability to listen, and encouragement of others
• If group involves more personal sharing then self-disclosure can be used to demonstrate that you are willing to risk sharing yourself.
• Can be used to reveal past or present events and/or feelings.
• Group leader does not need to self-disclose on every topic and any self-disclosure should never become the focus of the group.
Using Eyes

- Scan for nonverbal clues when group members are talking.
- Draw out members by making eye contact with a member you want to invite to talk.
- Show encouragement and support or demonstrate empathy.
- Cut off members, especially those who are speaking too much and/or dominating the conversation.
- Scan the energy of the group.

Using Voice

- Voice can be used to influence the group by:
  - Tone
  - Atmosphere
  - Pace
  - Content
  - Setting
  - Energy
Identifying Allies

• Allies are group members who the group leader can count on to be cooperative and helpful.
  – Start a discussion or an exercise.
  – Someone reliable to play a role or take a risk.
  – Someone to support a group member who is very emotional and is upset, allowing the group leader to continue working with remaining members.

Multicultural Understanding

• Multiculturalism is inherent in every group.
• Need to understand how culture and religion affect group members’ participation.
• Each individual must be seen against the backdrop of his/her culture/ethnic identity.
• Ignoring cultural influences can lead to provision of less effective services.
Group Counseling Process

- 3 stages
  - Beginning: 4 guiding steps
  - Middle
  - Closing

Beginning Stage

- 4 steps
  1. Introduce the group and topic of discussion (i.e., what to expect, fears, etc.)
  2. Establishing ground rules
     - Confidentiality
     - Punctuality
     - Mutual respect
     - Participation
     - Listening to others
Beginning Stage (con’t)

3. Encouraging communication
   – "Who has experienced something similar?"
   – "That must have been difficult to share with the group."
   – "Who wants to comment on what has been said?"
   – "The group appreciates you sharing your feelings like that."

4. Clarifying group content and objectives
   – Guide the discussion toward themes that have more therapeutic or educational potential.
   – Mention that the beginning stage may last part of the first session, the entire first session, or the first couple of sessions.

Middle Stage

- Focus on the group’s purpose.
- Learn new material, thoroughly discuss various topics, complete tasks, or engage in personal sharing and therapeutic work.
- Pay attention to the interaction patterns and attitudes of the members.
  – Planning topics
  – Group dynamics
Closing Stage

• Members share what they have learned, how they have changed, and how they plan to use what they have learned.
• Members say goodbye and deal with the ending of the group.
  – May be an emotional experience.
• Ending process depends on whether group is time-limited or ongoing.
• Feelings can include: self-confidence, fear, sadness, anxiety.
  – Group members should be encouraged to develop support systems outside of the group.

Practical Considerations

• Group leader needs to decide on a number of issues before a group meets.
• Group size should be between 6 and 10
  – < 6 = lose dynamism.
  – > 10 = difficult to keep track of event flow.
  – Attrition.
• Developing objectives helps group leader to decide which type of group would be most useful.
Practical Considerations cont’d

• Group leader should decide the following beforehand:
  – Timing of the group (when to start and stop).
  – Frequency (once a week, once every two weeks, etc.).
  – Length of meeting (45 vs. 90 minutes, etc.).
  – Duration of the group (how long will the group last).

• Time-limited groups tend to meet more frequently but for a shorter period of time.

• Ongoing groups may meet less frequently, but over an indefinite period of time.

Practical Considerations cont’d

• Ask group members for input on group type and length of meeting
  – Open groups are characterized by changing membership
  – Closed groups do not add new members during the lifetime of the group

• Stress importance of meeting consistency
Meetings Places/Venues

- Space where the group leader can have some authority
- Accommodate the number of group members easily
- Free from distractions
- Private
- Access to a restroom
- Safe

- Comfortable chairs
- No special group leader chair
- Semi-circle seat arrangement
- No undue spaces or empty chairs between members
- Group leader should be seated in the circle with the rest of the group

Summary Points

- Group counseling characteristics
  - Comprised of a counselor and several clients
  - Development of a face-to-face interpersonal network
  - Characterized by trust, acceptance, respect, warmth, communication, and understanding
  - Help each other confront unsatisfactory or problem areas in the clients' lives
  - Discover, understand, and implement ways of resolving those problems and dissatisfactions
Summary Points (cont’d)

• Group counseling addresses
  – Needs of those with identifiable problems AND
  – Those who do not have specified concerns

• Group counseling can allow adolescents to:
  – Openly question their values.
  – Talk freely about their deepest concerns.
  – Learn to communicate with their peers.
  – Benefit from the modeling provided by the group counselor.
  – Can safely experiment with reality and test their limits.

Summary Points (cont’d)

• Group counseling skills are essential for good leading
  – Active listening
  – Reflection
  – Clarification and questioning
  – Summarizing
  – Linking
  – Mini-lecturing
  – Information giving
  – Encouraging and supporting
  – Tone setting
  – Modeling and self-disclosure
  – Use of eyes and voice
  – Identifying allies
  – Multicultural understanding
Summary Points (cont’d)

• All counseling groups go through 3 stages
  1. Beginning stage
  2. Middle or working stage
  3. Closing or ending stage

• Practical issues include:
  – Group size
  – Objectives
  – Frequency, number, and length of meetings
  – Meeting times
  – Nature of the group (open or closed)
  – Group membership (voluntary or involuntary)
  – Meeting place/venue/space/logistics
  – Clarifying expectations
Session 8

Creative Therapies

Principles of Creative Therapy

• Creative Therapy for children and adolescents was developed by Manfred Vogt and others, working at NIK (Norddeutsches Institut für Kurzzeittherapie)

• It is based on the ideas of Steve de Shazer and Insoo Kim Berg, the founders of Solution Focused Brief Therapy
Principles of Solution Focused Brief Therapy (1)

- Look for solutions instead of solving or correcting problems
- The client knows what his goal looks like, not the therapist or the social worker
- Make use of the resources of the child and the family
- Use questions that are solution-orientated and systemic

Principles of Solution Focused Brief Therapy (2)

- Reframe problems
  - Not at school = opportunity to develop other skills
- Pacing and leading.
- Make use of rituals as powerful means for constructing individual and social reality.
- “All language is hypnosis.” (M. Erickson)
Principles of Solution Focused Brief Therapy (3)

- Find out 3 basic things (according to Steve de Shazer and Insoo Kim Berg):
  - What does the child want?
  - What can he do?
  - What’s the next step?

Basic Assumptions of Solution-Focused Brief Therapy

- Problems are challenges that each person tries to deal with and solve in his or her specific personal way.
- Everybody has resources to handle his life. He is the expert for his life.
- Human beings cannot “not cooperate.” Each reaction is a form of cooperation.
- Nothing is always the same. Exceptions point to solutions.
Basic Assumptions – cont’d

- Human beings influence each other. They cooperate more easily in an environment that supports their skills and abilities.
- It is helpful to listen carefully and exactly to the client and take their words seriously.
- To stop something is the hardest way of changing things. To start something new is much easier and more fun.

Assumptions about Children

- Children want their parents to be proud of them.
- Children want to please their parents and other adults.
- Children want to be accepted by the group in which they live and to belong to it.
- Children want to learn new things, they want to be active.
- Children want to surprise and get surprised.
Assumptions about Children – cont’d

• Children want to strive for achievement and to be successful.

• Children have their own opinion and can express it, if they are asked.

• Children are able to make a choice, if they are given the opportunity.

Assumptions about Parents

• Parents want to be proud of their children.

• Parents want to have a positive influence on their children.

• Parents want their children to get a good education and have good chances for success.

• Parents want their children to attain at least the same level of living as they have reached.
Assumptions about Parents – cont’d

- Parents want to have a good relationship with their children.
- Parents need hope for the positive chances of development for their children.

Goals must be SMART

- S small and specific
- M measurable
- A action oriented
- R realistic
- T time oriented
Goals

• Must be:
  – “Toward” something (not “away from”)
  – The presence of something (i.e. not the absence of chaos, but (presence of) order, not “better than…”)
  – A performance goal (not an outcome goal)
  – Important for the child
• The new behavior should increase the possibilities of choice for the child

How to Use Goal Setting in a Group

• Each youth tells the group, one after the other:
  – what can I do well, what do I like to do?
  – what have I reached since the last goal setting talk?
• And I want to keep it up!
  – what are my goals for the coming time (i.e., 2 weeks, 1 month)?
• This practice helps the youth to realise that he can reach his goals. The peers can act as helpers.
How Can We Help Youths Develop Their Goals?

• By using questions!
• My Dream of my Future
  – How do you want to be in 10 years from now?
  – What is your dream of your future?
  – What would you like to become?
  – What does it look like when you reach your goal?

Helping Youths Develop Goals – cont’d

• How do I reach this goal?
  – What do you think is important to reach this goal?
  – What do you have to do?
  – What do you need to achieve this?
• My steps towards the Goal
  – What do you think is the first step to the goal?
  – What is the easiest small thing to do for you?
  – When will you be able to take this first step?
Scaling – A Way to Measure Progress Toward Goals

• Scaling is a very useful technique to make each other understand, how much of something there is.
• It helps to communicate where words are not accurate enough!

Scaling – cont’d

• When we help the child set his goal, we can use scaling to show various aspects.
• How important is this goal for you?
• How easy is it for you to reach this goal?
• How motivated are you to make the effort you need to reach this goal?
• What does help you to reach your goal? How much of it have you got?
Scaling – cont’d

• And once the goal is set, the child can mark the way to the goal every time we speak with him about his goals.

• Scaling gives the child, the parents and therapist, a common language to speak about things that are difficult to speak about.

• Scaling helps us to see the progress towards the goal and gives us confidence that we are on the right track!

Treasure Books

• This is a book of the treasures the youth discovers within him/herself or which others help him/her to discover.

• It is all about collecting resources that will strengthen and empower the youth and help him/her to reach goals s/he wants to reach.

• It is given to the youth at the beginning of the intervention and will accompany him/her throughout the intervention and in his/her future life.

• Only successful stories, learning processes, feedbacks, etc. will be mentioned inside.
Session 9
Music and Drama Therapies

Music and Drama Therapy

- **Music**
  - What role does music play in our lives?
  - What psychological advantage does this bring?
- **Drama**
  - What can you do when you are acting a role?
  - What psychological advantage does this bring?
### Music

<table>
<thead>
<tr>
<th>Role of Music</th>
<th>Psychological Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxes us, calms us down</td>
<td>We feel (get in touch with) our emotions</td>
</tr>
<tr>
<td>Makes us sad/cry or happy (music or lyrics)</td>
<td>We express our emotions</td>
</tr>
<tr>
<td>Brings back memories</td>
<td>We can reflect on our experiences</td>
</tr>
<tr>
<td>Universal language</td>
<td>We can communicate with others</td>
</tr>
<tr>
<td>Edifies our life</td>
<td>We feel motivated</td>
</tr>
<tr>
<td>Can be used for political, social, spiritual, educational activities</td>
<td>We can mobilise for action &amp; unity</td>
</tr>
</tbody>
</table>

### Drama

<table>
<thead>
<tr>
<th>What can you do when acting?</th>
<th>Psychological advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice new behaviours</td>
<td>Learn social skills, communication skills, increase range of behaviours</td>
</tr>
<tr>
<td>Practice being in a relationship</td>
<td>Increases self confidence and self esteem</td>
</tr>
<tr>
<td>Practice a change you’d like to make</td>
<td>Explore new options and think about transitions</td>
</tr>
<tr>
<td>Explore different life roles</td>
<td>Creative thinking, problem solving</td>
</tr>
<tr>
<td>Express emotions</td>
<td>Explore emotional responses</td>
</tr>
<tr>
<td>Put yourself in the others’ shoes</td>
<td>Understand others &amp; yourself and why we behave the way we do</td>
</tr>
<tr>
<td>Explore issues</td>
<td>Understand an issue, positives &amp; negatives</td>
</tr>
</tbody>
</table>
Format of a Music and Drama Session

- Discuss & agree on group norms
  - Respect each other, listen to each other
  - Take turns etc
- Warm up activity to prepare for the session
- Main activity
  - This is the ‘work’ of the session to achieve the goal
  - Exploring an issue or feeling
- Closure of the session
  - Cool down activity
  - Reflection or debriefing on the main activity