
Counselling for Caregivers



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Published by:

COMMONWEALTH *of* LEARNING

1055 West Hastings, Suite 1200
Vancouver, British Columbia
Canada V6E 2E9

Telephone: +1 604 775 8200
Fax: +1 604 775 8210
Web: www.col.org

E-mail: info@col.org

Acknowledgements

The *Counselling for Caregivers* module was written by:

Unit 1: Introduction to Counselling for Caregivers
Sebastian Chikuta

Unit 2: Ethical and Cultural Issues in Counselling
Patricia Kwamboka

Unit 3: Behavioural Counselling
Thuli Nhlengetfwa and John Phiri

Unit 4: Dealing with Child Abuse Issues
Chilobe Kambikambi

Unit 5: Dealing with Substance Abuse
Patricia Kwamboka

Unit 6: Counselling Those Infected and/or Affected by HIV/AIDS
Sebastian Chikuta

Unit 7: Grief Counselling
Chilobe Kambikambi

Unit 8: Career and Vocational Guidance
Thuli Nhlengetfwa

Unit 9: Coping with Stress
John Phiri

Other writers that have contributed include Elizabeth Ngatia, John Munkombwe, Lucy Mwaura, and Chilimba Hamavhwa.

Content editing: Dr. Carole Massing and Nevin Massing

Desktop publishing: Nevin Massing

Illustrations: Keith Russell

Instructional design: Dr. Clayton Wright, assisted by Anita Priyadarshini Singh

Project management: Susan Phillips

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Zambia

SOS Children's Village – Lusaka

Facilitator: Mulenga Chibwe

Participants: 32

Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) – Lusaka

Facilitator: Mary Chileshe

Participants: 20

Care International Zambia – Livingstone & Serenje

Facilitators: Miyanda Kalyanga

Mrs. Zulu

Participants: 22

Nigeria

Facilitator:

Mrs. H.I. Johnson

The Let's Go Action Team (LGAT)

N.O.U.N. (Kaduna Campus)

Kaduna–Zaria Express Way

Rigachukun

Kaduna

Nigeria

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Introduction to *Counselling for Caregivers*

Welcome to this module which has been designed especially for you, a caregiver working with and caring for orphans and other vulnerable children and youth.

As a caregiver for vulnerable children, you are helping to make their environment more secure and compassionate. By sharing your skills and time, you are helping your charges to develop into happier and healthier human beings, equipped to cope with life's problems and challenges.

The term “caregiver” may be new, but “giving care” as a practice has always been a part of our culture. Since time immemorial, human beings have lived together. Sharing emotions, including happiness as well as sorrow, has always been a common practice. Giving assistance in times of need, such as sickness, war, and natural disasters, is an act that comes naturally to most human beings. In traditional societies, giving care to those that needed it was a basic function of the family. The needs—whether emotional or physical—of all family members were met within the extended family. The older members counselled the younger ones and the younger ones sought advice from the elders. Sharing thoughts and activities with a large family was the accepted norm.

In recent times, social and economic changes have brought changes in the structure of the family. More people have left their communities to seek employment, making extended families less common. More children than ever before are orphans, having lost one or both parents to war, sickness, accidents, or poverty. All children are vulnerable, but especially those that no longer have parents. In many cases, for social, economic, and cultural reasons, the girl-child is even more vulnerable than boys. Wherever they might call home—the streets, institutions, or relatives' homes—all children need somebody to care for their emotional, physical, and spiritual needs.

Goal

This module is the first in a series that is designed to help you, the care-

giver, acquire the necessary skills, knowledge, and understanding to effectively support the healthy development of the children and youth in your care.

The learning materials are developed as stand-alone, self-instructional materials. However, you may find it helpful to study them with a group of your peers, discussing the issues and case studies raised and comparing these with real-life cases that you and your colleagues have encountered in your careers. You can learn from one another and from the experiences that you have had in working with children at risk.

The knowledge and skills that you learn through this module will not replace those that professionally qualified counsellors have. The skills and knowledge in these materials are meant to help you in everyday situations and there may be instances when the best help you can give a child or youth is to refer him or her to a professional counsellor.

Target Audience

The module is intended for caregivers who have attained a minimum level of schooling of Grade 8. It is anticipated that the persons studying this module are working in institutions set up for caring for children, such as children's homes, orphanages, foster homes, daycare centres, and so on. Other caregivers could be engaged in community- or church-based or family support groups. In most cases, it is assumed that the caregivers have little in the way of formal training in counselling.

Module Content

The module is divided into nine units as follows:

- Unit 1 Introduction to Counselling for Caregivers
- Unit 2 Ethical and Cultural Issues in Counselling
- Unit 3 Behavioural Counselling
- Unit 4 Dealing with Child Abuse Issues
- Unit 5 Dealing with Substance Abuse
- Unit 6 Counselling Those Infected and/or Affected by HIV/AIDS
- Unit 7 Grief Counselling

Unit 8 Career and Vocational Guidance

Unit 9 Coping with Stress

Unit 1 introduces basic counselling skills and different forms of counselling, such as individual counselling, peer counselling, and group counselling. Unit 2 discusses issues of ethics and culture and explains the need for every caregiver to be sensitive to different cultures as well as to observe certain ethical guidelines while counselling children and youth. In Unit 3, the focus is on counselling for behavioural change. The next unit addresses child abuse and the different coping strategies to deal with it. Unit 5 describes substance abuse and outlines a programme for prevention of substance abuse. HIV/AIDS and how it impacts infected and affected children and youth is discussed in Unit 6. In Unit 7, issues of grief counselling are addressed. Part of the work of a caregiver may be to provide youth with career and vocational guidance, and Unit 8 provides information in this area. The final unit is meant to help the caregiver as a person who is working in a highly stressful job and may need coping strategies to live a healthy, productive, and happy life.

Format

The units are written in simple language and are self-instructional in design. The cultural context is that of Africa, but it is hoped that they can be used by caregivers anywhere in the world. In writing these modules, case studies have been included so that a variety of problems can be identified and solutions found for them.

Most units include the following sections:

- Introduction
- Objectives
- Stories
- Activities
- Summary
- Self-Assessment Exercises and Suggested Answers
- Glossary
- References

Directions for Using the Module

As you work through the materials, you will notice symbols in the left margin of the page. These “icons” guide the learners through the content and are used to note the following:



Explanations and discussion of unit content.



Stories, examples, and case studies to illustrate the content of the unit.



Activities to give you practice in applying your knowledge and encourage you to reflect on your own experiences.



Summary of key points to remember from the unit.



Self-assessment activities to test your knowledge of the material you have learned.



Suggested answers to the self-assessment activities.



References cited in the unit, suggested resources for further reading, and a glossary of key terms used in the unit.

Counselling for Caregivers

Unit 1:

Introduction to Counselling
for Caregivers



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Unit 1: Introduction to Counselling for Caregivers

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Unit 1: Introduction to Counselling for Caregivers

Introduction

People have different problems that cause them pain, discomfort, and sorrow. Counselling is one of the tools used to help people solve their problems. Counselling has been in existence for a long time. In traditional communities there have always been elders to offer counselling and guidance to the young people.

This introductory unit has seven lessons. The first two lessons explain what counselling is and why it is important to you, as a caregiver working with disadvantaged children and youth. The third lesson discusses the different kinds of communication involved in counselling situations, and the fourth talks about techniques to ensure that you have a clear understanding of what those you are counselling are attempting to communicate to you. The fifth lesson is about skills you can use to ensure that you are communicating effectively when you are counselling, and the sixth explains nine different types of counselling. Using a case study, the last lesson takes you through a sample counselling session.

Objectives

By the end of this unit, you should be able to:

1. Define counselling.
2. Explain the importance of counselling.
3. Define communication.
4. Explain communication and its role in counselling.
5. Use counselling skills.
6. Demonstrate understanding of the different forms of counselling.
7. Conduct a counselling session.

Lesson One



What is Counselling?

Activity 1

Think about the word counselling and answer these questions.
What does the word counselling mean?

List some of the problems for which people would require counselling.

Counselling is a way of helping people deal with their problems. These problems could have many causes such as Acquired Immunodeficiency Syndrome (AIDS), death in the family, divorce, loss of employment, poverty, poor parental care, war, or lack of support to go to school (Gichinga, 1999). Some of the signs that will show you that a person has a problem include isolation, lack of sleep, fear, sadness, crying, substance abuse, poor nutritional status or, in the case of children, running away from home.

Counselling may be offered at various levels: to an individual, to a family, to a group, or to an entire community. As a caregiver you will find yourself counselling children, youths and their families in both informal and formal settings.

SAT (2001) urges counsellors to note that counselling is not the same as giving advice. Rather, counselling involves helping the client understand their problem and take the necessary action to correct it. In giving advice, the client is not involved in finding the solution to the problem because the person providing the advice is seen as the expert who has the answer to the problem.

The two examples below will help you understand the difference between counselling and giving advice.



Example 1: Giving Advice



Mutinta's Aunt

Mutinta, I'm concerned that you aren't finishing your homework. I'd like you to write down all of your assignments in this book when your teacher gives them to you. Then when you come home from school each evening, sit down right away and finish them before you do anything else.



Mutinta



Example 2: Counselling



Mutinta, I'm concerned that you aren't finishing your homework. I'm wondering how you feel about the situation?

Sometimes I think I've finished but then I find out that I haven't.



So you think that you're up-to-date but then you find out there's still something you haven't finished?

Yes.



How do you feel when that happens?

Kind of embarrassed. The other children laugh.



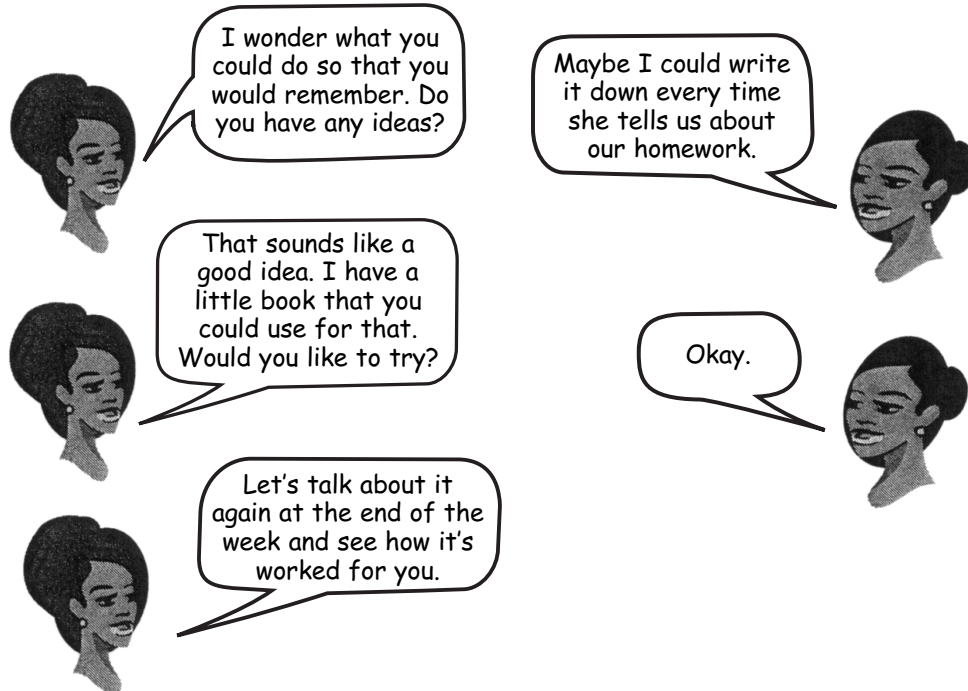
It sounds like you'd like to be keeping up with your homework but sometimes you don't know that you have an assignment. Is that right?

Yes. I guess the teacher tells us but I don't remember.



(continued on next page)

Example 2 (continued)



I wonder what you could do so that you would remember. Do you have any ideas?

Maybe I could write it down every time she tells us about our homework.

That sounds like a good idea. I have a little book that you could use for that. Would you like to try?

Okay.

Let's talk about it again at the end of the week and see how it's worked for you.



Activity 2

What do you think is the difference between the two examples?

Compare your answer with the suggested answer below.

In the first example the caregiver gives advice to Mutinta without allowing Mutinta to explain the reason for not finishing her homework. In the second example, the caregiver helps Mutinta see what is making her not finish the homework. Mutinta is further helped to explore possible solutions and implement the solution.

If you were Mutinta, what thoughts and feelings might you have about the advice-giving situation? You may think that your aunt does not understand why you are not completing your homework.

How might you respond? If you were Mutinta in this situation, you probably would not like your aunt. Possibly you would walk away and leave her talking.

If you were Mutinta, what thoughts and feelings might you have about the counselling situation? You may think that your aunt cares and listens to you.

How might you respond? You may begin to trust your aunt and begin to share difficulties that you face.

The counselling approach empowers children to draw on their own resources and teaches them how to find solutions and make decisions.

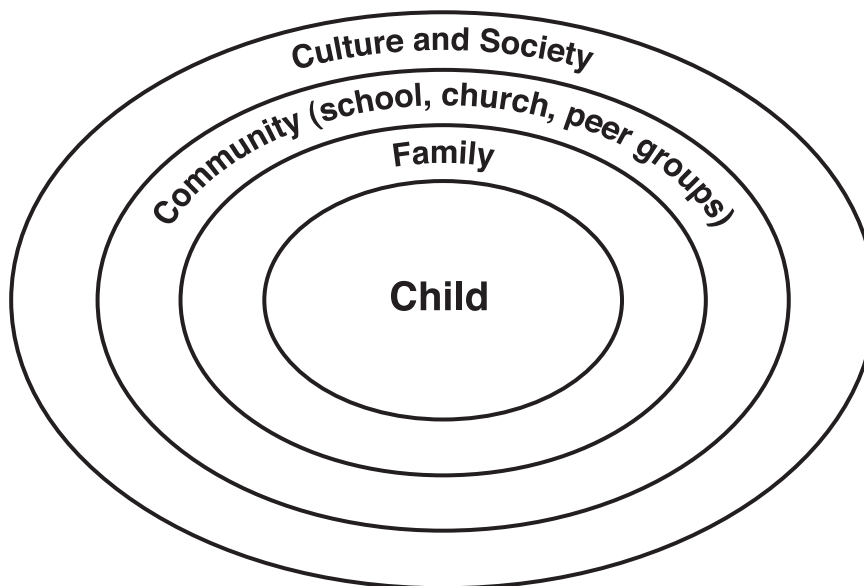
There is a place for giving advice, but in many situations giving advice can get in the way of open communication. Suggesting solutions communicates to other people that you are superior and they are inferior, tells them you don't have confidence in their ability to work things out for themselves, encourages dependency, and can make them feel inadequate.

Counselling is a way of helping people deal with their problems.

Lesson Two

The Importance of Counselling

To understand the importance of counselling in childcare we need to consider the child in relation to other members of the community. In the diagram below, you see where the child stands in relation to others.



Activity 3

What do you think the diagram shows?



You may have realised that the diagram above shows that the problem is not with the child but with the changing environment in which the child finds himself or herself. The following issues in the child's environment may put children at risk:

- Broken homes
- Poverty
- Lack of education

- Unemployment
- Chronic illnesses such as HIV/AIDS
- Death of loved ones
- Peer pressures
- Substance abuse and many others.

As the diagram shows, when a child is born, the family is the first point of contact. It is the duty of the parents and/or guardians to ensure the basic needs of the child are met. These basic needs include food, shelter, clothing, security, health, love and care. The extent to which each of these needs are met shapes the way the child grows. Failure to provide for any or all of these needs affects the child in a negative way.

For example, a child who lives with an uncle who mistreats him may grow up to feel hatred and act aggressively. A child who is denied food may suffer from nutritional problems that could lead to poor performance in school.

The community also helps to shape the growth of the child. The community consists of institutions like religious groups and schools, and also of different groups of people like the child's peers and school teachers. All these influence how the child grows. If the various institutions teach and model support and caring for people in difficulties, children are more likely to grow with an attitude of love for others.

Lesson Three

Characteristics of a Good Counsellor



Activity 4

Think of someone you know who is good at counselling—at helping people to help themselves. What are some of the attitudes and abilities that person has that make him or her effective in this role?

The chart on the next page lists attitudes and abilities that are considered to be important for counsellors to have. Do you see some of the characteristics of the person you described in the list?

Use the chart to help you assess your own abilities and identify areas where you would like to learn and grow. Which of the characteristics do you have? Which would you like to develop? Remember, you are just beginning to learn about counselling, so you aren't expected to have all of these characteristics. By the time you have finished the course, you will have new skills and additional knowledge.

Key Characteristics of Effective Counsellors

	I am strong in this area	I would like to work on this area
Awareness of my own values, beliefs and needs		
Awareness of how my beliefs, values and needs may affect relationships with clients		
Able to recognise and accept my feelings		
Desire to truly understand myself and others		
Desire to help others		
Belief that clients have the right to determine the course of their own lives		
Openness to ways of thinking and being that are different from my own		
Belief that every person has value		
Desire to continue learning		
Understand ways that cultural variations can affect the counselling situation		
Understanding of ethical behaviour		
Understanding of my role as a counsellor		
Knowledge of issues that clients face		
Knowledge of resources available to clients		
Ability to build warm and deep relationships with others		
Ability to share information clearly		
Ability to use communication strategies to achieve shared meaning		
Ability to use counselling strategies to help clients understand themselves and their situation and make decisions for their lives		
Ability to adapt my approach to meet the needs of different clients		

Lesson Four



The Role of Communication in Counselling

Communication is the process of sharing information between two or more people. The information shared may include ideas, emotions, knowledge or skills. There are two main types of communication. These are *verbal communication* and *non-verbal communication*.

Verbal Communication

Verbal communication occurs when both the caregiver and the client share information through spoken words. This happens, for example, when a caregiver asks the clients to talk about their problem and when the clients tell their story.

As a caregiver you should encourage the clients to talk more about themselves by responding to them verbally and non-verbally.

Non-Verbal Communication

In this type of communication the counsellor or the client conveys information through body movements or sounds. This does not involve the use of words but rather:

- Gestures
- Eye contact
- Sitting position
- Dress
- Head movements
- Tone of voice

For example, the trembling hands of the person with whom you are speaking may indicate that the person is afraid or anxious. On the other hand, a high tone of voice could indicate anger or over-excitement.

The Role of Communication in Counselling

In counselling, both the caregiver and the client are involved in interpersonal communication. The purposes of this communication are to:

- Get information from the client.

- Give information to the client.
- Help the client learn and apply coping skills to deal with a problem.
- Persuade the client to adopt positive ways of doing things.
- Help the client make a decision.
- Help the client express emotions, feelings, and thoughts.

As you discuss with a client, you should observe body movements and tone of voice and compare them with what the client is saying. It is said that there is more information in non-verbal communication than in verbal communication. Sometimes words hide the real situations. You should be able to recognise non-verbal responses to help you gain more insight into the client's problem.

The non-verbal messages that the counsellor sends are also important. For example, the counsellor who sits in a chair facing the client and leans toward the client will seem more approachable than one who leans back behind a desk.



Activity 5

What is verbal communication? Give three examples of verbal responses you can use.

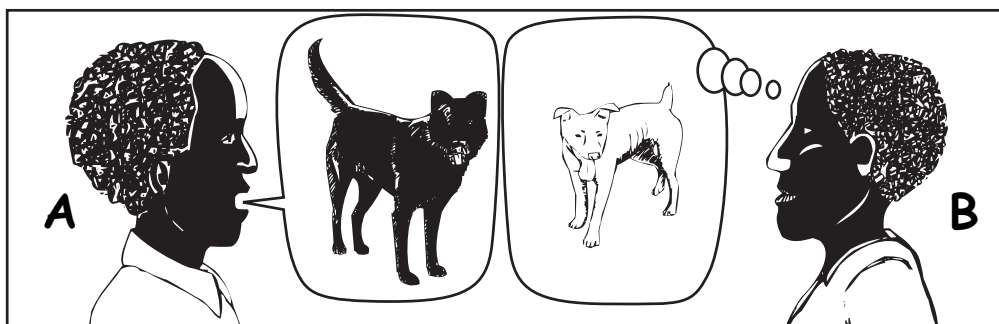
What is non-verbal communication? Give examples of non-verbal responses.

Lesson Five

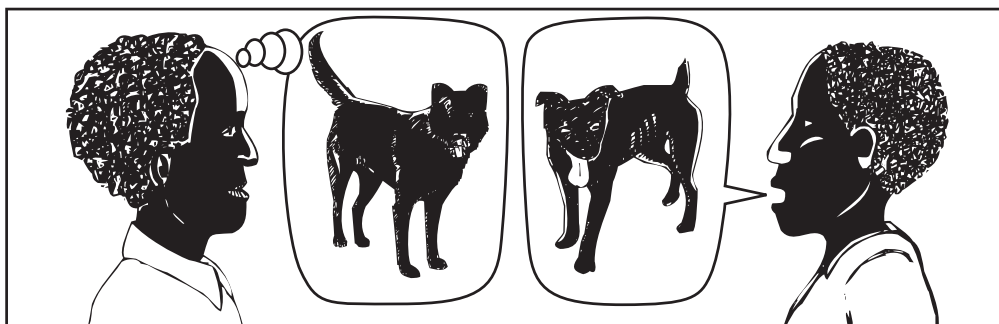


Arriving at Shared Meaning

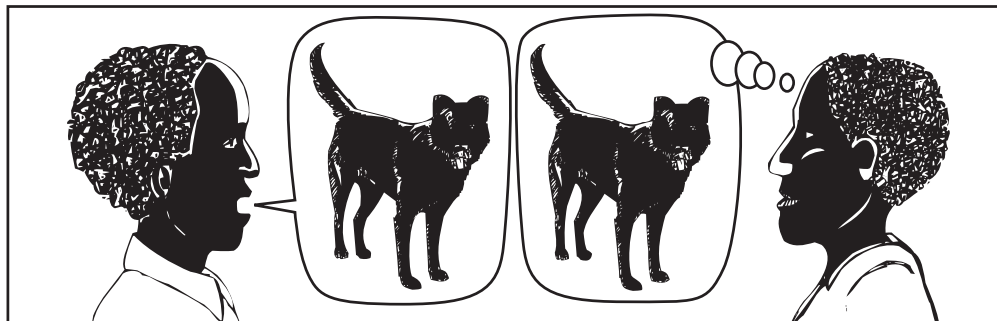
In effective communication there is an exchange of meanings. The listener is able to understand the speaker's message in the way the speaker intended. When the listener and speaker get to the point where they understand what is being said in the same way, we say they have achieved "shared meaning." The example below shows that while we will never understand each other perfectly, we can, if we care enough to work at it, come close.



In the diagram above, we see that we can never perfectly communicate our meaning to another person because each one of us comes into a communication event with ideas that come from our past experiences. While Speaker A is talking about a large, fierce-looking dog, Listener B is envisioning a fluffy little house pet like she has at home. The more clearly the speaker describes the dog, the more accurate the picture in the listener's head will become.



The above diagram shows that both the speaker and the listener want to have the same understanding of the situation. The goal is for them to, as nearly as possible, achieve the same meaning. In order to do that, the speaker needs to describe the dog clearly, and the listener needs to ask questions.



These diagrams have shown that in any given communication there is always a speaker and a listener. However, for communication to be effective there must be a responsible speaker and responsible listener.

A responsible speaker is someone who includes the detail that is needed to help the listener understand his/her meanings. On the other hand, a responsible listener is someone who asks the questions that help the speaker clarify his/her meaning. In a counselling situation, the counsellor is almost always the listener, so needs to have skills to help speakers express their ideas fully. We call this attentive listening. The goals of attentive listening in a counselling situation are:

- To understand the speaker's message from his or her point of view.
- To let the speakers know that you care about them and their experience.
- To let the speaker know that you hear and understand the message.

To emphasise the importance of listening, do the following exercise:



Activity 6

Think about a situation you have been in where you haven't felt listened to. What were your thoughts, feelings and reactions during that experience?



Typically, when we aren't feeling listened to we feel like what we have to say isn't important or interesting. We may become frustrated or angry. We may try to find ways to attract the person's attention (as children do when they pull on their parent's sleeve and make a big fuss while the parent is on the phone) or we may just give up and not bother trying to communicate.



Activity 7

Think about how you know when someone is really listening to you. What things do they say and do that let you know they are listening?



Types of listening behaviour vary from one culture to another. For example, in western culture it is believed that people are listening when they are showing types of behaviour such as eye contact, facing the other person, asking relevant questions, and nodding. Some communication practices in the African culture that you, as a counsellor, need to be aware of are:

- Avoiding eye contact and looking to the ground, especially when an older person is talking to a young person.
- Not answering back when an older person is talking to a young person.
- Avoiding physical contact.
- Giving "Yes" answers when what is meant is really "No".
- Not feeling free to talk to counsellors of the opposite sex.
- For females, not talking when males are talking.



Activity 8

You are trying to get some desk work done but a young child keeps climbing on your lap and trying to draw on your paper. What might the child be trying to say to you?

A child who is new to the home hides behind the closet door when you come into the room. What are some possible meanings of this non-verbal behaviour?

You are called to talk to a young boy who misses school and goes playing with friends. When you ask him questions he does not answer and avoids eye contact. How can you help him express himself?

A young girl is brought to your office for counselling. You, a male counsellor, begin to interview her but she is not responding. What can you do?

A boy about 10 years old is brought to your office by his mother for help. You welcome them and extend a handshake. His mother shakes your hand but the boy withdraws his hand. What can this mean to you? How can you create trust?



These exercises show that for you to help your clients you must observe their behaviour and listen attentively to what they are saying. Note, too, that children and youth do not easily express themselves verbally. Therefore there is a need for you as a counsellor to use creative methods to help young people express themselves. Unit 6 of this module discusses the use of play, drawing, drama, and story telling to help children and youths express their feelings, thoughts, and ideas.

There are some things that stand in the way of effective listening. Two examples are:

- Paying partial attention because you are thinking about what you want to say.
- Evaluating what the other person is saying even as you listen.

Paying attention can be harder than it would seem, and is an important skill for counsellors!

Strategies for Attentive Listening

Strategies that you as a listener can use include: paraphrasing, behaviour descriptions, feelings checks and questions.

Paraphrasing

When you are paraphrasing, you are making guesses about what the message is:

“Do you mean....”

“Are you saying that...?”

“Sounds like you....Am I right?”

The following illustration shows an example of paraphrasing.



Example 1: Paraphrasing

Child: My teacher said I need to read this book tonight.

Caregiver: Do you mean that reading the book is your homework for tonight?

Child: No, it's not really homework. I was asking a question about horses and the teacher said I'd find an answer in this book.



Behaviour Description and Feelings Check

When you describe the behaviour you see you are doing a behaviour description. When you guess about the feelings, thoughts or intentions that go with the behaviour you are doing a feelings check:

“I notice that you are...I’m guessing that you feel....?”

“When you....I’m wondering if you feel....?”

The dialogue below illustrates behaviour and feelings check:



Example 2: Behaviour and Feelings Check

Caregiver: I noticed that you were quiet tonight at dinner. Are you feeling tired?

Child: No, my tummy hurts.



Questions

Asking questions effectively can be a real art. Here are some guidelines:

- “What” and “How” questions are usually preferable to “Why” questions.
- Closed questions force a specific answer; for example, “Do you like dogs?”
- Open-ended questions encourage a person to explore their thoughts and feelings by leaving the person free to answer in many ways. Examples of open-ended questions are:
 - What does that feel like?
 - Can you tell me more about...?
 - What have you thought of?
 - I’m wondering what would happen if...?
 - What’s most important for you now?
 - How would you like things to be?
 - Would you like to talk about...?
 - Where would you like to begin?



Example 3: Questions

Counsellor: I'm wondering what would happen if you told Choolwe how you feel about what she said.

Child: I think she'd be angry.

In order for attentive listening to be effective, the counsellor needs to:

- Be genuinely interested in knowing about the child's experience from his/her perspective.
- Ask questions, rather than make assumptions.

In a counselling session both the caregiver and the client communicate their feelings, thoughts and actions with each other. Good communication is necessary for counselling to take place.



Activity 9

As a caregiver who is involved in counselling, write your understanding of the word "communication".



Did your answer include some of the following points?

Communication is the process of sharing information between two or more people. The information shared may include ideas, emotions, knowledge or skills. In counselling, communication may take the form of explaining a point, expressing a feeling, or asking a question.

Communication may either be one-way or two-way. One-way communication involves sending a message without receiving an answer. On the other hand, two-way communication involves sending a message and receiving a response. In counselling, two-way communication is recommended where you and the client share information.

As a caregiver you should be aware of the factors that may affect communication between you and your client. Think about these factors:

- The place where communication takes place. When do you think communication is likely to be most effective—when you are alone with a client in a calm, quiet area, or when you are in a noisy, crowded room?
- The time when communication takes place. Do you think you will be a more effective communicator when you are well-rested and fed or when you are hungry and tired?
- The way you or the client talk and listen to each other. Would you prefer to talk with someone who is paying attention and seems to care about your experience, or someone who is mostly interested in telling you what to do?
- The language used in the communication. Would you find it easier to communicate with someone who uses the same kind of language you do, or someone who speaks quite differently (perhaps very formally)?
- The emotions underlying the communication. Have you ever tried to speak with someone who was very angry or sad? Powerful emotions get in the way of communication. The best way to deal with these emotions is to acknowledge them. You might say, “It seems like you’re feeling a bit sad. Am I right?” or “It sounds like you’re pretty angry!” Once the person sees that you understand how they feel, they are often ready to communicate more calmly.

Referring

Knowing when to refer a client to a colleague or to a professional counsellor is an important counselling skill. Some situations where you should refer clients to someone else are:

- When the client needs kinds of services that you aren’t able to provide.
- When your relationship with the client stands in the way of being able to work effectively with them.
- When you feel like you aren’t making any progress with the client.
- When the client asks for a referral.

Lesson Six



Counselling Skills

The communication skills that we have discussed will help you in any of your communications but will be especially useful in your work as a counsellor. In this section we will look at how you use these communication skills in a counselling situation.

Questioning

Good questioning will help you obtain correct and adequate information from the client. Use simple, short and straightforward questions. Open-ended questions are better than closed questions because they encourage the client to talk. Closed questions limit answers from the client. Give your client time to think and reply.

Activity 10

Think of a possible counselling situation and write examples of questions you might use that are:

Open-ended

Closed

Compare with the examples below.

An open-ended question:

How is your relationship with your stepmother?



A closed question:

Does your stepmother like you?

Listening

This means that you must hear and understand what the client is saying to you. As a caregiver you must learn to be a good listener. Good listening encourages the client to provide all the information about their problem.



It also helps you to understand the problem better and deeper in order to enable you to help the client. You can improve your listening skills by:

- Not thinking about other things while the client is talking to you.
- Being emotionally neutral when attending to a client. For example, you should not start shedding tears when a client is explaining a bad experience.
- Not doing other activities such as answering the phone.
- Practicing the attentive listening skills detailed in the last lesson.

Observation Skills

Concentration is very important when you are attending to your client. It will enable you to notice non-verbal communication behaviours. For example, check the body language (posture, hand movement, face expressions) to see whether it agrees with the story the client is telling you.

Establishing a Relationship

It is very important that you and your client first know each other. Some of the ways to build this relationship are:

- By offering a warm welcome.
- By greeting the clients and offering them a chair.
- By introducing yourself and providing information on what you do and where you work.

- By allowing the clients to also introduce themselves.
- By talking about other general issues, such as the rainy weather.
- By assuring the clients that your conversation with them is confidential.

Empathy

Empathy refers to showing the clients that you understand their situation and that you are willing to help. You should show the clients that you are also a person with emotions and understand what they are going through. However, your emotions as a caregiver should be appropriate so that you do not lose sight of your role of helping the clients find solutions themselves.

Building on Your Client's Strength

You must remember that clients have the ability to solve their problems. Help the client to identify such abilities. To achieve this you may ask the following questions:

- What have you done about the problem?
- Whom have you shared the problem with?
- Is there anything you could have done to solve the problem earlier?

Summarising

When you summarise, you pick the main points from what your client has said. Summarising is important when:

- Ending the session.
- Taking a break.
- Starting a new session so that you connect it to the previous one.
- You have not clearly understood a point the client explained (see paraphrasing, above).

Acceptance

You should receive and accept the client the way they are, whether pleasant or unpleasant, clean or dirty, nicely dressed or in rags. You

must respect clients as persons and show that you like and care for them. Do not judge them.

Probing

Probing means asking the client a series of questions in order to obtain more information about a situation. In doing this you develop the questions from what the client is explaining. The purpose of probing is to help clients explore issues more fully.

Clarifying

Clarifying is when you ask the clients to explain their point in more detail by rewording what they have said. Clarifying is also used when you have not clearly understood the client.

Reassurance

Reassurance is when you communicate support, acceptance and encouragement to the client. This will help the clients to relax and be confident that they will find help in your care.

Challenging

In challenging, you question the behaviour of the clients so that they are made to analyse their own actions. For example, you would ask a teenage girl who wants to marry before completing school whether she thinks that marriage is the right thing to do now rather than school. The goals of challenging are to help clients develop new ways of thinking and acting.

Partialisation

Partialisation is where you help a client who has many problems to focus on one problem at a time. This helps the clients to focus all their energies on that one particular problem and achieve positive results, instead of trying to solve too many problems at the same time without any meaningful results.

Lesson Seven



Types of Counselling

There are many types of counselling that may be used in providing care to clients. Your choice of which type to use will depend on the problem presented by the client.

Some common types of counselling are:

- Preventive counselling
- Behavioural counselling
- Individual counselling
- Group counselling
- Peer counselling
- Crisis counselling
- Supportive counselling
- Spiritual counselling
- Grief counselling

Preventive Counselling



Preventive counselling is structured and based on a specific programme with specific goals. For example, the aim of counselling may be AIDS prevention. Preventive counselling involves providing information on an individual or group basis. In a group situation one or more caregivers can carry it out.

Behavioural Counselling

The main aim of behavioural counselling is to support the child's personal growth through the process of self-understanding and self-acceptance. Personal awareness and acceptance helps the child to know what they can achieve and how to utilise their potential fully. The child, through education and learning, is helped to change to a more acceptable behaviour. For more details of behaviour counselling, see Unit 3.

Individual Counselling

This is a one-to-one counselling process involving only the counsellor and client. In this type of counselling your aim as a caregiver is to empower the client. The caregiver guides the clients into understanding their problem and enabling them to see the choices available to solve the problem.



The following is an example that will help you understand individual counselling.



Example 1: Individual Counselling

Ali is a 17-year-old boy. He is in grade eleven at St. Edmunds Secondary School in Mazabuka. Ali is the first-born child in a family of 4. He lost his mother from HIV/AIDS in 2001 when he was in grade ten and he also lost his father to the same disease some years earlier. Now Ali does not know where to go to get money for school. He fears that he will have to drop out of school before he can complete grade twelve.

Ali is advised to see the community counsellor. The counsellor takes time to get to know Ali and help Ali trust him. He listens to the details of Ali's situation and to his fears. He asks Ali if he has any relatives or if his late father has left any assets that could help to pay his school fees. Ali answers that he has no relatives and his father did not leave any money. The counsellor informs him of some individuals and organisations that may be able to provide some assistance.

The relationship that develops between Ali and the counsellor is an example of individual counselling.



Group Counselling

This is a type of counselling where the counsellor involves other people associated with the client's problem. This approach is based on the

belief that there are factors in the environment, culture and relationships that affect the client. Group counselling is used to change such factors in order to bring a desirable change in the behaviour of the client. An example of group counselling is the involvement of family members in counselling a client suffering from AIDS.



The example below illustrates a situation in which the counsellor uses group counselling.



Example 2: Group Counselling

Kamau is a 30-year-old man who was tested for HIV and found to be positive.

When relatives learnt that Kamau was HIV positive they stopped talking, eating and shaking hands with him. Family members thought that they could contract AIDS by being close to him.

Kamau visited the counsellor and complained of isolation and neglect by family members. He felt that killing himself would solve this problem. In helping the client, the counsellor also talked to family members. The counsellor helped them to understand that talking, eating and shaking hands do not spread AIDS. This helped Kamau's relatives change their attitude towards him.



Peer Counselling

In peer counselling, the counsellor involves other people who have similar experiences and characteristics as the client. Some common characteristics could include interests, age, gender, OVC status, chronically sick parents, sexual abuse, and substance abuse. The persons who share these characteristics, the client's peers, would be appropriate to include in a peer counselling session.



For example, a caregiver is faced with a youth who has a habit of taking drugs as a way of dealing with unemployment. The caregiver could involve other youths who also had this similar problem but managed to overcome it. The role of the caregiver is to provide an environment in which the peers are able to share experiences and support one another.

The case study below illustrates further how peer counselling can be used.



Example 3: Peer Counselling

Zawadi visits Goma clinic for voluntary counselling and testing (VCT) and she tests positive for HIV. However, she has not yet developed AIDS. She is worried that she could soon develop fully blown AIDS. She visits the counsellor for help. In order for the counsellor to help her live positively, she links her to a group of people living with HIV/AIDS. These people begin to help Zawadi by sharing their own experiences and their ways of coping with the problem.



Crisis Counselling

Crisis counselling is a type of counselling given to a client who is in acute distress and feels he/she can no longer cope. Crisis counselling is short term and provided to clients who need immediate help. A client in a crisis may appear panicky, restless, confused, afraid, and so on.



Some examples of situations which may require crisis counselling include suicide, bereavement, substance abuse, rape, a run-away teenager, broken love affair, battered spouse, or awareness of a terminal illnesses like HIV/AIDS.

There are many types of crises that can be experienced by children. For example:

- Loss of parent(s) or sibling(s)



- Unwanted pregnancy
- Financial difficulties

Activity 11

List ways you could help a young person deal with a crisis.



Did your list include any of the following?

- Remain calm.
- Help the child to tell his/her story.
- Allow the child to express his/her feelings.
- Be supportive.
- Show empathy.
- Deal with the present problem in a practical way to help the child.
- Refer to other professionals when necessary.

Supportive Counselling

Supportive counselling occurs after the initial crisis counselling and helps clients develop the hope to live on. This type of counselling may be institution-based or home-based. It gives the caregiver the chance to understand the client's social and home situation, which could help in the counselling of the client.

Some examples of supportive counselling activities are:

- Setting tasks and goals, which are followed up on the next visit.



- Working with the family to improve the client's social support and help create more openness within the family.
- Helping the client to improve his or her communication skills.

Activity 12

A teenage girl who has attempted suicide has been brought to you for counselling. As a caregiver, what could you do to help her?



Spiritual Counselling

Spiritual counselling is provided by priests, pastors, nuns, imams and others. In spiritual counselling, belief in a supernatural being is used to help clients deal with their problems. For example, belief in God is used for a client who is a Christian. It is important to note that religious workers are always willing and ready to provide spiritual counselling. You should refer children who need spiritual counselling to religious workers.



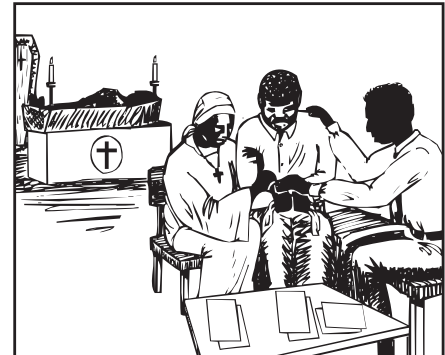
Grief Counselling

Grief counselling is helpful to clients who have lost their loved ones and need support in dealing with their grief. It is also called bereavement counselling because it aims to help clients experience normal mourning.

Losing loved ones like parents, children, or spouses make the surviving relatives experience stress, depression, failure to make correct deci-

sions, and other uncomfortable feelings. Therefore, the goals of grief counselling include:

- Giving information to the clients to help them make good decisions.
- Helping the clients to plan for their life without the person.
- Helping the clients to deal with the stress.
- Helping the clients to express feelings.
- Helping the clients to understand that the environment they are in is safe.



The process of grief counselling may begin when the loss is anticipated. However, it is not advisable to start grief counselling too soon after a loss (for example, at the funeral), because the clients may still be in a state of shock. Instead, start to make contact with the clients during the funeral time to give support and to start establishing a relationship with them. Then they will feel comfortable coming to you later if they feel they need help dealing with their loss.

Lesson Eight



Conducting a Counselling Session

While counselling is carried out in different situations, both informally and formally, you will find that the counselling process is the same. The case study in this lesson will help you understand how a counselling session is conducted.

Case Study 1: Miyoba

Miyoba is an 18 year old girl and doing her last grade in high school. She lives with her poor and unemployed parents. They struggle to raise money and send her to school.

Miyoba has experienced sleepless nights because of worry. She is worried that she could be HIV positive because she recently had unprotected sex with a man who promised her some money. She then visited Chipo the counsellor at the Voluntary and Counselling Centre (VCC).

The dialogue below shows how the session was conducted:

The session

Chipo: You are welcome to the centre. Please sit down.

Miyoba sits down.

Chipo: My name is Chipo. I am one of the counsellors here at the centre. You need not to tell me your name for we use code numbers as names for our clients. This is because we believe in confidentiality. Whatever is discussed here is confidential.

Miyoba nods her head.

Chipo: Here at the VCC we offer counselling and HIV testing services.

Miyoba nods her head again.

Chipo: Our session will take about 45 minutes or more depending on the problem you have. If you decide to take a test, this will take another 15 minutes. Are you prepared for this length of time?

Miyoba: Yes I am.

Chipo: What is your reason for visiting this centre today?

Miyoba: I am worried that I could be HIV positive. I want to know my HIV status.

(continued on next page)

Case Study 1 (continued)

Chipo: Can you tell me why you think you might be HIV positive?

Miyoba: I had sex with a man a few months ago.

Chopo: Was it unprotected sex?

Miyoba nods.

Chipo: You were wise to come here. We can help you. You are worried that you might be HIV positive. Let's talk for a minute about HIV and AIDS. Do you know the difference between HIV and AIDS?

Miyoba: HIV and AIDS are the same thing. There is no difference.

Chipo : HIV is the virus that causes AIDS. AIDS is the disease. If you have the virus it does not mean that you have AIDS. One may be living with the virus but not show signs and symptoms of the disease. Is the explanation clear?

Miyoba: Yes, it is clear.

Chipo: How is HIV/AIDS transmitted?

Miyoba: It is transmitted through unprotected sex, blood transfusion and use of used needles and razor blades.

Chipo: In addition to what you have said, it is also transmitted through mother-to-child transmission. Mother-to-child transmission is when an infected mother passes the virus to the child at birth or through breast milk. Do you have any questions?

Miyoba: No.

Chipo: How can you prevent HIV/AIDS?

Miyoba: Abstinence and the use of condoms will prevent HIV/AIDS.

Chipo: Avoiding the use of contaminated needles and razor blades also helps prevent HIV/AIDS.

Miyoba nods her head.

Chipo: You have talked about condoms. Do you know how to use them?

Miyoba: Yes I do.

Chipo: You said your reason for coming to this Centre is to be tested for HIV.

(continued on next page)

Miyoba: Yes

Chipo: Did you discuss HIV testing with anybody?

Miyoba: Yes, I discussed with my friend who encouraged me to come and take a test.

Chipo: Do you know anything about the HIV testing?

Miyoba: No, I don't.

Chipo: When the test is done, there are two possible results, either negative or positive. A negative result shows that you do not have the virus while a positive result indicates that you have the virus in your body. However, there is also a window period which is the period between your last sexual contact with an infected person and the period when the virus can be detected. This window period is about three months. So you could be negative now and be positive if you were tested after three months. Do you have any questions?

Miyoba: No, I do not.

Chipo: If the result came out HIV negative, what would you do?

Miyoba: I would be very happy and avoid unprotected sex.

Chipo: What would you do if you tested HIV positive?

Miyoba: I will accept the results and will inform my parents.

Chipo: After the test is done and the results are out, we will again sit together and discuss them. Now that you have the information about HIV/AIDS and the HIV test, do you still want to be tested?

Miyoba: Yes, I do.

Chipo: (Gives the client the consent sheet) Can you read that sheet and say whether you agree or not?

Miyoba: (client receives the sheet and reads it) I agree and consent.

Chipo: (Fills in the lab form) I will meet you again after 15 minutes to discuss the results. Is that alright?

Miyoba: It is fine.

Chipo: Let us go the laboratory waiting room. See you after 15 minutes.



Activity 13

In this case study, how did Chipo provide help to Miyoba?



You may have noticed that the counselling session basically has three phases. Gichinga (1999) identifies the Beginning (warming) stage, Middle (working) stage, and the Ending (terminating) stage.

1. Beginning (Warming) Phase

This is the beginning stage where you get to know the client and ensure that the client is comfortable. It is important that you make the client feel that they can trust you with what they tell you. As a caregiver, your aim at this phase is to establish a counselling relationship.



2. Middle (Action) Phase

The working phase is also called the middle or action phase. Here you begin to ask the clients why they have visited you and you help them tell their story. During this stage, you obtain as much information from the clients as possible. You also help the clients to understand their problem and explore alternative courses of action. In the case study above, Chipo helped Miyoba to tell her story. Chipo also provided Miyoba with information on HIV/AIDS and the VCC services.

This is the stage where you help the client to identify solutions, and develop and implement an action plan. The action plan should include support systems that can be used, such as family, church, employer, etc.

3. Ending (Terminating) Phase

In the terminating phase you are ending the relationship with the client. As a caregiver, you help the clients to do things on their own. It is important that you do not make the client dependent on you in the counselling relationship. For example, Chipso gives Miyoba information about HIV/AIDS and the test, and asks if Miyoba is still interested in undergoing the test.

It is also at this phase where you should agree with the client as to whether they will need more counselling. If there is a need for more counselling, you agree on the date and time that you will meet. In the case study, Chipso makes an appointment to meet with Miyoba after the results are given to her.



Summary

This unit has introduced you to basic counselling, which is a necessary foundation for the other units in this course. “Counselling” has been explained as a way of helping people in difficult situations solve their own problems. You have been given a list of characteristics of effective counsellors and have used it to identify your strengths and the areas you would like to work on.

Communication and its role in counselling have been discussed. You have been introduced to strategies for effective listening and for asking questions. These are particularly valuable when working with children and youth because they often have problems expressing themselves. A number of counselling strategies and techniques have been described. Finally, you have been shown how to conduct a basic counselling session through all three stages.

Counselling is a complex process. There is a great deal of information in this unit and a number of skills for you to work on. It will take time for you to understand the counselling process and develop these skills. The key is to refer back to this unit as you need to and to keep practicing. Change may come slowly, but it will come.



Self-Assessment Exercise

Question 1

- a. Which of the following statements are correct about the meaning of counselling? Write true or false next to each statement.

Counselling involves:

- i) Establishing and developing relationships with clients.
 - ii) Giving advice to clients.
 - iii) Telling clients what to do.
 - iv) Helping clients explain their problem.
 - v) Helping clients identify their abilities.
 - vi) Giving correct information to help clients make decisions.
 - vii) Blaming clients for their weaknesses.
 - viii) Listening attentively to clients.
 - ix) Continuously talking to clients while they only listen.
- b. What are some reasons to offer counselling to people who are dealing with difficult situations?

Question 2

- a. List at least 4 types of counselling.

- b. Explain in a few lines what each of the following types of counselling means.

- i) Individual counselling.

ii) Grief counselling.

iii) Peer Counselling.

iv) Crisis counselling

Question 3

Briefly explain the steps you use in counselling. Give examples.

Question 4

a. List five reasons for communicating with your client.

- b. What is the difference between verbal and non-verbal communication? Explain the importance of this difference.

Question 5

List five techniques you use when counselling a client.



Suggested Answers to Self-Assessment Exercise

Question 1

- a. Which of the following statements are correct about the meaning of counselling?
- i) True. As a counsellor you need to make a positive and helpful relationship with the client.
 - ii) False. Counselling is not giving advice. In counselling you give information so that clients make informed decisions.
 - iii) False. Counselling is not telling clients what to do but helping them recognise their abilities and building upon them.
 - iv) True. In counselling you encourage clients to tell their whole story by being attentive and showing interest in them.
 - v) True. Every client has the potential to deal with his or her problem. They may not have realised this ability. Your role is to help them see their potential and put it into action.
 - vi) True. Correct information is very important in counselling. Many clients make wrong decisions because they lack correct information.
 - vii) False. Counselling is not about judging clients or telling them they are at fault. It is about helping clients understand their problem and take action to solve it.
 - viii) True. Listening to what the client is explaining will help you understand the client's problem and become helpful.
 - ix) False. As a counsellor you should do more listening than talking.
- b. People in difficult situations are counselled because:
- i) You want to help them remove emotional feelings of pain and discomfort they are experiencing.
 - ii) You want to help them gain a deeper understanding of their problem in order for them to solve it.
 - iii) You want to help them to change their negative behaviour to positive behaviour.

Question 2

- a. There are many types of counselling. Any four of the following are correct:
- i) Individual counselling
 - ii) Peer counselling
 - iii) Grief Counselling
 - iv) Crisis Counselling
 - v) Spiritual Counselling
 - vi) Supportive counselling
 - vii) Group Counselling.
- b. Explain in a few lines what each of the following types of counselling mean.
- i) Individual Counselling is a one-to-one counselling process where only you and the client are involved. Your aim is to help clients understand their problems and their ability to solve them.
 - ii) Bereavement Counselling is also called grief counselling. In this type of counselling you help clients whose problems are associated with the loss of loved ones.
 - iii) Peer counselling requires the involvement of other people who have experienced similar problems as your client and have found ways to cope with them.
 - iv) Crisis counselling is used to help clients who are in acute distress and feel that they can no longer cope. A client that attempts suicide will require this type of counselling. Crisis counselling is short term and is followed by supportive counselling.

Question 3

- a. Warming phase/engagement or beginning stage.
- The warming phase is the first step in counselling. It involves welcoming the clients, ensuring that they are comfortable, and introducing yourselves to each other. Then you can explain the kind of relationship you are entering into and the need for confidentiality.

b. Working phase or the middle stage.

The working phase is the second stage in the counselling process. It begins with asking clients to explain the reason for their visit. You should allow the client to give you as much information as possible about the problem. During this stage, you help the client to understand the problems and explore possible courses of action to overcome them. Assist the client to develop an action plan and begin to implement it.

c. Terminating stage.

The terminating phase is the stage where you end the relationship. The counselling relationship should not be permanent; the client should not depend on you forever.

Throughout the counselling process you should aim to help the client to do things on his or her own. The relationship should end when the client can take responsibility for the problem for which he/she is receiving counselling.

Question 4

a. List five reasons for communicating with your client.

- i) You communicate because you want to get or give information to the client.
- ii) You communicate because you want to help the client learn and apply coping skills to deal with the problem.
- iii) You communicate because you want to persuade the client to adopt positive ways of doing things.
- iv) You communicate because you want to help the client make a correct decision.
- v) You communicate because you want clients to express their emotions, bad feelings and thoughts in order to feel better.

b. In verbal communication the client and the counsellor send messages by the use of words. Non-verbal communication uses body language to convey the messages. The knowledge of the two is important to the counsellor because the client will send messages in both ways. The counsellor must check whether the message in the spoken word is the same as the one in the body language. This helps the counsellor to understand the problem of the client and provide helpful counselling.

• Question 5

• There are many techniques used in counselling. They are grouped
• into the following:

- i) Relationship-building techniques like acceptance, reassurance,
• empathy, and so on.
- ii) Information-gathering techniques such as questioning,
• listening, observation, probing, clarifying, etc.
- iii) Information-giving techniques, like challenging and
• summarising.



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Glossary

Acceptance: An attitude of effective counselling in which the counsellor accepts the client the way he or she is.

Attentive listening: Attitudes and strategies that allow communicators to achieve shared meaning.

Behavioural counselling: Counselling intended to support a child's personal growth by helping the child achieve self-understanding and self-acceptance.

Caregiver: A parent or guardian who cares for a child or an elderly or ill person.

Clarifying: A counselling technique in which the counsellor helps the client to explain a point in more detail by rewording what the client has said.

Closed questions: Questions that invite a "yes"/"no" or one-word response.

Challenging: A counselling technique in which the counsellor questions the behaviour of the clients so they are made to analyze their own actions.

Clients: The children or adults whom a counsellor is trying to help.

Communication: The process of sharing information between two or more people. The information shared may include ideas, emotions, knowledge, or skills.

Counselling: A way of helping people in difficult situations solve their own problems.

Crisis counselling: Short-term counselling given to clients who are in acute distress and feel they can no longer cope.

Empathy: An attitude of effective counselling in which the counsellor shows the client that he or she understands the client's situation and is willing to help.

Giving advice: Telling people what they should do. This approach to

counselling is ineffective because people aren't encouraged to find their own solutions to problems.

Grief counselling: Counselling provided for clients who have lost their loved ones and need support in dealing with their grief. It is also called bereavement counselling.

Group counselling: Counselling which involves other people associated with the client's problem (e.g. family members).

Individual counselling: A one-to-one counselling process involving only the counsellor and client.

Non-verbal communication: Communication through such means as body movements, facial expressions, and touch.

Open-ended questions: Questions that invite the other to elaborate and explain.

Partialisation: A counselling technique in which the counsellor helps a client who has many problems to focus on one problem at a time.

Peer counselling: Counselling which involves other people who have similar experiences and characteristics to the client.

Preventive counselling: Counselling which is structured and based on a specific programme with specific goals.

Probing: A counselling technique in which the counsellor asks the client a series of questions in order to obtain more information about a situation.

Responsible listener: Someone who asks questions that help the speaker clarify his/her meaning.

Responsible speaker: Someone who includes the detail that is needed to help the listener understand his/her meanings.

Shared meaning: Occurs when a communication partner fully understands the message the other is trying to convey.

• **Spiritual counselling:** Counselling in which belief in a supernatural being is used to help clients deal with their problems. It is usually provided by spiritual leaders such as priests, pastors, nuns, imams, and others.

• **Substance abuse:** The misuse of substances that may have legitimate uses but can cause harm when misused; for example, drugs, alcohol, or glue.

• **Summarising:** A counselling technique in which the counsellor restates the main points from what the client has said.

• **Supportive counselling:** Counselling provided after an initial crisis counselling to help clients develop the hope to live on.

• **Verbal communication:** The use of spoken or written language to convey meaning.

Counselling for Caregivers

Unit 2:
Ethical and Cultural Issues
in Counselling



COMMONWEALTH *of* LEARNING

Unit 2: Ethical and Cultural Issues in Counselling

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Unit 2: Ethical and Cultural Issues in Counselling

Introduction

Working with a child is a privilege and a responsibility. It is a privilege because we have the opportunity to make a great difference in someone's life, and a responsibility because we are entrusted with the task of promoting every aspect of the child's development. All children are vulnerable. They have little power over their lives and few skills for protecting and caring for themselves. Caregivers who work with children have a special and important role—one in which they have the power to do great good or, in some unfortunate cases, great harm.

The particular status of children as human beings who need special protection and nurturing is recognised in documents such as the *African Charter of the Rights and Welfare of the Child* and the ethical codes of relevant professional organisations.

Ethical codes and the values which they reflect can guide the work of caregivers and help them when they are making difficult decisions. Considerations such as culture and gender are part of the context within which those decisions are made.

Caregivers working with children and youth have an ethical responsibility to work in ways that put the children's interests first. In order to be able to do this, caregivers must have a high level of self-awareness so they can recognise their own needs, values, and beliefs and see how these could affect the relationship with the child.

This unit contains six lessons. The first discusses the needs and rights of children, including the *African Charter on the Rights and Welfare of the Child*. Lesson Two deals with the ethics of counselling. Lessons Three and Four talk about the roles of culture and gender in counselling. Lessons Five and Six are about increasing your self-awareness and resolving ethical dilemmas.

Objectives

By the end of this unit you should be able to:

1. Explain why children hold a special position in society and discuss their particular rights and needs.
2. List ethical values associated with counselling children.
3. Discuss the impact of culture and gender in counselling.
4. Explain the role of the caregiver's values and attitudes in counselling.
5. Identify some of your own deeply held beliefs and values and describe how they might influence a counselling situation.

Lesson One



The Needs and Rights of Children

The experiences children have in their early years determine to a very great extent the persons they will grow up to be. These are the years when they are developing physically, emotionally, socially, and intellectually, so it is very important that they have the proper nutrition, stimulation, and emotional support. These are, of course, the years when they are the most vulnerable; they are unable to provide for themselves and need the care of adults and the protection of society. As human beings, we all have a moral obligation to children. As well, the special needs and rights of children are outlined in documents such as the *United Nations Convention on the Rights of the Child* (UNCRC), the *African Charter on the Rights and Welfare of the Child*, and the laws in your country that address children (Kenya, for example, has a *Children's Act*).

Activity 1

Find out which laws in your country address the rights and protection of children.

For the purposes of this course, we will look more closely at the *African Charter on the Rights and Welfare of the Child*.

The African Charter on the Rights and Welfare of the Child

The articles in the *African Charter on the Rights and Welfare of the Child* are summarized below and the full document is an appendix to this unit. As you read through this document, think about what each article means for the children and youth in your care.

Who Is a Child?

The word “child” refers to human beings below the age of 18, both boys and girls.

Name and Identity

Every child has a right to have a name, to be registered after birth and to be a citizen of a country.

No Discrimination

All children have the same rights. Children should not be discriminated against because of race, religion, colour, sex, disability, language, or ethnic group. They have the same rights whether their families are poor or rich.

Care and Protection

Children have a right to be cared for by their parents. Everyone should protect children against danger. Some children do not have parents. They too should be cared for and protected.

Health

All children should be healthy. They should be immunised, live in a clean home, eat good food and drink clean water. Governments should provide health services to children. Parents should also take care of the health of their children.

Drugs

Children should be protected from drugs and other harmful substances like alcohol and cigarettes. Drugs and alcohol can interfere with growth and education.

Education

Children have the right to be educated. The best education takes place in school, at home, and in the community. Children also learn when they play or help adults with work. Governments must ensure children are given a chance to go to school, both boys and girls.

Freedom of Expression

Children have the right to think and express themselves.

Separated Children

Children should not be separated from their parents and families, if at all possible. Children who have been separated from their parents have rights like other children. They need special help and protection. They should be helped to rejoin their families, or if that is not possible, they should be helped to join another family.

Child Labour

Children should not be made to do work that interferes with their growth, health, and education.

Refugee Children

Children who have been forced to run away from their countries have rights. They should be protected and helped. They should be helped to join their families as soon as possible.

Children and War

Children should not be made to fight in wars. They should be protected from the dangers of war. Children should be assisted to overcome the bad effects of war on them.

Harmful Social Practices

Children have a right to be protected against certain social practices which interfere with their growth, development, and education; for example, early marriages.

Harmful Cultural Practices

Children should be protected from certain cultural practices that interfere with their growth, physical and mental development, health, and education. Some harmful cultural practices may be borrowed from other cultures while others may be traditional. For example, female genital mutilation is not acceptable as a cultural practice and violates children's rights.

Sexual Exploitation

Children should not be forced to engage in sex. It is against the law for children to engage in sex.

Child Abuse and Torture

Children have a right not to be abused or tortured.

Orphans

Children whose parents have died because of HIV/AIDS or from any other cause have the same rights as all other children. They should be treated with respect and helped to live happily.

Handicapped Children

Children who are handicapped have the same rights as all children. They should be treated with respect.

Children and the Law

Children accused or found guilty of committing a crime have the right to special treatment. The child should be represented by a lawyer who is specially trained to work with children. They should be treated well and politely. Imprisoned children should not be tortured or treated badly. Children should not be put in the same court or prison with adults.

Privacy

Privacy is an important right of children which directly affects the counselling relationship.

Protection of Privacy

No child should be subjected to interference with his/her privacy, family, home, or correspondence. Neither should he/she be subjected to attacks upon his/her honour or reputation. The child has the right to the protection of the law against such interference or attacks.



Activity 2

Think about a child in your care. What does each of these items in the *African Charter on the Rights and Welfare of the Child* mean for the way you will work with that particular child?

No discrimination:

Care and Protection:

Drugs:

Education:

Child labour:

Harmful social practices:

Harmful cultural practices:

Sexual exploitation:

Protection of Privacy:



As a responsible caregiver, you are obligated to ensure that the child is, among other things, treated equally with other children, protected from harm, allowed to express his or her thoughts and ideas, and given educational opportunities. You must also protect the child's right to privacy; for example, by not allowing other children or adults to make disparaging remarks about the child and his or her family and by allowing the child to write and send letters without others reading them.

The *African Charter on the Rights and Welfare of the Child* outlines your legal responsibilities to the children in your care. As a caregiver and counsellor, however, you also have an ethical responsibility to work with children in particular ways. Lesson 2 explores the concept of professional ethics and shows how you can use ethical guidelines in your work.

Lesson Two



The Ethics of Counselling with Children

This lesson will consider the meaning of “ethics,” look at key values involved in counselling ethics, and discuss characteristics of ethical practice with children.

Professional Ethics

Professional ethics are guidelines that help people in a particular profession decide what is right and wrong in their professional practice. These guides are intended to protect clients and the professionals themselves. In the helping professions, clients usually come to counsellors because they are in some kind of distress which makes them especially vulnerable and in need of protection. Persons caring for children are in particular need of ethical guidelines because of the vulnerability and powerlessness of children and the complexity of the caregiver role. Ethical guidelines often are spelled out in what are known as “codes of conduct” or “codes of ethics.”

Ethics are based on values; that is, on principles or qualities that are considered by the professional group to be worthwhile and important. While personal values reflect what individuals consider to be important and what they believe to be wrong or right, professional values describe the beliefs the profession holds about people and how the profession ought to conduct its work.

Ethical Practice in Counselling

Key values that are associated with ethical counselling include:

- Belief in the dignity and worth of all people.
- Meeting the needs of clients while respecting their individuality and rights.
- Promoting the clients’ right to freedom of choice.
- Commitment to continued learning. (Shebib, 2003)

Belief in the Dignity and Worth of All People

This value means that counsellors/caregivers will pay attention to the rights of children. They will value children as unique individuals and

respect their confidentiality. They will treat them fairly, regardless of personal feelings about them. They will not label or stereotype them.



Activity 3

What are some ways that a belief in the dignity and worth of all people is reflected in the *African Charter on the Rights and Welfare of the Child*?



Meeting the Needs of Clients while Respecting Their Individuality and Rights

This key value means that caregivers/counsellors must not use their relationship with the child for the adult's personal interest or gain. This protects children from sexual and other exploitation by the adult. Meeting the needs of children includes providing for their physical well-being, their education, and for other opportunities.



Activity 4

What are some ways that children might be exploited by adults? Do you know of situations where children have been exploited by their caregivers? What was the effect on the children?



Promoting the Client's Right to Freedom of Choice

Young children may not have the ability to make good choices. However, the caregiver/counsellor can help children learn to make choices in ways that are appropriate to their development. Very young children can choose between two items of clothing or decide whether to walk or be carried. Older children can be helped to talk through problems in order to come to a decision about the best course of action. Making good decisions is an important skill for children to learn and



they need lots of practice and support in doing so.

Activity 5

What are some ways that you have helped children learn to make their own decisions?



Commitment to Continued Learning

There is always more to learn about working with human beings. Your commitment to learning is evident in the fact that you are taking this course. Once you have finished the course you can continue your learning by seeking out other opportunities to learn about working with children. You can also learn by observing children carefully and by reflecting on experiences that you have with children; for example, thinking about what happened in a situation and what you might have done differently.



Activity 6

Think about a difficult situation that you have experienced in your work with children. What happened? What did you learn from that situation?



Ethical Practice with Children

In addition to the principles that are important in counselling, codes of ethics for persons working with young children reflect the fact that children are still learning and growing and that they do so through their interactions with other persons and their environment. They recognise:

- That early childhood is a unique and valuable stage of life and that every stage of childhood is important in and of itself.

- Children's right to play, since play has an important role in children's development.
- The need to support children's strengths, competence, and sense of self-worth.
- The need to provide safety and security for children and to ensure that they are not harmed, exploited, or intimidated in any way.

Now let's look more closely at some of the ways that you demonstrate ethical values in your work with children.

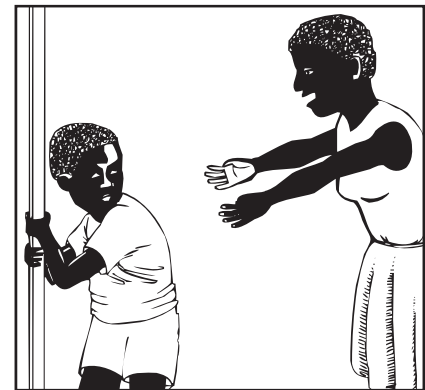
Building and Maintaining Relationships

As a caregiver, you have an ethical responsibility to give the children and youth under your care an opportunity to know themselves and the special talents each may have and to help them develop into responsible adults in their social and career lives.

Some of them will be passing through experiences that interfere with their growth. They may have suffered the loss of a loved one. Some may have been involved in substance abuse and other anti-social behaviour.

To be able to help them, you must create a relationship with each child such that he or she trusts you. Do children say the following about you?

- He/she believes what I say
- He/she is listening to me
- He/she is not taking sides
- He/she appreciates me
- He/she will not tell others about my problem
- He/she will help me
- He/she respects me
- He/she believes I am not bad and I can change
- He/she is friendly



Maintaining Confidentiality

As a caregiver, you should respect the integrity and protect the welfare of all persons with whom you are working. You have an obligation to safeguard information about them that has been obtained in the course of the counselling process.

- All records kept on a child are stored or disposed of in a manner that assures security and confidentiality.
- Treat all communications from clients with professional confidence.
- Do not disclose client confidences to anyone, except as mandated by law, to prevent a clear and immediate danger to someone, or by previously obtained written permission. In cases involving more than one person (as clients), written permission must be obtained from all persons who have been present during the counselling before any disclosure can be made.
- Obtain informed written consent of clients before audio- and/or video-taping or permitting third-party observation of the sessions.
- Do not use these standards of confidentiality to avoid intervention when it is necessary; for example, when there is evidence of abuse of minors, the elderly, the disabled, or the physically or mentally incompetent.

In any form of counselling it is expected that you *do not* discuss with others what has been said in the counselling session. The only exception to this is when you believe that the health or life of the child or youth is in danger, or he/she is a danger to others.

The issue of confidentiality is central to the whole process of building trust. You may be hearing for the first time what someone has done or gone through, so the person expects that you will keep the information to yourself. Breaking trust destroys your relationship with the child and it may also lead to a complete loss of trust in counselling.

Should you feel that you need the help of others in dealing with issues that come up in counselling, discuss this with the child and get permission to disclose to others.



Situations where a caregiver may break confidence:

- The child may want certain information passed on to a third party; for example, a parent, guardian, or teacher.
- Where the caregiver feels the child is a danger to her/himself or others.
- When the good of the child requires it.

Activity 7

Banda is sixteen years old and for the last year has been coming for assistance at your drop-in centre. Before you tracked down his family and he returned home, he was living on the streets for two years. While on the street he was engaged in glue sniffing, petty theft, begging, and homosexuality. After two sessions with him, and listening to the health problems he is concerned with, you are convinced he could be HIV positive. He strongly rejects your suggestion that he go for voluntary counselling and testing (VCT). He has warned that you should not tell his parents about it.

What would you do as Banda's caregiver, and why?



Did you answer that in this case, breaking confidentiality is for Banda's own good? He needs to be tested so that he can receive the appropriate health care.

Keeping Records

You may need to keep a record of your counselling sessions with children or youth that you see for more than one or two sessions for continuity. These should include:

- Personal details (code name/number preferably).
- The nature of the problem.
- Record of and progress during each session.

You should keep this information under lock and key. When no longer needed these records should be destroyed.

Avoiding Dual Relationships

Dual relationships refer to a situation where you as a counsellor have other relationships with the child that you are counselling. This may be a teacher/pupil, relative/counsellor, pastor/counsellor, or other relationship.

Considering the nature of counselling, where confidentiality and trust between the caregiver and the child form the basis of the helping relationship, this may create a problem. The child may either fear opening up to you fully or may worry about confidentiality.

You as the helper may be influenced by your previous knowledge and attitudes toward the child. You must, however, appreciate that you must not reject the child in situations where there is no alternative source of help.

You should avoid other relationships with a person you are counselling. Avoid counselling children/youth that you are related to. In such cases the child might not be able to open up to you. If they do, you may find issues coming up about which you feel obliged to tell the child's parents or guardian. *Never* engage in a sexual relationship with any person you are counselling. This is totally unethical. You should consider what is culturally acceptable to the child you are counselling.



Activity 8

Efi comes to you for help at the teenage pregnant girls crisis centre. She is your cousin's daughter and the first thing she requests of you is not to tell her mother. Efi is four months pregnant and is not sure who the father is. Her father died four years ago and the mother has been struggling to educate Efi and her three brothers. Efi is in class eight and it is expected that she will perform very well and be admitted to the best government schools in the country.

As Efi's aunt, how would you deal with this case?



This is a difficult case for Efi's aunt. It would appear that either Efi trusts her or that there may be no one else she can approach for help.

The aunt could use the existing trust to help Efi look at the situation from many angles during the period between now and when the baby is born. They could consider how probable it is that Efi will go back to school after the baby is born.

They may also work together to decide on an action plan. This might include visiting the ante-natal clinic, learning about nutrition during pregnancy, and telling Efi's mother. Through this process, Efi will be encouraged to take responsibility and gain hope for the future.

Depending on how the counselling proceeds, the aunt may feel unable to help Efi and may need to refer her to other professionals.

Building Your Competence

As a caregiver, you must aim at maintaining high standards of work so that you can offer help to children. Therefore, you should take every opportunity available to learn more, for example:

- Read this manual thoroughly.
- Attend seminars that may be organised in your area.

- Be conversant with the *United Nations Convention on the Rights of the Child*, the *African Charter on the Rights and Welfare of the Child*, and the laws in your country that address children and their rights.
- Consult with other caregivers or counsellors on counselling issues, ensuring that you do not break confidentiality.
- Keep yourself informed by reading available materials.
- Be in touch with organisations and individuals such as counselling centres, drug rehabilitation centres, police, hospitals, etc. that you feel you can call upon for help.

Remember that you cannot be an expert in all situations that require counselling. Therefore, if you are dealing with an issue where you feel unable to offer help, please refer the child to a person or institution that will be able to help.



Activity 9

List individuals and organisations in your area where you feel you can receive help for the children under your care.



Making Referrals

Do not abandon or neglect the child or youth under your care. If you are unable—or unwilling for whatever reason—to provide professional help or continue a professional relationship, every reasonable effort should be made to arrange for continuation of counselling with another professional. Examples of situations where you need to arrange for counselling by someone else:

- A child needs kinds of services that you aren't able to provide.
- Your relationship with the child stands in the way of being

able to work effectively with him or her.

- You feel like you aren't making any progress with the child.
- When the child asks for a referral.

Role Modelling

Your status as caregiver has already raised you to the status of role model for the children under your care. This role is further strengthened if you are the counsellor in the centre. Be aware of what is acceptable behaviour to the community around you and to the children in particular. Remember that your personal behaviour will influence how these children behave. It is your job to set a good example for them.

Lesson Three



The Role of Culture in a Counselling Relationship

As a caregiver and counsellor, you will be working with children and families from various cultures. In order to work effectively with culturally diverse individuals and groups, it is important to know what culture means in people's lives and to recognise differences that might be culturally-based. This lesson will help you begin to explore the fascinating subject of culture.

The idea of culture is interesting and important, but can be very hard to define and understand. Culture is a set of meanings that provides a sort of blueprint for how we should think, feel, and behave in order to be a part of a group. It includes patterns of traditions, beliefs, values, expectations, and symbols; in fact, every aspect of who we are that isn't biological in origin. Often people are part of more than one culture; for example, we may belong to a professional group, a religious group, and social groups each of which has its own way of speaking, dressing, and behaving.

Often we don't recognise aspects of our culture until we encounter cultural ideas or practices that are different from ours. Knowing our own culture is an important aspect of self-awareness, however, because we need to be able to recognise culturally-based differences.

Increasing Your Cultural Awareness

Here are some questions to help you explore your own cultural heritage. Think of the group with which you tend to identify most closely while you are answering the questions or answer them for each of the groups to which you belong:

- What style of speaking is valued in this group?
- Is there a particular type of dress that characterises this group?
- What role (if any) do names play in the group? Are there rules or rituals governing the assignment of names?
- What occupational roles are valued and devalued by the group?

- What is the relationship between age and values in the group?
- How is family defined in the group?
- How does this group view outsiders in general?
- What prejudices or stereotypes does this group have about itself?
- What prejudices or stereotypes do other groups have about this group?
- What prejudices or stereotypes does this group have about other groups?
- What issues divide members within the same group?
- What were/are the group's experiences with oppression?
- How is social class defined in the group?
- What is/are the dominant religion(s) within the group? What role does religion and spirituality play in the everyday lives of members of the group?
- What significance do race, skin colour, and hair have within the group?
- What roles do regionality and geography play in the group?
- How are gender roles defined within the group? How is sexual orientation regarded?
- If more than one group makes up your culture of origin, how are the differences negotiated in your family? What are the intergenerational consequences? How has this impacted you personally and professionally? (Adapted from Diller and Moule, 2005)

These questions show you some aspects of identity that are related to culture. Cultural differences that affect counselling relationships include:

1. Communication styles, for example the way words and phrases are used, the degree of importance given to non-verbal communication, and the appropriate degree of assertiveness in communicating.
2. Different attitudes toward conflict, for example whether conflict is positive or should be avoided, whether conflict should be resolved in face-to-face meetings.

3. Different approaches to completing tasks, for example whether or not it is important to build a relationship with another person in order to work with him or her on completing a task.
4. Different styles of decision-making, for example majority rule or consensus.
5. Different attitudes about open emotion and personal matters.
6. Different approaches to knowing, for example through symbolic imagery and rhythm, library research, visiting people who have had similar challenges. (Adapted from the Community Tool Box, 2005)

Cultural differences can result in very different interpretations of actions, as the example below shows.



Example 1

Paul is on his way home from school. As he is walking along he sees a tree with enticing ripe yellow mangoes. It is a hot afternoon, he is hungry, and he is still 10 kilometers from home. He walks over to the tree, climbs it, and picks two large juicy mangoes. Just as he steps down from the tree the owner of the garden approaches him angrily. Is Paul a thief?



In some communities it is acceptable for one who is hungry to pick farm produce (mangoes, sweet potatoes, sugar cane, tomatoes, guava etc.) for immediate consumption. This ensures that nobody dies of hunger. In other communities, private ownership is highly regarded and taking anything without the owner's permission is considered to be stealing. The attitudes that people would have toward Paul's actions would depend on their cultural views about whether or not it is acceptable for a person to take farm produce because he or she is hungry.

Cultural norms are very powerful, as we see in the example on the following page.



Example 2

Among the Kisii of Kenya female circumcision is still practiced as a rite of passage. However, many parents have been enlightened as to the negative health effects of the practice and are abandoning it. Regardless of this, some of their daughters find ways to secretly get circumcised without the knowledge of their parents. They con-
vise with relatives, especially grandparents, to organise the operation and rituals that follow it.



This illustrates how the community influences individuals to abide by cultural expectations. Girls who have not been circumcised are normally insulted by peers and are influenced to believe in the value of the practice.

As a counsellor, you will be working with children and families from various cultural backgrounds. One of the most important things to



remember is not to assume that another person has the same values, beliefs, and practices that you do. Use your observation, listening, and questioning skills to learn what is important to the other person and how they see the world. Be open to learning about other ways of seeing and living in the world.

Lesson Four



Gender in Counselling

Case Study 1: Kamau and Zawadi

Kamau walked into the kitchen while his wife was busy cooking the evening meal and their three daughters were dozing by the fireside. It was an hour past their bedtime.

“What can a man do?” shouted Kamau. “I made you resign from your job, so you can take proper care of my children. They should have slept an hour ago to be properly rested for school tomorrow.”

Zawadi recoiled in fear since lately Kamau has hit or slapped her a few times in anger. Up to last year Zawadi taught at the nursery school in the village. She was able to hire a house-helper and was happy, as she had a bit of her own money and the house was clean and the children cared for until she came home in the late afternoon.

Kamau thought differently. As he put it, “A man is supposed to provide for his family and I do not want my wife to WORK.” Zawadi reflected on her day; she woke up at 5.00 a.m. to heat bathing water for her husband and children. She made breakfast and saw them off by 8.00 a.m. Then she fetched water and firewood and washed clothes before making lunch for the children. Her second child came home with a fever and she took her to the clinic five kilometres away, where they had to queue up until 4.30 p.m. to see the doctor. She was very tired after all this and was looking forward to making supper and going to bed early after feeding the family and cleaning the dishes.

Her thoughts were interrupted by Kamau, “You stay at home the whole day and cannot cook supper in good time. It is time you gave me a son to care for me in old age and inherit my property. You would also have something to keep you busy.”



Activity 10

Look back at your family and the way you all related to each other as you grew up. As you read about Kamau and Zawadi and the way they treat each other, is any of it familiar to you? If not, what are the different ways in which men and women relate in your family and community?



The way men and women relate socially in a given community is referred to as gender. These relationships include:

- The kind of work performed by men and women and its importance, for example women cook and take care of the household while men go to work and earn a living.
- Power relations, for example men make decisions and women implement them.
- Ownership of wealth, for example land and animals are owned by men while household utensils are owned by women.

Gender is learned through interactions with our family, community, and other institutions such as church, mosques, schools, etc. Each community has its own idea of how it wants to prepare its boys and girls to become the men and women of tomorrow. Therefore, gender relations will vary from community to community.

Gender relations will also change over time. For example, in many communities in the past, it has been taboo for a man to cook. However, due to social and economic changes many men have jobs away from home and have to cook for themselves. As a result it is no longer strange to find a man preparing a meal for his family.



Activity 11

Can you think of changes you have noticed in your lifetime in how men and women relate in your community?

When you are counselling children and youth, keep in mind that it is in their best interest to have as many skills and options as possible, regardless of their gender. When boys learn to cook, they know that they can look after themselves. When girls learn a trade or profession, they are better prepared to cope with the uncertainties of life.

Lesson Five



Increasing Your Self-Awareness

As we have seen, it is important for caregivers/ counsellors to recognise and accept ways of thinking and being that are different from their own. This allows them to meet the needs of children rather than acting upon their own needs. The following example, which shows the house mother responding in two different ways to Awino's request for help, demonstrates why this is important.

Example 1



Awino is a 15-year-old school girl. She is an orphan living in a children's home. Awino has missed her monthly period for two months and is scared she might be pregnant. She decides

to go and talk to her house mother to seek help and advice.



The house mother strongly disapproves of the tight jeans that Awino is wearing and frowns. She feels only girls with loose morals dress that way. Further, she is scandalised that Awino has had sex outside marriage. Awino can see that the house

mother is shocked by her revelation. Immediately she withdraws her statement and closes the conversation.





Example 2



Awino is a 15-year-old school girl. She is an orphan living in a children's home. Awino has missed her monthly period for two months and is scared she might be pregnant. She

decides to go and talk to her house mother to seek help and advice.



The house mother strongly disapproves of the tight jeans that Awino is wearing and she would not let her daughter dress like that. However, she smiles warmly at Awino and asks her "Do you have a boyfriend?"

Awino: I have many boyfriends although I like this one boy Banda but he is interested in other girls and not me. He says I am a baby.

House mother: What makes you think you may be pregnant?

Awino: Well, the other girls told me that when you miss your monthly period it means you are pregnant.

House mother: Have you had sex recently?

Awino: Banda tried to kiss me but I pushed him away—that is when he said I am a baby.

House mother: Have you had sexual intercourse with him?

Awino: NO!

House mother: You don't need to worry then, Awino. If you have not had sexual intercourse you are not pregnant. When you miss your monthly period it doesn't necessarily mean that you're pregnant. There can be other reasons for women to miss their period.





Activity 12

Think about the differences between scenarios 1 and 2. Write your ideas here:



In the first case the housemother was quick to show her feelings and attitudes about Awino. Awino noticed very quickly and closed the conversation, so the house parent lost an opportunity to help a child under her care.

In the second case, despite the fact that the house-mother had her opinion and attitudes she kept them to herself and did not let them become part of the discussion. Hence, Awino opened up to her and the house-mother was able to guide and help her.

As a caregiver, you have a responsibility to respect children as fellow human beings and to act in their best interests. This means that you can not let your personal attitudes, beliefs and needs stand in the way of providing the best possible care for them. The attitudes, values, and behaviours that you must adopt because of your responsibility to the children in your care reflect your professional ethics.

It is easy to say that we will put aside our own attitudes, values, and needs to respond to children's needs, but it can be hard to do. These characteristics are so much a part of us that we often don't recognise that they are there. That is why it is so important for caregivers/counsellors to understand themselves well.

Counsellors need to recognise their own needs, feelings, thoughts, and behaviours so they can see their clients as unique persons who are different from themselves. Without self-awareness, counsellors are likely to respond to their clients in ways that are based on their own needs and attitudes, as the housemother did in the first example with Awino. The table that follows shows some of the differences between counsellors who have self-awareness and those who lack it.

Counsellors with Self-Awareness	Counsellors without Self-Awareness
Recognise and name their personal feelings.	Avoid or are unaware of their feelings.
Can distinguish between their own thoughts and those of clients.	May attribute their own feelings to their clients.
Recognise areas where they are vulnerable or have unresolved feelings.	Respond inappropriately because their own unresolved problems interfere with their ability to be objective.
Understand their personal values and their influence on the counselling relationship.	React emotionally to their clients but don't understand why they are reacting that way.
Realise how their behaviour influences clients.	Are unaware of how their behaviour influences clients.
Change their behaviour based on the reactions of clients.	Behave according to their personal needs and style rather than the needs and reactions of clients.
Understand their own strengths and limitations and can set goals for improvement.	Avoid setting goals for themselves because they are unaware of their own personal and professional needs.

(Adapted from Shebib, 2003, p. 53)

How can you become more self-aware? You can develop your self-awareness through self-examination, something you will be doing in the exercises below. You can also ask trusted colleagues and friends to give you feedback about your behaviours and attitudes. You will need to let them know that you are genuinely trying to improve and won't become defensive or hurt if they tell you something you would rather not hear about yourself!

The following activity helps you learn to "notice" your perceptions, feelings, thoughts, intentions, and behaviour. This is a useful exercise to try whenever you are in a puzzling or problematic situation because it gives you new insights about your own motivations and behaviours.



Activity 13

Think about an experience you have had recently and what it was like for you at the time. Then answer these questions:

What were your senses telling you at the time (What did you see, hear, smell, taste, touch)?

What were your feelings (emotions)?

What thoughts did you have?

What did you wish or hope would happen?

How did you behave (If someone had been watching you, how would they have described your actions)?



Becoming Aware of Your Own Values and Attitudes

We all have ideas about what is right and wrong or good and bad. Sometimes we aren't really aware of the ideas we have until a situation comes up that makes us think about what we believe. Often that is a situation where we meet someone who has quite different ideas. This is what happens with Mutinta when she talks with Awino's mother in the following example.



Example 3

Mutinta, a teacher, is concerned because her student, Awino, has been away from school for almost a month. She knows that Awino has been sponsored to go to school, so she wonders if perhaps someone in the family is ill. She goes to talk with Awino's mother. When Mutinta finds that everyone in the family is fine, she is even more puzzled by Awino's poor attendance. Finally she asks Awino's mother why Awino hasn't been coming to school. "She's a girl," her mother answers. "She'll just be getting married and having babies. Why does she need an education for that?"



This story shows the different values that Mutinta and Awino's mother hold about the education of girls. Mutinta believes that everyone should get all the education they can. Awino's mother believes that education isn't necessary for a woman because of the life she will be leading.

Mutinta is surprised, at first, by Awino's mother's reply. Then she reminds herself that not everyone values education as she does. She considers that Awino's mother has had a different life than she, Mutinta, has had, and it is understandable that she would have different values. This realisation helps her to respond calmly and sympathetically and, in the end, to convince Awino's mother to send her to school.

There are several reasons why it is important for us to be aware of our values. One is that being aware of our values helps us to make choices in our lives that fit with our values. When we do that, we can respect ourselves for the way we live our lives. Another reason is that being aware of our values helps us to understand that not everyone feels the same, and it helps us to respect others even if the values they hold are different from ours.



Activity 14

This activity will help you to think about your own values. First list five things that are important to you in life:

1. _____
2. _____
3. _____
4. _____
5. _____

Now list them according to their importance, with the most important one first:

1. _____
2. _____
3. _____
4. _____
5. _____

Does the way you are living your life right now fit with your values?

Now ask someone else to answer the first question. What differences do you notice between that person's answer and yours?

Each person will answer these questions a bit differently, although there will probably be similarities as well. For example, you may have



said that you value your family, or that you value kindness, or that you value financial security.

When we talk about values we often talk, as well, about attitudes. What are the differences between the two? As we have seen in the activity above, when we talk about values we are talking about what we believe is important in life. Our attitudes, on the other hand, are our opinions or ways of thinking about things and are often reflected in our behaviour. For example, if I value education then my attitude toward people who are well-educated may be one of admiration and respect.

Our values and attitudes come from many sources including the experiences we have had in our lives, the values that have been passed on from our families, and our culture. Let's look at some examples of ways that each of these factors can influence our values and attitudes.

Personal Experiences

Let's say, for example, that one of your important values is kindness. That value could come from many sources, but one of them might be that you have been treated with kindness yourself through the years. You value the kindness you have experienced and want to pass it on to others.

If one of your values is financial security, it could be because you have struggled against great financial hardship in your life and you don't want your family to experience the same thing.

In each of these examples, the experiences you have had in your life would influence your beliefs about what is important in life; that is, your values.

Family Influences

What you see and hear in the family as you are growing up influences the values and attitudes you have as an adult. Think about some of the messages you got from your parents, guardians, or other family members about how you should live. These may have been things they told you or things you learned from watching how they did things and what they expected of others and themselves. For example, your family may have taught you that women were equal to men and should be



respected, or they may have taught you that men are the bosses of the household and everyone should do what they say.

Activity 15

Think about the messages you have received from your family about everyday events.

Food and Mealtime

Here are some questions to help you start thinking about this topic: What did you learn about food and mealtime? Did everyone eat together? Did everyone talk, or were you expected to be quiet? If there was not enough food, who got to eat first? What opinions did people have about different foods and about how they should be cooked? Were mealtimes a time of pain, pleasure, or both?

How do you see past mealtime experiences reflected in your feelings and expectations about food and mealtimes now?

Dress and Appearance

What messages did you receive about how you should dress when you were growing up?

How are these messages reflected in your expectations of yourself and others now?

Morality

What did your family teach you about right and wrong? How did they teach you these things? Were the views you were taught related to a religious background? Did your family have definite attitudes toward people of different religious beliefs?

How are these teachings reflected in the way you live now?

Other

Can you think of other ways that values you have now were influenced by your family's attitudes as you were growing up?



Culture

As we have discussed, we learn the attitudes and values that are expected of us when we live within a particular culture. For example,



we may learn particular attitudes about good and bad behaviour or ideas about different groups of people.

Activity 16

Earlier you explored some ways that your family experiences have influenced your values and attitudes. Now think about other things that have affected your ideas about what is important in life and how people should live. Write your thoughts here:

Now think about a time when you met or worked with someone whose values and attitudes were quite different from yours. How did you feel and think about that person?

If you were a counsellor working with that person, what difficulties might you have encountered?



Each of us is unique. You have your own ideas about what is important in life and your own attitudes about the situations and people you encounter in your life. These values and attitudes come from the experiences you have had in your life including the influences of your family and your culture. You express your values and attitudes in your behaviour.

The clients with whom you work also have unique perspectives on life which may be different from yours. The first step in being able to work effectively with clients whose values and attitudes are different from



yours is to recognise your own perspectives. This will help you to keep your own ideas separate when you are working with clients and not let them “spill over” into the work you are doing with them.

Example 4

Lilian has arranged to meet with Karima’s father to discuss Karima’s future schooling. Karima is doing well at school and Lilian would like to see her go on to the next level. She is not sure if Karima’s father will approve.

Lilian believes strongly in monogamy. She and her husband have lived happily together for almost 20 years. Karima’s father has four wives and is unable to care for all of his children.

Lilian knows that it will be best for Karima if she can establish a good working relationship with the father. In order to do this, she will need to put aside her beliefs about monogamy and parental responsibility and attempt to understand how the father sees the situation. Then she will need to work with him to find a solution that is agreeable to everyone concerned.

Lesson Six



Resolving Ethical Dilemmas

So far in this unit we have discussed children's rights, the ethical responsibilities of persons working with children, how culture and gender influence work with children, and the importance of self-awareness in working with children. In this final section of the unit we will put many of these pieces together as we look at a process for making difficult ethical decisions.

In your work with children, you may sometimes find that you have to deal with problems that involve competing values; for example, where no matter what decision you make someone will be unhappy or hurt. These situations are called ethical dilemmas.

For example, suppose three girls that you know confide in you that they are making secret plans to be circumcised. If you tell their parents, you will be betraying their trust. If you don't tell anyone and they go ahead with the circumcision, there may be serious health concerns and, if the parents found out that you knew and didn't tell them, they would be very angry with you. You are in a very difficult situation.

The *Ethical Decision-Making Process* below outlines a process to follow in making difficult decisions like this.

Ethical Decision-Making Process

This model is intended as a guide to your reflection on the ethical dilemmas you find in your work with children and families.

1. Identify the Situation Requiring a Decision

- What is the issue and who is affected by it (child, family, community)?

2. Identify Components of the Situation

- Practice issues—What would be the most practical, efficient thing to do?
- Ethical issues—What would be the “right” (ethical) thing to do?
- Legal issues—What does the law demand you do?

3. Reflect on the Person You Are

- How would you describe the best ethical self that you bring to this work?
- How would you describe the values you have learned in your life?
- What values do you bring because of your cultural traditions, spiritual beliefs, gender, and age?
- Do you find that you identify more easily with the child, the family, or the community?
- Do you prefer to have rules to follow, or would you more often say “It all depends”?

4. Identify Values at Stake

- What do you understand the child’s values to be?
- How would you describe the community’s values, cultural and spiritual beliefs? What other values are brought to the community by television, music, etc?
- What are the values and standards of others doing the kind of care-giving work you do?
- What are the values of the society you live in?

5. Identify Ethical Obligations

- How do you understand your ethical obligations to the child, family, community?

6. Explore Possible Alternatives

- What are the implications of each decision you could make on children, families, community?
- What are the costs and advantages of each possible decision?
- What are the implications of not doing anything?

7. Assess Priorities and Claims

- What are the priorities of different ethical decisions?
- How could alternative decisions be justified?

- How could each decision be implemented?

8. Resolve the Dilemma

- What is your final decision? Is it a clear one, or a compromise?
- If your decision must be communicated to the child or to someone else, how will you do so?
- What personal consequences will you have to live with?

9. Prepare for Next Time

- What have you learned that will help you with your next ethical dilemma?

D. Massing (2002).

Try out this ethical decision-making process in the activity on the following pages.



Activity 17

Some girls that you know have confided in you that they are planning to be secretly circumcised. You try to persuade them not to, but they won't be convinced. You are worried about their health and about how their parents will feel about this.

Work through this process to help you decide what to do.

What are some of the things you need to consider in deciding what to do?

For example:

- What do you know about these girls and their ability to make good decisions?
- What kind of relationship do you have with these girls? Do they trust you?
- Health issues.
- Spiritual issues/cultural values and traditions.
- Children's rights.

Is there any further information you need in order to make a decision about what to do?

(continued on next page)

Activity 17 (continued)

What are all of the possible actions you could take? What would be the outcomes of each of these actions? (Not acting is one of these alternatives)

Which is the best solution? How would you go about acting on this solution? What outcomes of this solution might you need to be prepared for?

What have you learned from this situation that would help you deal with a similar one in the future?

(continued on next page)

Activity 17 (continued)

There is no right answer to an ethical dilemma, only one that does the least harm given all of the circumstances. Do you feel that the solution you chose in the dilemma above is one that is ethically sound? Please explain why.



Summary

This unit has explored the obligations and responsibilities you have as a caregiver/counsellor to children. You have considered rights of children and the ethical responsibilities of caregivers/counsellors. You have considered ways that culture and gender enter into your work with children. This unit has encouraged you to become aware of your own attitudes and values so that they won't interfere with your work with children. Finally, the unit provides you with a process for making the difficult ethical decisions that can arise in working with children.



Self-Assessment Exercise

Imagine you are the counsellor in each of the situations below. Tell what would you do, and why you would choose that course of action.

Question 1

You are a caregiver to Tandi who has recently discovered that her mother, who is a single parent, has HIV/AIDS. She understands from the villagers that her mother is going to die soon. Tandi is the first-born. She is 15 years old and three younger siblings follow her. From the first session, Tandi has talked about suicidal feelings: "I want to die before my mother. What will I do once she is gone?" In the latest session, two months into counselling, she appears very depressed. It is 15 minutes to the end of the session and she suddenly shouts out "Yes, it all makes sense now. I'm going to kill myself when I get home".

Question 2

Much of the time your client talks about the tremendous problems she is having getting a job. You think that there are practical (as opposed to psychological) reasons why your client is not being successful in her job applications. You could coach her but feel this isn't part of your role as a counsellor. All your normal counselling-style efforts to get the client to help herself are to no avail.

Question 3

A client is getting worse. She is becoming abusive in sessions and you feel she is mentally disturbed.

Question 4

You are a caregiver offering counselling to children and young people. A young couple comes to you wanting couple counselling—they say you are the only counsellor they know. You have no experience of couple counselling, but would like to get some. You realise that if you turn them down they will probably not get any counselling at all.

Question 5

Last week, a young person you are counselling admitted he had molested children in the past. He fears he might do it again. He seems to have some insight into his problem and is making some progress. However, he recently mentioned one or two children he would like to molest.

Question 6

You are counselling a young person. You find him/her very attractive and you interpret some of his/her behavior as flirting with you.



Suggested Answers to Self-Assessment Exercise

Question 1

Take Tandi's talk of suicide seriously. Listen to her and ask her if she has made a definite plan for committing suicide. The more definite her plan is, the greater the risk that she will actually do it. Contact someone who can help: a medical doctor, a mental health agency, or a crisis line.

Make arrangements for Tandi to be watched closely and supported once she returns home, either by a counsellor in the area or someone in her community that she respects and trusts. Help her make as many contacts as possible. She will need a support network of caring people to help her cope.

Question 2

Since your efforts to get the client to help herself are not working, you should refer her to an individual or agency that can provide the coaching that she needs to be successful with her job applications.

Question 3

If possible, refer this client to a mental health professional. If not, try to find a mental health professional to consult for help with short term management of the situation. It is not appropriate or helpful to allow her to continue abusing you.

Question 4

You are faced with an ethical dilemma—is it better to provide the service knowing that you lack experience or to risk that the couple won't go to a counsellor if you refer them? One solution could be to ask their permission to bring in an experienced couples counsellor to work with you.

Question 5

Measures need to be taken to protect the children that have been mentioned and any other children with whom the youth comes in contact. You are not obligated to maintain confidentiality in this case because

the youth could be a danger to others.

Question 6

You should not engage in a personal relationship with a client, and never in a sexual relationship. It is probably best to refer the youth to another counselor.



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Glossary

Code of ethics: A set of statements about appropriate and expected behaviour by members of a professional group. The code of ethics reflects the values of the group.

Ethical dilemma: A situation that requires a choice between competing values.

Labelling: Consistently using a particular name or phrase to describe a person.

Personal values: What individuals consider to be desirable and what they believe to be wrong or right.

Professional ethics: Principles and rules of acceptable conduct that guide the work done by people in a particular profession.

Professional values: The beliefs a profession holds about people and how the work of the profession ought to be conducted.

Stereotyping: Seeing people in a preconceived, oversimplified way; for example, believing that those belonging to a certain group of people will have particular characteristics.

Values: Principles or qualities that are considered to be worthwhile and important.

Counselling for Caregivers

Unit 3:

Behavioural Counselling



COMMONWEALTH *of* LEARNING

Unit 3: Behavioural Counselling

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Unit 3: Behavioural Counselling

Introduction

Children and youth are learners. They are trying to make sense of the world and deal with it in the best way they can. Children need our help with this because they are vulnerable and do not have a great deal of experience to draw upon. The children with whom you work are doubly in need of support because they may have already experienced a great deal of trauma in their lives. As a caregiver, your job is to provide the nurturing and assistance children need to learn the kinds of behaviour that will allow them to succeed in life.

There is no one solution to any particular behaviour problem because every person and every situation is different. This unit provides suggestions for dealing with the specific problems of lying, fighting, cheating, bullying, and truancy. However, you will need to use your sensitivity and creativity to find the right approach for each situation. The unit includes criteria for evaluating possible approaches to behaviour counselling to ensure that they meet our goals for working with children. Several types of problem behaviour are discussed in detail.

Lesson 1 explains what is meant by behavioural counselling, and Lesson 2 talks about understanding your own background and experiences in order to provide the best possible care to those with whom you are working. Lesson 3 outlines ways to get to know and understand children, and the next lesson describes how you can establish a positive and supportive environment for children that will help them feel respected and valued as individuals. Lesson 5 talks about dealing with children who exhibit problem behaviour, and the final lesson provides some suggestions about what to do if you cannot deal with a troubled child and must seek professional assistance for him or her.

Objectives

By the end of this unit, you should be able to:

1. Define behavioural counselling.
2. Describe factors involved in effective behavioural counselling and guidance: understanding self, understanding and learning about children, creating a positive environment.
3. Recognise types of problem behaviour and identify strategies to deal with them.
4. Explain the importance of referrals and collaboration with relevant individuals and agencies.

Lesson One



Behavioural Counselling

Caregivers need skill and understanding to help children and youth learn to behave in ways that will help them to be successful in their lives. When we talk about behavioural counselling, we are talking about the ways we work with children to help them change their behaviour. In behaviour counselling, we try to reduce those types of behaviour that are inappropriate or non-productive and increase those that help children get along well with others and feel good about their accomplishments.

Here are some important points to remember as you begin to study behavioural counselling:

Every person is unique—there is no one else who is the same in the world. Each is born with some characteristics and other characteristics develop as a result of his/her experiences. The more we can understand about a particular person, the more effective we will be in counselling that person.



Activity 1

Think of two children that you know. List three ways that they tend to be different from one another in the way they respond to situations (for example, in the way they interact with people they haven't met before, the way they deal with stress, their activity levels).



There is always a reason why children and youth behave the way they do. They are learning about the world, trying to make sense of what is happening to them and to find ways to deal with that. Sometimes the types of behaviour they choose to deal with their world may not make

sense to us, but they are the best the child is able to think of. As counsellors, we help children make connections between the way they would like their lives to be and the types of behaviour that will help them achieve their goal. Our role in behavioural counselling is to be a coach or helper, rather than to tell children what to do or not do. If there are ways that we can change the environment to make it easier for children to achieve their goals, we do that as well.



Activity 2

Think of a time that a child you know was involved in a behaviour problem. Why do you think the child may have acted the way he or she did?



The picture that children have of themselves—their self-concept—and the value they place upon themselves—their self-esteem—have a great influence on the kinds of decisions they make in their lives. It is our job to help children see themselves as worthwhile, capable, lovable people. We do that by treating them with respect and caring, and making opportunities for them to be successful. If we deal with children's challenging behaviour well, we will build their confidence in their ability to make good decisions for their lives.



Activity 3

Can you think of a time when you dealt with a child's behaviour problem in a way that helped the child to feel good about him or herself? Describe it here:

The first step in becoming effective behavioural counsellors is to understand ourselves. As counsellors, we need to be aware of the influence that our past and present situation has on our work with children. This will be discussed more fully in Lesson 2.

Lesson Two



Understanding Oneself

As a counsellor, you need to be able to treat children in a positive, respectful manner. You must see them as learners who are struggling to find ways to make sense of, and cope with, their lives. You need to be able to support them in a caring way that increases their self-esteem and confidence.

It would be nice if we could always be calm and supportive with children but, as you have no doubt found, there are times when a child's behaviour "hooks" us into angry, disrespectful responses. When this happens, it is usually because something in our own past or present life is standing in the way of us responding to children in the best possible way.



Activity 4

Ms. Ngoma is normally patient and kind with the children in her care but today, when she sees Thuli throw away a piece of uneaten fruit, she feels rage rising in her body. She grabs Thuli by the arm, speaks to her sharply, and punishes her by sending her to bed immediately.

Why do you think Ms. Ngoma reacted so strongly?

What are some of the thoughts and feelings that Thuli might have in this situation?

How would you have dealt with this situation if you were the caregiver?



You might have suggested that Ms. Ngoma was having a bad day—perhaps she had an argument with her husband that morning and is still feeling upset about that. You might have guessed that Ms. Ngoma was reacting from her own childhood experience in which food was scarce and treated carefully. You might even have answered that Ms. Ngoma was concerned that other people would think she was a poor caregiver if she allowed Thuli to waste food. All of these answers could be correct.

The answers mentioned above are similar in one way: in each case, Ms. Ngoma's extreme response to Thuli's action comes not from her knowledge about what is best for Thuli but from something that is happening, or has happened, in her own life.

Her own "business" is getting in the way of her acting in Thuli's best interests.

How do you think Thuli might have felt in this situation? Because Ms. Ngoma is usually a patient and kind caregiver, Thuli may have felt surprised and perhaps a little frightened. If she believed her punishment was unjust, she may have felt angry and resentful, and therefore less likely to trust and cooperate with Ms. Ngoma in the future.

How would you have handled this situation? If you found yourself feeling unusually angry about Thuli's action, you might take a bit of time to decide why you are reacting so strongly. You might realise that your real anger is with your son for something he did earlier, or that you are reacting to the messages you received as a child about not wasting food.

If you realised you were responding strongly because you were angry with your son, it would tell you that you needed to talk with him. If you realised that Thuli's action was reminding you of your own childhood (or current) situation of not having enough food, you could explain this in a patient way, "I feel upset when I see you throwing away food because I know that some people don't have enough food. I wonder if there is something else you could do with food you don't want to eat." When you treat Thuli respectfully, telling her the reasons for your concern, she will be more likely to cooperate and find another way to behave.



As you can see, it is important to know ourselves well and, when we find ourselves reacting strongly to a child's behaviour, to take the time to think about where our emotions are coming from. This will help us to deal with children and their behaviour more calmly and effectively.

Activity 5

Can you think of a time when you reacted strongly to a child's behaviour? Why do you think you responded so strongly? Were you satisfied with how you acted in that situation? What would you like to have done differently?

Lesson Three



Understanding and Learning about Children

One of the keys to guiding children's behaviour is to know children well—both children in general and the individual children with whom we are working.

We need to know about the experiences that children have had and are having in their lives and how they tend to react in various situations. We can do this by observing them, listening to them, and asking the right kinds of questions.

Getting to Know Children as Individuals

Each of us is unique and has our own way of responding to the experiences we encounter. This is true of children as well; in fact, it is possible to see differences in the temperament of children from the moment they are born (These in-born characteristics, along with the experiences children have in their lives, form their personalities.). In addition, the children who come to you will have had many experiences that have influenced their development. If you are to effectively guide the behaviour of these children, you will need to get to know them as well as you can.

What are some ways to get to know children? Observing their behaviour, listening to them, and asking them questions all help you to understand children's behaviour.

Observing Children

To observe children means to watch them in a particular way. When we observe children, we try to be as objective as possible. We look at them as if we have never seen them before, noticing what they are doing and saying in a way that is free of bias or assumptions. The examples in Activity 6 show the difference between just “watching” children and observing them.



Activity 6

Example A:

Mondi is standing beside the doorway to the kitchen, leaning against the wall. Her hands are in her pockets, her shoulders are slumped, and her neck is bent so that she is looking toward the ground. She rubs her right hand across her eyes as she traces the toe of her left foot slowly back and forth in the dirt.

Example B:

Mondi is slouching beside the kitchen door again, looking like she hasn't got a friend in the world.

What differences do you see between the two examples?



Did you notice that Example A tries to describe exactly what the writer is seeing, without making any judgements or assumptions about what is happening? This is an example of an observation. Example B includes judgements: the word "slouching" has negative meanings for some people, and "looking as if she hasn't got a friend in the world" is certainly an interpretation.

Observation keeps us from jumping to conclusions about behaviour we are seeing. When we read Example A, we can guess that Mondie might be unhappy, depressed, lonely, just thinking, or intent upon the designs she is making in the dirt with her foot. She might have dust in her eyes, she might be crying, or she may even have an eye infection that is causing itchiness. She might be waiting for someone who is in the kitchen, hoping that someone will give her food, or avoiding the other children. If we were just reading Example B, we would overlook many of these possibilities. We would be accepting a narrow, possibly incorrect, and judgemental view of Mondie and her behaviour.



Activity 7

Take a few moments to make a written observation of a child. Sit or stand in a place where you can watch without the child being overly aware of your presence. For a short period of time (3 to 5 minutes) write down everything that the child does. Describe movements, facial expressions, etc. in as much detail as possible. Be careful not to judge the child or make any assumptions—just write what you see.

Now look at the observation you have done. What questions do you have about the child, based on your observation?



As you did the observation in Activity 7, you may have found that it was hard to capture many details about the child's actions. This is because it takes practice to observe children in this way. In everyday life, we tend not to look at behaviour in such detail.

One way to practice observation is to work with a partner. You and your partner should each observe the same child for the same period of time, writing down the behaviour you see. Then compare your observations. You will probably find that you have each tended to focus on different kinds of behaviour; for example, your partner may have

recorded mainly what the child said while you recorded body movements. By looking at each other's observations, you will see possibilities for the kinds of detail you can include in your next observation.

In Activity 7, you were asked whether, having done the observation, you had any questions about the child. A good, detailed observation will show you things about a child that you haven't noticed before. You will not be able to draw any conclusions based on a short observation, but you can make a point of watching for the answers to your questions as days go by.

Of course, we would usually not be writing down our observations of children, but we can make a habit of looking at them in an open and unbiased way. We can pay attention to the details of their behaviour and remind ourselves not to make any judgements without further evidence.

We should also keep notes about significant events or behaviour we notice with each child. These notes are useful in several ways:

- They provide a record of a child's progress, so we can remind ourselves and the child how much they have grown and changed.
- When there is problem behaviour, looking back through the notes might show us patterns that give us some clues as to the causes of the behaviour. For example, we might notice that Masese tends to fight with other children just before lunch time, so we can guess it might be because he is hungry.
- Objective descriptions of children's behaviour, in the form of written observations and notes, are very helpful to a professional counsellor if we need to make a referral.

Listening to Children

In Unit 1, you learned that attentive listening is an important way to build the self-esteem of children and youth. The situations that follow show the difference that effective listening can make in helping children reach decisions about their behaviour:



Example 1

Situation 1:



Child

Somebody stole my soccer ball!

It was out in the yard when I came in to eat and now it's gone.



How do you know somebody stole it?

That's what happens when you leave things lying around. Maybe next time you'll remember to put your things away.



Counsellor

Situation 2:



Somebody stole my soccer ball!

It was out in the yard when I came in to eat and now it's gone.

I am! It's the third time that people have stolen my things from the yard.

Yes... I guess from now on I'll bring my things in when I come in the house.

Someone stole your ball?

I can imagine that you're pretty angry about that!

So this has happened before.

Then people won't be able to take them.





Activity 8

What differences do you see between the two scenarios?

In the second situation, how did the caregiver show the child that she really cared about the child's problem?

How did she help the child come to a solution?



Did you notice that in the first situation the caregiver questioned the child's interpretation of the situation, then blamed and lectured her? By the time the caregiver was finished lecturing the child, the child was not only sad about the loss of his ball but angry with the caregiver who failed to understand his feelings. In this situation, the caregiver's response would make the child feel diminished.

In the second situation, the caregiver listened carefully to the child. She showed that she was listening by repeating some of the things the child was saying. She let the child know she understood his feelings. Because the child felt understood, he was able to come up with a solution on his own. In this situation, the caregiver's response to the child empowered the child.

As you can see, attentive listening is a very powerful tool in guiding the behaviour of children and youth.

Asking the Right Questions

Asking questions is another way to learn about children's thoughts, feelings, and experiences. As you learned in Unit 1, open-ended ques-

tions encourage children to think about their situation and come up with solutions to problems. Some examples of these questions are:

What thoughts were you having when...?

I'm wondering what would happen if...?

What's most important for you now?

Can you tell me more about...?

How would you like things to be?

Would you like to talk about...?

Where would you like to begin?



Activity 9

A five-year-old child shows you a picture he has drawn. Write an open-ended question you could use to encourage him to tell you about the picture:

You see that 12-year-old Mondri is sitting in a corner crying. You go over and sit quietly beside her for a few moments. What open-ended question could you use to see if she would like to tell you what is troubling her?

Lesson Four



Creating a Positive Environment

When children feel respected, valued, and able to contribute, they want to cooperate and do their best. We have already discussed the importance of listening carefully and respectfully to children, and this is perhaps the most important way to boost self-esteem and create a positive environment.

Rules and Expectations

Another aspect of children's environment is the rules that we set. It is important not to have too many rules for children, but a few carefully chosen rules help them feel and remain safe. For example, children should not be allowed to hurt one another in body or in spirit. Ideally, the rules will tell children what to do, rather than what not to do; for example, "Treat others kindly" rather than "Don't hurt others."

Children are most likely to abide by rules if they see the importance of the rules and, when possible, have a part in setting the rules. Talk with them about why each rule is important, and be prepared to listen if they feel a rule should be changed.

It is important that the rules that are set, and the expectations you have of children, should be appropriate to their age and circumstances. Activity 10 explores this point a little further.



Activity 10

Tandy's caregiver believes it is important that 5-year-old Tandy sit quietly through a two-hour church service. What do you think?

An 8-year-old boy has just come to the Children's Home. His father died two years ago and his mother died two weeks ago. His caregiver is upset because he has wet the bed both of the nights he has been in the home. He believes the boy should be punished. What do you think?



The questions in Activity 10 are intended to show that it is important to consider the age and situation of the child when we are setting expectations for them. Usually it is difficult for a 5-year-old to sit still for 2 hours, so when adults expect such behaviour, they are setting the child up for failure.

In the second example, the 8-year-old boy is certainly old enough that we would expect him not to wet the bed, but he had been through recent traumatic events that may be affecting his behaviour. To punish him for bedwetting would add to his trauma.

Many of the children in your care have already had very difficult lives. Some have taken on heavy responsibilities at young ages because there was no choice. Sometimes it is difficult to remember that they are still children and that they have the needs that all children have—for play, activity, time with friends, and so on. You can avoid many potential behaviour problems by ensuring that your expectations are realistic given the needs of the children.



Activity 11

What chores would you expect a six-year-old child to do on a regular basis?

What chores would you expect a thirteen-year-old boy to do on a regular basis?

If possible, ask a friend or another caregiver these same questions. Do the answers agree with yours? Discuss any differences you might have found.



Any time that a child is “misbehaving,” think about whether you are expecting them to behave in ways that are not appropriate to their development or situation. It is possible that you need to change your expectations rather than to focus on the behaviour of the child.

Building Healthy Self-Esteem

Ali, the boy in the picture, thinks that he is worthless and that everybody hates him. He looks at himself negatively. He has low self-esteem. Children and adults who have unhealthy self-esteem are likely to make poor choices in life. People who see themselves as worthless are likely to become involved in relationships



with people who treat them as if they had little value; for example, girls may form relationships with men who abuse them and boys may fall into a life of crime because they feel that is all they are good for. People with low self-esteem are very vulnerable to people who are bad influences because these people can make the person with low self-esteem feel accepted and valued when in fact they are being used.



How do you think Ali, the boy in the first picture, came to the conclusion that he is worthless? Children learn their self-esteem from an early age, from the people around them and from images they see on television, in movies, etc. Did it ever occur to you that adults actually teach children their unhealthy self-esteem? Yes, it is adults who place negative evaluations on children. Every day adults lecture children. They scold, belittle, and criticise children. Many times adults tell children that they are worthless, stupid, and good for nothing. After hearing these negative evaluations for some time, children begin to accept what the adult says. Children decide they are worthless, stupid, unlovable, and worthy of punishment. Soon the negative feelings the child has developed affect the child's motivation, relationships with others, and future success.

Negative self-esteem can be difficult to reverse. However, it is never too late to make changes. We know from research that one supportive adult can have a great influence in a child's life. Ali is lucky because he has come to live with Ms Monde who is an understanding caregiver. She is helping the boy to develop a more healthy self-esteem.

Strategies to Enhance Self-Esteem

How has Ms. Monde gone about building Ali's self-esteem? She says that she provided Ali with opportunities for success. How did she do this? Here are some strategies she uses with her children:

- She provides opportunities for the children to succeed.
- She recognises and encourages the children's behaviour

whenever possible. She does not use artificial or forced compliments. She knows that children easily recognise forced compliments.

- She discusses with the children what they would like to do or accomplish. She works with them in setting realistic goals and in a step-by-step programme guides them to achieve their goals. This guidance continues until the children feel they can work toward their goals alone.
- She allows children with poor self-concepts to help someone else. Why does she do this? She has realised that when the children are able to teach their friends (peer teaching), they feel better about themselves. Doing something special for someone else helps the helpers feel better about themselves.
- She involves the children in group activities. She encourages the children to join organisations such as Scouts, church groups, or clubs in which they will feel accepted and achieve success. She does not encourage children to join groups requiring skills they do not possess. In addition, she gives the children tasks at which they can feel successful.
- She also helps children by asking each child to list situations that he/she finds comfortable or difficult. Then she discusses ways of behaving in these situations, and role-plays new types of behaviour. The children are encouraged to try them in realistic situations and report the results to her.
- She listens attentively to children and teaches them the skills they need to solve problems they encounter. She finds that being able to solve one's own problems builds self-confidence.

These esteem-building strategies help all children, not just children who have particularly unhealthy self-esteem. We all need to have experiences that remind us we are valuable, worthwhile people.



Activity 12

What are some of the ways that you help children feel valued and worthwhile? Give examples of times when you have done these things.

Lesson Five



Dealing with Problem Behaviour

We have discussed some of the principles for guiding children's behaviour: understanding ourselves, understanding and learning about children, and creating a positive environment. These principles will not only help you to deal with challenging types of behaviour but, more importantly, will help you to prevent them.

In this lesson, we will look at some specific types of problem behaviour and some ways to deal with them. While the types we discuss are not all of the types of problem behaviour you will encounter in your work with children, the ideas provided should help you to think of solutions for types that are not mentioned.



Activity 13

What are some of the types of problem behaviour you find in your work with children?



Did you include behaviour such as fighting, lying, teasing, stealing, running away, and truancy from school? These are some of the problems that caregivers encounter.

Before we look at some possible strategies for dealing with such behaviour, let's consider what it is that we want to achieve. If we only wanted to stop the behaviour, it might be quite simple. However, we want more than that. We want to find a way that builds children's self-esteem and teaches them new skills and ways to behave. This can take longer, but the results last longer. Children who learn to deal with one situation will be able to take that learning into other situations as they arise.

There is more than one possible solution to any problem. In fact, because children are different, the best solution for one child may not

be the best solution for another. Any solution, though, must fit these criteria:

- Children (or youth) must feel that the adult is concerned about their well-being, wants to help them, is listening to them, and believes them.
- Children must come to see that their behaviour doesn't fit with the goals that they have for their life.
- Children must take the lead in finding a plan for behaviour that will help them meet their goals.
- Children must understand that their caregiver will support them in developing the new behaviour.

As you read about each of the specific problem behaviours below, think about how these guidelines can help you to find solutions to the behaviour.

Fighting

Children don't have the skills and self-control that adults do for handling frustration. They have to learn that it is unacceptable to hurt other people and to be taught ways to solve problems that don't involve fighting. An important message to give children is: "I won't let you hurt others and I won't let anyone else hurt you."

If a fight is happening, stop it immediately. (Be sure to distinguish between a fight where there is anger, and wrestling in fun.) The children may need a little time apart to calm down. Then give each of the children an opportunity to tell you the problem. Listen calmly and without blaming. When the children have each had an opportunity to explain his or her side of the story and hear the other person's version, ask them to come up with ideas for solving the problem and for avoiding such a problem the next time it occurs. Keep discussing with them until they find a solution with which they both agree.

Caregivers may use many different strategies to deal with fighting, depending on the situation. For example:

- Use group/family discussions to focus on how fighting helps or hurts the fighter, how it makes others feel, its consequences, and more effective ways the fighter could solve conflicts.

- Have the fighters write their side of the story or tell it to a tape recorder then read or listen with them. Discussion of the stories provides a release for emotion and a stimulus for evaluating the behaviour and its consequences and for planning other ways to resolve such situations in the future.
- Bring the two children together and ask them one at a time, "What is the problem that makes you fight?" While one fighter narrates his/her story, the other one should listen silently. Now ask each to restate the problem as stated by the other and to think it over carefully. Ask the children, "What are some ways we could deal differently with this problem instead of fighting?" Help them agree on a plan and promise that you will follow up by reminding them of the decision. If fighting occurs again, you will help them refine the plan to make it work better. (You may have to keep a record of "no fight" days for the two and commend them at the end of each day to reinforce the behaviour.)



Example 1

Two boys, Chimuka and John, are fighting over the use of a bicycle. They are pushing and yelling at one another. The caregiver goes to the boys and puts her hands on the bike to stop either of them from using it.

Caregiver (calmly): It looks like we have a problem here. What's happening? Chimuka, will you tell me what the problem is?

Chimuka: I had it first!

Caregiver: You're saying that you had the bike first, Chimuka, so you feel you should use it now. Is that right?

Chimuka nods.

Caregiver: John, I noticed that you were pulling at the bike. It seems like you want to use it now?

John: I asked Mr. Phiri if I could use it right after lunch.

Caregiver: Ah! I see the problem now. You saw that no one was using the bike, Chimuka, so you felt you could have it. But John had made arrangements earlier to use it now. That is a problem. What solution can you think of for this problem?

Chimuka: I should have it because I had it first.



John: But I asked Mr Phiri!

Caregiver: I hear you saying that you both feel you should have it first and I can see you each have a good reason to feel that way. What should we do right now to solve the problem?

Chimuka: I could have it first and John could have it after.

John: I could have it for 5 minutes and then you could have it.

The negotiation continues until the boys reach a resolution that they both seem ready to agree to. The caregiver restates that solution and checks with each of the boys to make sure they agree.

Because the solution involves each boy using the bike for a certain amount of time, she agrees to time them and remind them when it is time to change.

The problem-solving process outlined in the example above takes some time but pays off in the end because the children eventually learn to solve problems without the help of the caregiver. They will have learned an important skill that they can use throughout their lives as an alternative to violence. Their learning will be reinforced by seeing caregivers communicating calmly to solve problems among themselves.

Activity 14

Think of a situation you experienced in which two children were fighting. How was it handled? What do you think the children learned from the way it was handled? What suggestions would you make for handling the situation, knowing what you do now?

Sometimes children's own needs are so strong that they can't respect the needs of others. Counsellors need to use their creativity, then, to



help children learn strategies for coping with difficult situations. Observe how the counsellor in the example below helps Masese find a way to wait more patiently in the lunch line.

Example 2: Masese

Counsellor: Masese, why do you push the others in the lunch line?

Masese: [thinking] What am I going to say? The line is slow yet I am always hungry because I haven't had breakfast.

Masese: Madam, the line moves too slowly yet I am hungry.

Counsellor: Is shoving others the best way to get to eat quickly?

Masese: No, the cook stops dishing and waits for order in the line.

Counsellor: Do you want to get food quickly, sit, and enjoy it?

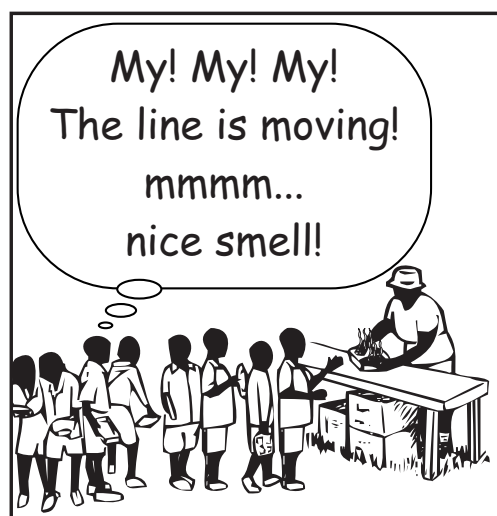
Masese: Yes madam, because there is no breakfast at home.

Counsellor: Now I understand why you are in such a hurry. Let me help you find a way to wait patiently and get your food quickly.

Masese: Yes, yes madam!

Counsellor: You will definitely get your food. Close your eyes and listen to this:

- Masese, it is lunchtime, move and get to the line.
- Follow whoever is in front of you patiently.
- Listen to the prefect and move with the line.
- Allow the prefect to monitor your moves and guide the whole line and you may chat with him or with the other children to control your mind.
- The line is moving. Masese is getting closer to the dishing spot. He can hear the cook calling for bowls.
- Whoa! The line has moved. Masese has reached the dishing spot. He is producing his bowl and the nice, warm food is being dished up for him.
- Masese is finding a sitting place and starts to enjoy his lunch.
- Open your eyes. How did you like that?



Masese: [thinking] My! My! My! The line is moving, one foot in front of the other, nice smell!

Masese: Madam, that was fast! I am going to try my best and obey the prefects. I'm already hungry!

Counsellor: I am happy you like the dream exercise Masese. Use the dream when lining up for lunch next time. I will ask the prefects to help monitor you and give me a good report of your behaviour. If you can wait quietly in the line, the children and the cook will not quarrel with you and you will actually get your food more quickly.



Lying

There are many reasons for lying. Children who lie might be unable to distinguish fact from fantasy. They may fear disapproval and punishment by adults. They might be trying to win approval from their peers. Here are some strategies for dealing with children who lie:

1. Observe areas in which lying occurs most. Does it have to do with being late, school, money, or aggressive behaviour. If lying commonly occurs in one context, try to change the circumstances in this area to decrease the temptation to lie.
2. Note that the child's behaviour might be a cry for attention or help. Avoid punishment but focus on his/her strengths and encourage them. Reinforce his/her positive behaviour to promote success. Pair the child with someone he or she admires for group activities.
3. Ask the child to identify a person in the community or the home whom the child admires. Have the child make a list of the admirable qualities of that person. Discuss with the child how he or she can develop those qualities and rehearse them with the child.
4. Adults should not pay attention to or respond to lying behaviour, fantastic stories, or things that are exaggerated or incorrect. Lack of attention will discourage the lying behaviour.

On the following pages is a counselling scenario with a child, Thuli, who does not do her assignments and gives many reasons which are not always true.



Example 3: Thuli

Caregiver: Thuli, your teacher tells me that you aren't finishing your assignments. She says that you haven't handed in the Maths assignment from last week. I'm wondering if you are having a problem with the work.

Thuli: No, it's easy.

Caregiver: You say the work is easy, but you haven't handed it in. I don't understand.



Thuli: It's boring. I hate school!

Caregiver: It sounds like you're unhappy at school. Am I right?

Thuli: [crying] Everybody's mean to me. I hate it here. I wish I were home!

Caregiver: You miss being at home? What do you miss most?

Thuli thinks a moment.

Thuli: I miss coming home from school and my mommy saying, "Hi! Did you have a good day?" and my dad sometimes telling me stories.

Caregiver: You miss your mom and dad a lot, it sounds like.

Thuli: [sobbing] I just want them to come back!

Once a child feels that an adult understands her/his feelings, he/she can move on to discuss and find solutions for a situation. In this scenario, once Thuli has expressed her grief and feels like her caregiver understands and cares, the discussion can move on to problem solving (that is, involving the child in thinking about possible solutions and arriving at one or more to try).



Caregiver: You really want things to be the way they were before.

Thuli: Yes. I know they won't come back, but I think about them all the time.

Caregiver: Do you pretend sometimes that things are different than they are?

Thuli: Sometimes.

Caregiver: What kinds of things do you pretend?

Thuli: I tell people that my mom is coming and is bringing me lots of nice clothes and toys.

Caregiver: What happens when you tell people that?

Thuli: Nelima and Elfi laugh at me and say I'm a liar.

Caregiver: How does that make you feel?

Thuli: Bad. I want to be their friend.

Caregiver: You want to be their friend but they are laughing at you because you're pretending. Can you think of a way to make things work better between you?



Thuli: I guess I could stop pretending. They think I'm lying, but I'm really not.

Caregiver: I know. You're pretending that things are the way they used to be. Does that happen in school sometimes too?

Thuli: Sometimes when I'm in school I think about being at home with my mom and dad.

Caregiver: Do you think that might be why you aren't finishing your work?

Thuli: I guess so. I used to get my work done when I was at my other school. I was the top student in the class.

Caregiver: I wonder if you could be one of the top students here if you finished your work.

Thuli: I think I could. The work is really easy.

(continued on next page)

Example 3 (continued)

Caregiver: Can you think of some things you could do to help you finish your work on time?

Thuli: I could pay attention in class so I would know what we have to do.

The caregiver encourages Thuli to think of ways to remind herself to pay attention, etc. Together, they make a plan. The rewards for Thuli will be internal—her satisfaction with achieving good grades and having friends. The caregiver will support her in this.



Usually a child who feels that someone understands and cares will, with enough support, be able to work constructively toward changing his or her behaviour. External rewards tend to take responsibility away from the child.

Sometimes written behaviour contracts are used to help children remember the plan you have made with them. In the contract, write exactly what each of you will do (the new behaviour that will help the child to reach her/his goal and how you will help the child to behave in the new way). You could include a date for meeting again to discuss how it is going. Then both of you should sign the contract.



Cheating

Activity 15

Anita is a nine-year-old girl. Both her parents were killed in a road accident two years ago. She was an only child. She was in the fourth grade when her parents died. She lived with her father's cousin for a few months, but ran away because she was abused. She stayed in the streets for some weeks. A children's group found her and placed her in a home for orphaned children. At the children's home, she entered school again in the fourth grade. A few months later she was caught cheating several times in class. Her caregiver/teacher was at a loss.

What do you think might be the cause of her cheating?



Anita has no history of cheating but has suddenly begun to cheat. The caregiver's search for answers leads her to a school psychologist at a bigger school near the children's home. The psychologist suggests that Anita's cheating behaviour could have something to do with what is happening in the new school. She argues that the present school system and society strongly encourage competition and high grades. This pressure to achieve can contribute to cheating.

In this case, Anita probably felt that she had to cheat to show that she was not behind in terms of fourth grade work. She also thought that she could impress her peers by achieving high grades.

The psychologist suggested that the caregivers place less emphasis on competition and more on cooperation with others. In fact, he said that any emphasis on competition should be on competition with self. The children should be encouraged to continually improve their own performance, rather than to do better than others. He also mentioned that the home caregivers should let children know that they value and expect honesty.

Sometimes children are asked by their friends to cheat and many have

trouble knowing how to handle the situation without losing friends. A group discussion focusing on a question such as “What would you do if your best friend asked you for the answer to a question during a test?” can help children find an alternative to cheating or helping their friends to cheat. Group discussion is good because nobody is accusing anybody or trying to force a confession from any child. There is no name-calling, scolding, lecturing, moralising, or preaching. All children learn something from the discussion. This is one way you could help children like Anita solve their cheating problem.



Activity 16

Identify children under your care who cheat. Choose one of the children and do the following:

- Think about the type of pressures the child may be encountering.
- Talk with the child about the expectations that the child feels that caregivers and others have for him or her.
- Determine why this child is cheating. Is the child trying to impress someone, earn recognition, please caregivers, or cover up a special need or disability?
- Consult others about reducing temptations to cheat in the home and school.

Summarise what you have learned from this activity:



Activity 17

Conduct a group discussion on cheating with the children in your care. Summarise what you learned from talking with the children:

Bullying



Activity 18

Do you notice children bullying one another? What kinds of things do they do? What is the effect on the person being bullied?

What are some of the reasons that children might bully others?



Bullying is when a person or group of people keeps saying or doing things to try to get power over other people. They might write or say nasty things, damage or take their possessions, make them do things they don't want to do, leave them out of activities, make them feel uncomfortable or scared, hit or kick them, or threaten them. The abuse may focus on differences in race, religion, gender, or culture.

Bullying involves a power imbalance. The children who bully tend to be more aggressive, stronger, and more confident, while the children who are bullied tend to be quieter, more passive children who lack friends and social support. The bully sees these children as “safe” targets because they tend not to fight back.

Bullying can make the person being bullied feel uncomfortable, lonely, and afraid. Children who are exposed to bullying at school (by other children or teachers) may not want to go to school any more. Bullying can result in depression and even suicide.

Children are more likely to bully if they:

- Have experienced or observed aggressive behaviour at home.
- Are poorly supervised.
- Don’t receive enough warmth and attention.
- Have active, impulsive temperaments.
- In the case of boys, are physically strong.

Often adults are not aware of bullying, because it is done away from adults and the victims are ashamed to tell.

Some strategies to prevent bullying are:

- Providing good supervision for children.
- Helping children to see the effect their actions have on others; for example, a young child can be told, “Look, Efi is crying. He feels sad because you called him that name.”
- Ensuring that children know that bullying is not allowed. You could work with the children to develop a code of conduct that outlines how they will treat one another. The code would name acceptable and unacceptable types of behaviour.
- Keeping good communication among the adults in children’s lives (parents, caregivers, teachers).
- Helping children develop good interpersonal skills.
- Using group discussions, role plays, puppet plays, and stories to encourage children to talk about bullying and help them understand the effects of bullying and what they can do if they are being bullied or see someone else being bullied.

- Expecting that children will treat one another kindly and making sure that they are aware of this expectation. Model kind, respectful behaviour in your own relationships with children and adults.
- In group activities, including timid, less popular children with children who are positive and accepting.
- Recognising and encouraging positive, friendly behaviour among children.
- Intervening immediately when bullying behaviour occurs.
- Creating opportunities for children to help each other.

Teach children that if they are being bullied they should:

- Try ignoring the bully, telling them to stop and walking away when the bullying starts.
- Tell an adult that they can trust.

Teach all children to stop bullying when they see it happening, by intervening in the situation if it is safe to do so and/or by telling an adult. Here are some steps for dealing with bullying incidents:

- Stop the behaviour as soon as you see or hear about it.
- Talk to the victim and the bully or bullies separately to find out what has been happening.
- Expect that the bully will deny or minimise the behaviour. Tell the bully why the behaviour wasn't acceptable and what behaviour is expected of him/her. Say what the consequences will be, if these have already been outlined in a code of conduct or other rules, or work with the child to decide what the consequences should be. For example, if the bullying is happening on the way home from school, the bully might have to come directly home from school each day so that there is no opportunity to see the victim.
- Reassure the victim that you will do everything you can to prevent the bullying from happening again.
- Involve the victims in situations and groups where they can make friends, develop confidence, and learn social skills. You could also help them practice being assertive in responding to bullies.

- Carefully watch the behaviour of the bully and the victim. You could include other caregivers, teachers, etc. in this.
- If the bully or bullies do not change their behaviour, they may need to be removed from the group. If they are allowed to continue, all of the other children will be affected. They will be afraid because they will feel you are unable to protect them. They may begin to copy the bullying behaviour.

School Phobia and Truancy

Excessive fear of school (phobia) and deliberately absenting oneself from school without a valid reason (truancy) are major problems. Let's listen to two caregivers discussing causes of school phobia and truancy:



Activity 19

Ms. Monde: I am very worried about Kasim. The school told me on Monday that he has missed almost half of his classes. When I asked him why he had missed, he said that school was boring and he didn't like the other children. But I think there is something more. He looked a bit frightened when he talked about school and at one point I thought he might start to cry.

Ms. Ngoma: I wonder if maybe he is being bullied by the other children. He is small for his age, and he's quite shy.

Ms. Monde: His teacher seemed quite harsh when she called. Maybe he is afraid of her.

Ms. Ngoma: And of course he just lost his parents last year. The world must seem like a scary and uncertain place to him. Maybe he feels safer when he's here with us.

The two caregivers in the story have discussed a number of causes of school phobia and truancy. List the possible causes they have mentioned along with any others you can think of:



As we have seen above, there are a number of possible reasons for truancy. The child may feel unsafe at school because he or she is being bullied by other children or treated harshly by the teacher. The child might be bored at school. It could be that the child is afraid of being rejected or unpopular, or of not doing well in academics or athletics. Some children, particularly children from families where there is violence, avoid going to school because they feel they need to be at home to make sure no one is harmed.

If a child has experienced trauma, such as the death of a parent, it can set off anxious, disturbed behaviour that is associated with school phobia.

School phobia is a type of anxiety disorder and it can show itself in various ways such as:

- Refusal to go to school.
- Frequent stomach aches and other physical complaints.
- Constant thoughts and fears about the safety of self and others.
- Sleeping problems or nightmares.
- Fear of being left alone.
- Fear of the dark.

Here are some strategies for dealing with school phobia:

1. Actively listen to the child to try to understand the phobic child's underlying feelings and to establish a feeling of trust and security. Practice attentive listening as described in Unit 1.
2. Because school phobia may be related to special educational needs, review the child's academic progress and provide needed help. Children who find school an unpleasant place because they continually fail often become phobic.
3. Ask the teacher to involve phobic children in pleasant group activities. The more pleasure the children derive from learning, the more they will want to attend school. Successful learning, good peer relationships, pleasant caregivers/teachers, and enjoyable activities can encourage the children.

• To deal with truancy:

1. Look over the truant's class schedule and academic progress. Determine if the classes are too difficult or if the tasks are beyond the child's capabilities. Are there other ways of learning through which the child might find more success and relevance?
 2. Hold a group discussion about truancy. Discuss with the truant children how their presence or absence in school is helping or hurting them in reaching their goals. Work with them to make a plan to avoid truancy in the future.
-

Lesson Six



Referrals and Collaborations

Changing children's behaviour takes effort and time. Sometimes you will find that all of your patience, skill and creativity is not enough to help a troubled child. When this happens, you should seek help from a professional counsellor.

Before you make the first contact with the counsellor, gather as much information about the child and the problem as possible. Written observations and notes can be very useful in giving the counsellor a picture of the child's exact behaviour.

Activity 20

If you have referred a child or children before, what were their problems and where were they referred?

Some of the organisations and individuals that provide special case behavioural counselling are:

Organisation/Individual	Behaviour Treatment
Anti-child abuse organisations	Child sexual and physical abuse
Guidance teachers and school counsellors	All children's problems
Psychiatric centre	All children's problems
Mental hospitals	Mental disorders
Assessment centres	Children's special educational needs
Religious organisations/churches	Spiritual counselling
Traditional counsellors	Behavioural problems



Activity 21

Conduct some research around your town and/or community and identify organisations and individuals to whom you can send children for special counselling. Specify the problems that children can be referred for.



Summary

The role of caregivers is to help children and youth learn to behave in ways that will help them to be successful in their lives.

This unit includes knowledge and ideas that will help you, as a caregiver, to become more effective in guiding children's behaviour.

Even though their behaviour may not make sense to us, there is always a reason why children and youth behave the way they do. The more we can learn about a particular child—for example, by listening, observing, and asking questions—the more effective we will be in counselling that child.

Children's self-esteem greatly influences the decisions they make in their lives. It is our job to help them see themselves as worthwhile, capable, lovable people.

Effective counsellors will understand their own behaviour and responses and have appropriate expectations of children.

Dealing with problem behaviour such as fighting, lying, truancy, or cheating requires understanding, skill, and creativity. Because every child and every situation is different, there is no one ideal solution. However, there are certain criteria that we can use to judge whether or not a solution will help us to reach our goals.

Despite your best efforts, you will not always be successful in helping children learn new behaviour. It is important to be aware of the counselling resources in your community so that you can access them confidently when the need arises and refer children to them when necessary.



Self-Assessment Exercise

Question 1

What do we mean by “behavioural counselling?” Give an example of a problem that might be addressed through behavioural counselling.

Question 2

Explain how self-awareness can help you to be more effective when you are responding to problem behaviour of children or youth.

Question 3

Why is it important to help children/youth build self-esteem?

Question 4

How can you decide if a particular approach to behavioural counselling will help you meet your goals for working with children or youth?

Question 5

Choose a behaviour problem that you sometimes see in children that you know. Describe how you would go about working with a child to help her or him change that behaviour.



Suggested Answers to Self-Assessment Exercise

Question 1

Behaviour counselling involves working with children and youth to change their type of behaviour from that which is inappropriate or non-productive to a type that helps them get along well with others and feel good about their accomplishments. Examples of problems that might be dealt with through behaviour counselling are cheating, lying, stealing, bullying, fighting, and truancy.

Question 2

Knowing ourselves, or self-awareness, helps us to realise when a child's behaviour is triggering a need or message from our own lives. When we are aware of that happening, we can make an effort to get past the old "business" to treat the child fairly and calmly.

Question 3

Self-esteem, or how we value ourselves, has a very strong influence on the choices we make in our lives. Positive or healthy self-esteem means that we value who we are. When children value who they are, they tend to make choices that reflect that valuing. When they feel they are worthless, they are likely to choose friends who fit with that belief; for example, they might choose friends who treat them badly.

Question 4

To decide if a behaviour guidance approach will be appropriate, consider whether the children

- will feel that you are concerned about their well-being and want to help them; that you are listening to them and believe them.
- will come to see that their behaviour doesn't fit with the goals that they have for their life.
- will take the lead in finding a plan for behaviour that will better help them meet their goals.
- know that you will support them in developing new behaviour.

Question 5

To evaluate the approach that you described, check the criteria in the previous question. If the approach meets all of the criteria it should be appropriate. If it fails to meet one or more of the criteria, change it so that it does.



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Glossary

Assumptions: Ideas that we accept as being true even though we have no proof that they are.

Behavioural counselling: Working with someone to help change his or her behaviour.

Bias: Prejudice.

Bullying: When a person or group uses strength or power to force or persuade someone through fear.

Personality: Our particular patterns for reacting to or interacting with others. Personality results from our temperament and the interactions we have in our environment.

Self-concept: The picture that people have of who they are.

Self-esteem: The way that people judge themselves.

Temperament: A set of core qualities and response patterns (moods and styles of behaviour) with which we are born.

Trauma: An emotional shock as the result of a stressful event.

Counselling for Caregivers

Unit 4:
Dealing with
Child Abuse Issues



COMMONWEALTH *of* LEARNING

Unit 4: Dealing with Child Abuse Issues

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Unit 4: Dealing with Child Abuse Issues

Introduction

Many children grow up in happy, loving homes, but others are harmed in various ways. Some children are mistreated, or left with no one to look after them. Some adults take advantage of children to have sex with them. Child abuse is especially common among family members. In fact, children are most often abused by adults close to them and who have power and authority over them. This problem is made worse by some cultural and social practices which do not allow children to talk in the presence of elders. This makes it difficult to tell someone they have been abused, so abuse often remains hidden within the family and the community.

Lesson 1 introduces five different kinds of child abuse from which a child may suffer. Lesson 2 discusses how cultural issues may influence and be reflected in how children are treated (or mistreated and abused), and Lesson 3 examines various ways that children may react when subjected to abuse. Lessons 4 and 5 focus on resilient children and helping to build and strengthen resilience. Lessons 6 and 7 talk about ways to help abused children cope and signs that an abused child is not coping well with his or her situation. Lesson 8 discusses ways that you can prevent child abuse in your community. Finally, Lesson 9 lists referral services that can provide help to children in abusive situations.

Objectives

By the end of this unit you should be able to:

1. Identify and describe various forms of child abuse.
2. Identify signs and characteristics of an abused child.
3. Explain the various coping strategies employed by survivors of abuse.
4. Develop effective intervention programmes for abused children.
5. Outline the referral system available for abused children in your community.

Lesson One



Forms of Child Abuse

Activity 1

Mainza is a 13-year-old girl whose parents died three years ago. She lives with her aunt in Monze village. She has two brothers aged 15 and 10 and one 6-year-old sister. The 15-year-old brother and aunt go out all day to fetch food while the younger brother goes to school, leaving Mainza to look after her younger sister. One day, her aunt comes back and finds out that Mainza has eaten the only food she had left for supper. The aunt is so angry that she dips Mainza's right hand in boiling water. This is not the first time Mainza has suffered at the hands of her aunt. She has had beatings before that ended in her being admitted to the nearby health centre. Furthermore, the aunt often shouts at Mainza and blames her for everything wrong in the home—even for mistakes that she has not made.

What are some of the ways that Mainza is being mistreated (abused) in her aunt's home?

What are some of the thoughts and feelings that Mainza might have about her situation? How might she be feeling about herself, for example?

What are some of the thoughts and feelings that you had as you read Mainza's story?



There are many forms of child abuse. Mainza suffers physically from burning and beating. She also suffers emotionally. Her aunt's treatment makes her think that she is worthless and unloved. The abuse she endures in her childhood may affect her whole life.

It is difficult for us to read or think about children being harmed in this way but, as adults, we have a responsibility to help in whatever way we can.

Some of the many forms child abuse can take are shown in Mainza's story. Children may be abused sexually, emotionally, physically, or they may be neglected.



Activity 2

What are some ways that children are abused in your community?



Let us now look at different types of abuse and how each one affects children. We will also explore ways that you can help children like Mainza cope.

1. Sexual Abuse

Of all forms of abuse, child sexual abuse is perhaps the most difficult one for people to face. There are a number of reasons for this, some of which are shown in Chanda's story on the following page.



Activity 3

Chanda is a married woman. She has a 13-year-old daughter, Anita, from a previous marriage. One day Chanda left her home and went to visit a friend. While she was away, her husband raped Anita, who became pregnant. Anita told Chanda that she was pregnant and Chanda was so annoyed she beat Anita in the presence of her husband until Anita told her that her husband had done it. The husband accepted responsibility and asked for forgiveness and Chanda forgave him. Later on, Chanda left her ten-year-old daughter asleep while she went to see a doctor. Her husband, this time, raped the younger daughter. Chanda came back, found her having a bath, and asked her why she was bathing so early in the morning. Her daughter told her what had happened and said that her husband said, "If you tell anybody I will beat you."

In Chanda's story what type of abuse did her children suffer?



Child sexual abuse occurs when adults or older persons use a child for their sexual pleasure.

Adults often do not want to talk or think about child sexual abuse because sex is considered to be something secret and taboo, not to be talked about. This view of not talking about sex has left children unprotected and adults feeling helpless. Unfortunately, children may be sexually abused by anyone—because someone is a father, uncle, aunt, cousin, niece, priest, or teacher does not mean they are incapable of sexually abusing children. There are several things that make children especially vulnerable to sexual abuse. Traditionally, children are taught to respect and obey elders and other adults. This is one reason why children do not say "no" to an adult. In addition, children are dependent on adults for many things including love, affection, food and other basic needs.

In Chanda's story we learn how in some cultures, traditions tend to encourage child sexual abuse. Women are supposed to obey their hus-

bands in all things. Children are not allowed to answer back or express opposing views to elders, which would be seen as a challenge and could lead to punishment. In some rural areas of Africa, countries such as Kenya, Zambia, and Zimbabwe, women are not allowed to own land or have any possessions in their name. This view of women may exist even in urban areas where women's property is seen as belonging to their husbands who have control of everything. This leaves a woman depending on her husband for financial support and a woman who has no way of supporting herself would find it difficult to oppose her husband.

In the story, Chanda was more concerned about her husband and saving her marriage than she was about her children's pain and suffering. She chose to forgive him instead of taking action against him. Chanda was also afraid of what the community would say. The situation would be seen as shameful. She also did not want to be seen as going against everyone's expectations. Her culture demands that she remain committed to the marriage. If she spoke up against her husband, some members of the community would think of her as a bad wife who cannot keep "family issues" private.



Activity 4

Child sexual abuse has many forms. Can you think of any?



Sexual abuse can be:

- Sexual intercourse or rape.
- Incest or sex within families (father with daughter, mother with son, sister with brother, uncle, cousin, or niece, etc.).
- Touching a child's private parts.



- Showing pictures of a sexual nature to a child that he/she does not want to see.
- The adult showing his/her private parts to the child.
- Letting the child watch or hear an act of sexual intercourse.
- Forced early marriages.
- Child prostitution (where children are paid to have sex).

Activity 5

How will you know that a child has been sexually abused?



A caregiver may suspect that a child has been sexually abused from observing the following signs and types of behaviour.

Curiosity behaviour

- Child asks almost endless questions on topics related to sex.
- Knows too much about sex for age and stage of development.

Self-exploration

- Self-stimulates herself/himself publicly.
- Sexually stimulates other people.
- Causes harm to own genitals, rectum.
- Has adult arousal qualities in response to self-stimulating behaviour.

Behaviour with others

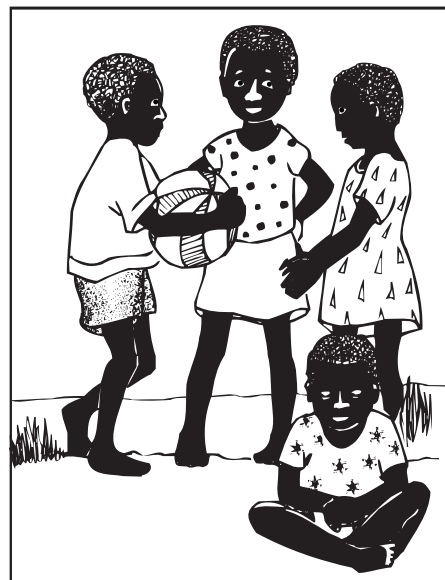
- Forces or bullies other children to engage in sexual behaviour.
- Demands to see the genitals of other children or adults.
- Forces other children to touch genitals.
- Dramatic play consists mainly of sad, angry, or aggressive behaviour.

Bathroom/toilet behaviour

- Continuously smears faeces on genitals.
- Continuously urinates in inappropriate places.
- Does not allow others privacy in the bathroom or bedroom.

Relationships

- Imitates adult sexual behaviour.
- Physical contact with others causes anxiety.
- Talks about sex with adults, including strangers.

*Other signs include the following*

- Generalised fear and mistrust of adults.
- Child feels sad.
- Child usually refuses to be touched by adults.
- Child shows destructive behaviour such as pulling out her own hair or biting himself or herself.
- Child starts avoiding the company of others.
- Child develops eating problems such as refusing to eat or eating more than usual.
- Child may have difficulties in getting sleep, sleep too much, or have bad dreams and wake up in the middle of the night crying.
- Child may change behaviour; for example, a normally confident and outgoing child becomes shy and withdrawn or a normally shy, quiet child becomes aggressive and goes out looking for trouble.
- Child might tend to return to earlier childish behaviour such as wetting the bed at night or sucking a thumb.
- Child develops a habit of running away from home, school, or place of care.
- Child may want to kill herself (common among teenage girls).
- Child may hurt or avoid certain types of individuals; for example, men with certain characteristics such as facial hair.

- Child may hate own genitals and/or demand privacy in an aggressive manner.
- Child may sexualise all relationships (think of all relationships in a sexual manner).
- Child might hate being his/her own gender.
- Child may continuously use inappropriate language or socially unacceptable slang.

It is important for you to note that these signs are only a guide. You cannot assume that one or several of these types of behaviour always mean that a child is being sexually abused.

Furthermore, it is important to realise that some types of sexual behaviour are normal for children at certain ages. For example, toddlers and preschoolers often explore their own bodies or touch their own genitals to soothe themselves. They are curious about other people's bodies, and may show their genitals to others. However, if children of this age show more extreme behaviour such as continuously self-stimulating, simulating sexual activity with their clothes off, or if they seem to know too much about sexuality for their age and stage of development, sexual abuse is a possibility.



Activity 6

What are some of the results of child sexual abuse?



Child sexual abuse has serious consequences. A child who has been sexually abused may:

- Contract sexually-transmitted infections including HIV/AIDS.
- Have an unwanted pregnancy.
- Be afraid of the opposite sex.
- Have too much interest in sex or become prostitutes.
- Have poor sexual relationships when they grow up.



- Become sexual abusers themselves.
- Develop low self-esteem.
- Become overprotective of their own children or fail to show enough love.

Activity 7

Think of a child in your community that has been sexually abused. What did the child go through? How was the child affected?



Child sexual abuse may remain hidden due to the following:

- The child could have been threatened, bribed, or tricked to keep quiet.
- The child may be too young to talk.
- The child feels so guilty that she is ashamed to tell anyone.
- The child might have tried to tell someone but the person would not listen or believe her (unfortunately this is very common).
- The child may have blocked the sexual abuse out of her mind as a way of dealing with the problem.
- Some cultural and traditional practices make women and children vulnerable to abuse.

2. Physical Abuse

Physical abuse occurs when children are hurt or injured, usually intentionally, by caregivers or other people entrusted to take care of them. It can also occur when a child is given substances such as alcohol or an overdose of medicine to make the child sleep while a couple goes out with friends.



Activity 8

How would you know if a child has been physically abused?



You may have mentioned any of the following:

Bruises

- Bruises on children who are not old enough to hurt themselves while trying to walk.
- Bruises on the backs of legs, the upper arms and chest, neck, head, or genitals.
- Bruises in areas covered by clothing and showing, by their pattern, that a child has been hit with a hand, belt buckle, rope, or cord.
- Choke marks, pinch marks, grab marks, or fingernail scratches.

Fractures

- Fractures in children under the age of one are often caused by abuse.
- Improperly healed fractures and/or many old or new fractures can indicate repeated abuse, especially if the parents or guardians say they didn't know about the injuries.

Head and Internal Injuries

- Head injuries often indicate abuse, especially in infants.
- Abused children may have injuries to their internal organs, such as their spleen, liver, intestines, kidneys, bladder, or pancreas.

Burns

- Burns are difficult to assess because they can occur when a

child falls against a stove or is accidentally put into bath water that is too hot. However, intentional burning also occurs. Pay attention to the explanation that the parent or guardian gives and see if it makes sense given the location and shape of the burn.

- Cigarette burns that occur on the abdomen, genitals, and bottoms of feet are often intentional.

3. Child Labour

In many African countries children are traditionally supposed to do some work for the family such as cooking, collecting firewood, helping to look after younger brothers or sisters, and herding cattle.

The United Nations Children's Emergency Fund (UNICEF) says that child labour happens when the work given to a child is more than what that child can do considering his/her age and can cause harm to the child. Child labour happens when the child is treated unfairly so as to make money out of him/her. Child labour includes:

- Forcing an underage child to work full time.
- Paying less than an adult gets paid for the same work.
- Putting too much responsibility on a child.
- Forcing a child to work/live on the streets.

Child labour usually causes serious harm to children's physical, psychological, and mental health.

In Mainza's story, we see Mainza doing jobs that require too much responsibility for her age. This would be considered child labour.

4. Emotional Abuse

Emotional abuse occurs when children are denied the love, security, and company of friends and caring relatives. This happens when children are constantly criticised, belittled, and ignored. They do not receive praise and affection from caregivers or other people entrusted to take care of them. Their possessions or pets may be destroyed. Emotional abuse is different from physical abuse, as there are no phys-



ical injuries or bodily harm. Therefore, caregivers often do not realise or recognise this type of abuse.

Activity 9

How will you know that a child has been emotionally abused?



Your answer may have included different kinds of behaviour. Children that suffer from emotional abuse lack self-confidence. They have feelings of being unworthy, unwanted, and unloved. They may respond to this in one of two ways: They may become aggressive and hostile, with many behavioural problems, or they might turn their anger inward and become depressed, withdrawn, and even consider suicide. They may develop health problems such as headaches, asthma, nervous habits, and sleep disturbances. Children who are emotionally abused usually do not feel free to be in the company of others and may perform poorly at school.

Besides Mianza being physically abused, she is also emotionally abused, as her aunt continues to insult and rebuke her. By keeping her away from school, the aunt prevents her from having normal experiences with children her age.

5. Neglect



Activity 10

How will you know if a child has been neglected?



Neglect occurs when children are not provided with the basic needs of life. For example, not taking a sick child to a clinic when you are able to do so and the clinic is free of charge is considered to be neglect. Denying children meals, shelter, or clothing or leaving them alone for a long period of time are also forms of neglect.

Parents may neglect children because they:

- Lack knowledge of how to look after children.
- Are not able to plan properly for the family's needs.
- Have low self-esteem.
- Were neglected or abused as children.
- Suffer from a mental handicap or illness.
- Drink too much alcohol or are involved with drugs.
- Lack support from their family and community.

Neglect is different from other forms of abuse. Where in other forms of abuse a caregiver does something he/she is not supposed to do, in neglect the caregiver fails to do what he/she is supposed to do.

Signs and Characteristics of Child Neglect

A child who is neglected may:

- Be untidy or dirty.
- Be sickly.
- Look sad and unusually withdrawn from others.
- Perform badly at school.
- Feel out of place among friends and other people.



Usually if one child in a home is being neglected, the others will be too.



Activity 11

Now that you have learned about the various forms of abuse, let us reflect and think through this issue of child abuse. Have you ever known a child who was abused—whether physically, emotionally, or by neglect? How was the child affected?

Have you ever done something to a child that could have been considered abusive? When you think about that now, why do you think you did that? What might you have done differently?

How might your personal experiences affect the way you deal with a child who is abused?

How might your personal experiences affect the way you would deal with an adult who is abusive to a child?

Lesson Two



Child Abuse and Community Standards

Each community has different customs and ways of raising children, so what is considered maltreatment in one place might not be in another. For example, in many countries any physical punishment of children at any age is abusive and against the law. On the other hand, in some African and Asian countries it is regarded as neglect if one does *not* ever beat or hit a child. So it is important that we consider the practices of a particular community before we conclude that a particular behaviour/practice represents maltreatment or child abuse.

However, it is also important to understand that even though some practices are culturally acceptable, they may still be harmful to children. For example, in Zambia beating a child for misbehaving is common and is taken as showing parents' concern for the child. But for these children, as well as for children elsewhere, frequent and severe physical beatings will result in injury, as well as feelings of rejection and worthlessness.

In some cultures girl-children are supposed to stay home and do house work rather than go to school. For this reason they do not get an education.

Most children are abused because of poverty, unemployment, and other social problems. In addition, diseases such as HIV/AIDS have worsened the burden of care for families.

There are many children who look after their younger brothers and sisters as a result of deaths of their parents or become caregivers themselves for ill parents before the parents die. The problem of HIV/AIDS has made children particularly vulnerable to all forms of abuse, with the problem made worse by the burden on the extended family support system, which can no longer cope with the burden of care (as seen in Mainza's story).

In addition, day-to-day caregiving is influenced a lot by broad cultural values. Some common values are as follows:

1. Children are highly valued as a joy to the family and fulfilment as well as economic assets.

2. Childcare is considered the responsibility of the community. If parents are unwilling or unable to care for the child, other relatives or neighbours can take over.
3. Young children are not expected to be responsible for their actions. In some cultures almost any punishment of children younger than three, four, or even seven is considered abusive and unnecessary.
4. Violence of any kind between adults, between children, and between caregivers and children is not approved.

In some countries it has been found that children are considered a financial and personal burden, so it is not a surprise that child abuse occurs more often as family incomes fall. This is particularly true for neglect and physical abuse and especially for children below the age of six.



Activity 12

Think of the way children are raised in your community. Explain any practices that might be unacceptable in another community.

Lesson Three



Coping Strategies

Children are deeply affected by abuse and find various ways to deal with their feelings of unworthiness, inadequacy, and hopelessness. Some of these are:

- Child mistrusts adults.
- Child refuses to be touched by adults.
- Child shows destructive behaviour.
- Child avoids the company of others.
- Child becomes aggressive and goes out looking for trouble.
- Child develops a habit of running away from home, school, or place of care.
- Child wants to kill herself (common among teenage girls).

Any situation or problem can affect the child in more than one area of the child's life. The effect in one area can also spread to other areas.

As caregivers, we need to know how to help children cope as well as possible with the abuse that has happened to them. When we think of helping children or how they are coping we need to know in which area or areas they need help.

To remember the various potential areas of need, we can use the acronym HELPING:

- H Health, diet/food, sickness.
- E Emotions, feelings, expression, coping.
- L Learning, study, education.
- P Personal relationships—how they relate at home and school, socialisation.
- I Interests, imagination, hobbies, recreation, self-image, how they feel about themselves.
- N Need to know, thinking capacity, intellectual level.
- G Guidance in behaviour: Is the behaviour age-appropriate, does the behaviour get the children into trouble?

Each letter in the word HELPING reminds us of a different area where children may have needs and we might be able to help.



Activity 13

Masese is an 8-year-old girl who lost her mother 6 months ago. She is living with an aunt. When she goes to visit her grandmother, the grandmother is concerned that she looks very depressed, refuses to eat, looks thin, and does not talk much. She is not interested in doing anything. She sits quietly most of the time. When the grandmother asks her about her recent grades in school, she learns that Masese's performance at school has dropped.

As a caregiver how will you assess Masese's needs using the term HELPING? What could be done to help her?



Did your assessment include these items?

Health: Does not eat, looks thin, needs food.

Emotion: Depressed—needs to be encouraged to talk and share her problems.

Learning: Grades in school dropping—needs encouragement and extra help to study.

Personal: Does not talk much—relationships need to be encouraged with others, including the caregiver.

Interest: The child does not look interested in anything. The caregiver could interest her in expressing her feelings through drawing or stories.

Need to know: Does not talk much, looks depressed—needs to explore her thinking through play and drawing. If necessary, refer for specialised care.

Guidance in behaviour: If the child remains withdrawn after your support, you can refer her to a counsellor

This HELPING model of needs assessment helps us look at the different areas of need of the child. However, it is important to remember that all these needs are interrelated and we must see the child as a whole person. This model helps us to focus our helping efforts on immediate needs to help the child cope well.

Lesson Four



Resilient Children

A child's ability to cope seems to have much to do with resilience. To be resilient means being able to recover quickly from the adversities of life, even to be strengthened or transformed by them. Researchers believe that all children have the capacity for resiliency and that certain life conditions strengthen that capacity. This means that one of the jobs of caregivers is to provide children with conditions that help them develop resiliency.

How does a child become resilient?

Children cope better with problems, including abuse, when they have three capabilities:

- The ability to understand the adverse effects of a given situation (such as abuse or the death of a parent) on themselves.
- The ability to believe that they can cope with a given crisis because they know they have some control over what happens.
- The ability to give a deeper meaning to what has happened in their lives.

These capabilities do not just happen. They depend on the child's outer and inner resources and they have to be encouraged by the caregiver.



Activity 14

Can you think of three outside resources or things that could help build resilience in a child?

Did you think of the following?

1. A close and secure relationship with the same caregiver.



2. If the child has lost parents, having a close relationship with the remaining family members.
3. Enough food, shelter, clothing, and health services.
4. Access to education.
5. A stable income and financial base for the household.
6. Links to his or her cultural community and beliefs.
7. A stable and safe home/living environment.

Research has found that feeling close to one dependable adult—whether a caregiver or family member—is the most important factor in a child’s resilience.

Children that have been abused, especially orphans, need to have access to resources to build their resilience. Their inner strength helps them understand, deal with, and resolve the traumatic events that have happened in their lives.



Activity 15

Could you think of some possible characteristics or resources that might help build a child’s inner strength?



Your answer could include the following:

1. Understanding and expressing emotions.
Resilient children usually understand their emotions and are free to express their emotions in words or actions (for example, a child will say, “I am sad”).
2. A good autobiographical memory.
The autobiography memory is the memory in which we save personal memories about life and our life histories. A resilient child can easily remember the good relationships, times of

kindness, and his/her role models, for example teachers or parents. The child is even able to remember some of the achievements of the past that made the child feel good about him or herself.

3. Feeling a sense of belonging.

Resilient children know where they belong. Such children are rooted at home and in the community and have a sense of their own culture, whether past or present. These children are able to fit in with a family, small group, or community. Resilient children are able to look for and find emotional support from other people. They are self-confident and also confident of other people's support; for example, from peers and the caregiver. The support required changes with time and need.

4. Interest in others.

A resilient child feels the need to help others. The child has feelings for others and offers help.

5. A strong value and cultural belief system.

Resilient children know what is right and wrong and they sense what is unacceptable and acceptable behaviour. They also may have a strong spiritual belief which may include faith in a higher spiritual being (whether God, several gods, or the power of the ancestors). This belief system is usually influenced by the child's upbringing and culture. Some children will develop and identify themselves with belief in a certain culture or political leader. This is common with older children.

6. Self confidence.

A resilient child has confidence in his/her own abilities and identities and has a good sense of humour. She will say "I can" instead of "I can't".

7. Creativity and curiosity.

Children that are resilient are curious and eager to learn. They are creative and use their imagination. They are able to use available materials in their environment to ensure their sur-

vival. Resilient children are able to imagine the future and this gives them hope for something to live for.

As caregivers, we must understand that resilient children get their strength from their inner being and our role is to encourage and promote the development of this inner being.



Lesson Five



Developing Resilience in Children

Resilience should be encouraged and developed in all children. All children are born with the ability to be resilient, but resilience has to be developed, just like any other capabilities.

As caregivers we need to promote and encourage resilience in the children we care for. Resilience also helps children cope with hardships and suffering that they may come across in the future when they are adults.

Activity 16

Can you think of any ways in which you can help a child in your care develop resilience?

Here are some points you might have included in your answer:

- Provide a safe, nurturing environment in which the child's needs are met.

A child should have an environment in which basic needs are met, like access to health care, education, and other social services. It is important for the child to feel a sense of safety and belonging at home.

- Spend time with children, listen to them instead of talking about them, and show interest in them and what they do, think, and feel.

Play is a good way of communicating with children and is important for child development. By showing interest in them and answering questions we encourage children to discover their own potential, creativity, and interests.

- Teach children how to communicate with other people.

Children usually learn from adults. By showing children how to express feelings and solve problems, we encourage them to

become responsible for what they do and say. We are also helping them to understand other people's feelings and learn respect for others.

- Allow children to be children and to make mistakes.
Children learn from mistakes just as adults do. Help children to recognise and understand their mistakes. Encourage them to correct what they did wrong. Children will often repeat the same mistakes, but continue to encourage them to correct their mistakes. Support them as they deal with negative thoughts, feelings, and behaviour.
- Involve children in day-to-day activities.
We need to involve children in all day-to-day activities including family rituals, cultural and religious rituals. We also need to involve them in decision-making about matters involving them.
- Teach the child family routines.
It helps the child if the caregiver provides a routine for the day and expects the child to stick to that. If the child moves from one home to another the child's routine needs to follow.
- Support children's spiritual lives.
Children who have a strong spiritual life are said to become more resilient than those who do not. Encourage and support children in the spiritual or religious beliefs of their family.
- Acknowledge children for what they are, not for what they do.
Give praise to the child and express acknowledgement of the child as a wonderful person.
- Trust the child.
Show that you trust the child as they confide in you, especially about child sexual abuse. You can make statements such as "I believe you".

A resilient child is better able to cope well with child abuse and other problems they may experience.

Lesson Six



Helping Abused Children Cope

There are many ways that a caregiver can help children cope with the abuse they have suffered.

1. Counselling

Good counselling can help a child who has been abused feel better again. A child who has been abused—especially sexually—needs you to help him/her regain self-control, rebuild self-esteem, and live a more satisfying life. In a case where a child has been sexually abused, saying the following can help:

- I believe you.
- I am sorry that this happened to you.
- I am going to try to help you. Thank you for telling me.
- I want you to know that it is not your fault. The person who did this to you is the one who is wrong and needs to be punished.

In addition, you can:

- Encourage the child to talk about it. Talking about what has happened is very important for the child's recovery. The child can express this in various ways. Young children like drawing to express what has happened to them.
- Treat the child gently and answer the child's questions honestly.
- If the child is physically hurt, help him/her to get medical attention.
- Support and encourage the child to express his/her feelings.
- If you feel angry about the situation, make it clear to the child that you are not angry with him/her.



- Encourage the child to make his/her own decisions as far as possible and respect those decisions.
- Support her/him but do not take over her/his life.

2. Support Groups

A support group is made up of people who were abused as children and others interested in helping abused children. The members of a support group meet regularly to talk about their experiences and what it means to live with them.

Support groups can play an important role in helping children cope with the effects of abuse.

The caregiver must know that support groups require sensitive and careful handling to help people feel free to talk about their personal issues.



Activity 17

What support systems are there in your community to help abused children?



3. Specialised Care

As a caregiver you may not be able to deal with an abused child's problem. In that case it will be necessary to refer to someone else with specialised training in helping such children. Refer to the list of organisations offering services to abused children at the back of this unit. Do some research yourself, so you will have the information and contact details close at hand when/if needed.



Activity 18

Now that you have learned about helping a child cope, how will you know if the child is coping well?



Children who are coping well will:

- Feel good about themselves.
- View themselves and their work in a positive light.
- Have healthy relationships or make friendships.
- Tolerate frustrations.
- Ask for help when needed.
- Communicate properly with others.
- Think of life positively and have hope for the future.

If the child is coping well then the child is becoming resilient (refer to the notes on resilience).

Lesson Seven

Recognising Danger Signs That a Child Is Not Coping

A child who is not coping may show signs or types of behaviour that are very different from “normal” reactions.



Activity 19

Can you think of any signs and types of behaviour that would show the child is not coping well?



As we have learned, some children are more resilient than others. Sometimes children experience severe reactions to abuse. These are reactions that are deep or intense and are prolonged.

The following are some serious danger signs:

1. The reaction to abuse is very intense or very strong.
2. The reaction lasts for a long time and does not change in its intensity.
3. The child's behaviour changes dramatically.
4. The child does not seem to have any inner strength or resources to protect her/himself.
5. The child might become depressed—feels sad all the time and cries a lot, may refuse to eat altogether. May talk a lot about wanting to die, having suicidal tendencies.
6. The child may also act in an anti-social manner: sexual promiscuity (sex with many partners), exhibiting adult sexual tendencies, or abusing substances like drugs and alcohol.
7. The child becomes ill. The child's sickness might be unexplainable or have no medical reason.



Activity 20

If you notice these dangers signs what can you do to help?



Did your answer include these ideas?

- Talk to the child and offer help.
- Suggest that the child needs specialised care.
- Refer the child to a trained counsellor.

It is important as a caregiver to identify the danger signs so that you are able to help the child cope well. Children need a lot of meaningful support from people around them in order to cope well. These people include family and community and they should be sensitive to children's needs.



Activity 21

Fill in the blanks.

I need to tell you something. My uncle caught me and did something to me.

I _____ you.
I'm _____ that this
_____ to you.
I'm _____ to _____
and _____ you.
Thanks for _____ me.



Your answer might be something like this: "I believe you. I'm sorry that this happened to you. I'm here to help and support you. Thanks for telling me."

Lesson Eight



Interventions on Child Abuse

How to Prevent Child Abuse

How can you prevent child abuse in your community?

Below are some of the activities that you can do to help prevent child abuse:

- Form community groups to find means of protecting children from abuse.
- Watch over children when their parents have gone out.
- If you know that your neighbours and their children are out, ask the children to let you know if they return home earlier than their parents.
- Talk to children about where they can go for help.
- Form links (come together) with and reach out to families in difficult situations.
- Organise activities to improve good neighbourliness and look at issues that contribute to child abuse, such as unemployment, alcohol abuse, etc.
- Find out about other services with which you and the community can work.
- Organise community awareness campaigns against child abuse.
- Establish community support groups for abused children and their families.
- Look for good ways to bring up children.
- Ask governments at all levels to provide essential services such as housing, water, and playgrounds for children.
- Establish safe homes—safe places for children to go in case of abuse.
- Work with schools, churches, and other individuals and groups in the community to build awareness about child abuse.



Activity 22

Name two specific actions that you will take to help keep children safer.

What to Do When a Child Has Been Abused



Activity 23

We saw in Chanda's story how her husband sexually abused both her children. What steps would you take as caregiver to help Chanda and her children?



A caregiver should be well informed about child abuse issues. This information or knowledge can be obtained through training, meetings, and other sources. There are a number of things that a caregiver can do when a child has been abused. A caregiver can:

- Call the police or a social worker. In this case, the caregiver should record the particulars of the case such as case number, name of the officer taking up the case, and other relevant details.
- Report the case to and work in conjunction with relevant authorities such as social welfare and other agencies interested in child welfare issues.
- Secure any evidence in cases where a child has been sexually abused or raped.
- Become an activist or a change agent for child safety.



- Call for help from the neighbourhood whenever necessary.
- Offer psychosocial support to people who have been abused.
- Avoid asking difficult questions, as this might make the victim feel guilty and make the situation worse.
- Give practical help to your neighbour in times of emergency.
- Give information to people affected by child abuse on child support grants, medical examinations, and treatments; for example, HIV prevention or pregnancy tests.
- Offer care and support in times of sickness to your neighbours and watch over their children.
- Offer your services honestly and with the respect due to all.

Activity 24

Develop a programme to help abused children in your community, using some of the interventions mentioned above.



Lesson Nine



Referral Systems

Activity 25

Where do you and other caregivers refer children who have been abused and need help? List a few organisations below:

There are many agencies and organisations that offer help of different kinds in the area of child welfare. Some of these exist in your country or neighbourhood. Did you think of some of these?

- Young Men's/Women's Christian Association (YMCA/YWCA)
- Police Victim Support Units
- Care International
- World Vision
- AMREF
- Social Welfare Department and other government line ministries
- Children in Crisis Centre
- Save the Children Fund
- PLAN International
- Catholic AIDS
- Family Health Trust
- Women's Hospitals



Summary

- Child abuse is common and can have many types or forms. They include physical, neglect, emotional, child labour, and sexual abuse.
- There are many signs and characteristics that can help you to identify child abuse according to the type or form that happened.
- Children who are abused will cope in different ways. However, some children may cope well and be resilient, while others may not. For children to cope well they will need help and support from you, the caregiver.
- A caregiver can take action against child abuse in the community. For some actions you will need help from others in the community.
- You cannot deal with the problem of child abuse alone. You will need to work with different people, organisations, the government, community, and other service providers.



Self-Assessment Exercise

Question 1

Name five types or forms of child abuse discussed in this unit.

Question 2

List four signs that may make you suspect a child has been sexually abused.

Question 3

List four reasons why child sexual abuse remains hidden.

Question 4

Name the care and support systems in your community to help abused children.

Question 5

List four ways of preventing child abuse in your community.

Question 6

What would you do if you learned that a child you know has been sexually abused by her father?



Suggested Answers to Self-Assessment Exercise

Question 1

Physical, neglect, emotional, child labour, and child sexual abuse.

Question 2

You should have identified at least four of the signs and types of behaviour listed on pages 6-8 of this unit.

Question 3

You should have identified at least four of the reasons listed on page 9 of this unit.

Question 4

Care and support services are described under the following headings:

- Counselling
- Support groups
- Specialised care

Question 5

You should have identified at least four of the activities listed on page 31 of this unit. You may also have thought of some additional activities.

Question 6

You should have identified some of the actions listed on pages 32-33 of this unit. You may also have thought of some other appropriate actions.



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Glossary

Child abuse: Occurs when an action or failure to act by a parent or caregiver results in death, serious physical/emotional harm, sexual abuse/exploitation, or presents a risk of serious imminent harm.

Child labour: Employment of children under the age of physical maturity in jobs requiring long hours of work.

Emotional abuse: Happens when a parent or other person responsible for a child's well-being uses words and feelings to strike out, embarrass, shame, insult, or reject the child.

Neglect: Occurs when a child's basic needs for love, food, warmth, safety, education, and medical attention are not met by parents or caregivers.

Physical abuse: Happens when a parent or someone else responsible for a child willfully or negligently injures the child.

Resiliency: The ability to recover quickly from adversity and even to be strengthened or transformed by it.

Sexual abuse: Occurs when a parent or other person responsible for a child involves the child in any kind of sexual activity.

Counselling for Caregivers

Unit 5:
Dealing with
Substance Abuse



COMMONWEALTH *of* LEARNING

Unit 5:
Dealing with Substance Abuse
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Unit 5: Dealing with Substance Abuse

Introduction

Substance abuse is a problem in our society today. Many adults abuse alcohol, cocaine, heroin, prescription drugs, and other substances. People abuse substances for a variety of reasons; for example, to forget and escape from problems such as unemployment. Such abuse is especially common in situations where there is little chance of improving one's lot in life.

You are probably aware that helping children avoid substance abuse is vitally important to ensure they do not get addicted to drugs, alcohol, or other substances in the future. You may encounter children/youth that have already abused or are currently abusing substances. This unit will help you work with them, giving you some ideas about preventing further abuse and helping them overcome current habits.

The first lesson explains what substance abuse is, and the second outlines the ill effects that substance abuse has on the abuser and on society in general. Lesson 3 looks at reasons that people abuse substances, Lesson 4 at ways to tell if a person is abusing substances, and Lesson 5 at how to help people avoid getting involved in substance abuse. Lessons 6 and 7 discuss helping people identify their own substance abuse and talking about it in a constructive and positive manner. The last lesson gives ideas to prevent substance abuse by children/youth before they get involved in an unhealthy, destructive lifestyle dominated by addictive substances.

Objectives

By the end of this unit, you should be able to:

1. Describe substance abuse and identify substances that are abused.
2. Describe signs/symptoms in children who abuse substances.
3. Explain the consequences of substance abuse.
4. Identify strategies that assist children who abuse substances.
5. Organise a program for the prevention of substance abuse.
6. Identify available referral networks for substance abuse.

Lesson One



What Is Substance Abuse?

Activity 1

Tandi has been caring for her niece, Mondì, since Mondì's mother died when she was 6 years old. Mondì is now 13. She was very upset after her mother died, but soon settled into Tandì's household where she was pleasant and helpful. She was a very good student and had several good friends in school. At the beginning of the term, Mondì moved to a different school where she didn't know the other students. Tandì noticed that Mondì was unhappy but she knew it would take time for her to adjust. Instead, Mondì has started skipping school and her grades have dropped. She has become moody and often lashes out at Tandì and others in the family. Tandì wonders what has caused this change.

What do you think might be the cause(s) of Mondì's changed behaviour? Think of as many possibilities as you can.

There are several possible explanations for Mondì's behaviour, and one of these is substance abuse. Use of substances—drugs, alcohol, or inhalants—can produce many of the changes that Tandì has noted in her niece's behaviour.

To understand what substance abuse means, let us look at the meaning of the words use, misuse, and abuse.

"Use" is the application of a substance correctly or for its intended purpose.

“Misuse” is the application or utilisation of an item or objects wrongly, or for a purpose for which it is not intended, where such use has a tendency to cause harm.

Substance “abuse” can be described as the misuse of substances which have legitimate uses, but which can cause harm when misused. For example, certain drugs are useful as medicine, but may be harmful when taken for non-medical purposes. Adults often have a drink of alcohol on social occasions, but it is harmful and may be addictive when used habitually or excessively. Glue is useful to fasten things together, but very harmful when it is inhaled. Substance abuse can also refer to the use of illegal substances, including “hard” drugs such as cocaine and heroin.

Substances which are commonly abused include:

- Glue
- Petrol
- Paint thinner
- Alcohol
- Marijuana (bhang, weed, hashish)
- Cocaine
- Heroin
- Valium—Diazepam
- Psychoactive drugs—depressants and stimulants



The kinds of harm that can result from substance abuse includes:

- Family problems.
- Problems in the community.
- Problems in school.
- Legal problems—arrest for possession and use.
- Financial problems—stealing to get money to purchase the abused substance.
- Health problems—chest problems, mental instability, unprotected sex which may lead to unplanned pregnancies, sexually transmitted diseases, and HIV/AIDS.



Activity 2

What is the difference between substance use and substance abuse?

What substances are commonly abused by youth in your community?

What substances are commonly abused by adults in your community?

Lesson Two



Why Should We Be Concerned about Substance Abuse?

There are two main reasons why we should be concerned about substance abuse. One is the effect that abuse of substances has upon the individual. Substance abuse by youth can alter their lives permanently, destroying their health, productivity, and relationships with others. The other reason is the effect that widespread use of substances has on people around the abuser, and on the society in which they live.

The Effects of Substance Abuse on Physical and Emotional Health

The abuse of substances can cause many physical and emotional problems. Inhalants such as glue, paint thinner and petrol, when used even once, can cause suffocation, visual hallucinations, and severe mood swings. When used over a period of time, the results can include hepatitis, nausea, nosebleeds, irreversible brain damage, nervous system damage, and death.

The long-term effects of alcohol abuse may include stomach ailments, skin problems, liver damage, memory loss, and heart and central nervous system damage. Over time, marijuana use can increase the risk of cancer and diminish sexual capacity. Appendix A, at the end of this unit, includes a more complete list of short and long-term effects of inhalants, marijuana, and alcohol.

The use of these substances is often addictive. This means that people who use the substances develop a greater and greater need for them, and it becomes very difficult for them to break their habit. Unfortunately, children and youth seem to become dependent on substances more quickly than adults do. They are at risk to develop serious dependency problems if:

- There is a family history of substance abuse. Children may inherit a biological predisposition toward substance dependency. Apart from that, children who grow up in an environment where there is substance abuse have poor role modeling and are more likely to be exposed to violence, abuse, etc.
- They are depressed.

- They have low self-esteem.
- They feel like they don't fit in.

Recent research on brain development has shown us that the human brain is not completely developed until the late teens or early twenties. Because of this, youth may be less able to see the long-term consequences of their actions and to make decisions accordingly. Youth also lack life experience on which to base their decision-making.

Substance abuse eventually causes problems for individuals in their dealings with their family, community, and school. They may have difficulties with the law when they resort to illegal actions to get money to feed their addiction. Under the influence of substances, they may have unprotected sex, which may lead to unplanned pregnancies, sexually transmitted diseases, HIV/AIDS, and/or babies being born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE).



The Effects of Substance Abuse on Our Community and Society

Young people who drink alcohol and/or use and sell drugs create an atmosphere that is dangerous and unsafe for other members of society. Also, they can be disruptive and violent when they are under the influence. They are less likely to become productive members of society because they are at risk of dropping out of school and often lack motivation and self-discipline. Dealing with the consequences of substance abuse, such as health problems and children born to parents who are unable to care for them, places stress on the resources of the community.



Activity 3

Think of an adult you know who abuses substances such as drugs or alcohol. What effect has substance abuse had on that person's life?

Why do you think this person has not stopped abusing substances?

Lesson Three



What Causes Substance Abuse?

Activity 4

Why do you think children abuse alcohol or drugs? List several reasons.

Did you come up with the following reasons? All of these are reasons that children may abuse substances.

- To reduce stress and forget about problems.
- To feel good.
- Out of boredom, to give them something to do.
- Because they are curious.
- To feel more grown up.
- To fit in.



Activity 5

Look again at the story of Mondri, at the beginning of the unit. What are some of the reasons that Mondri might be particularly vulnerable to substance abuse?

Substance abuse is more likely when a child lives with the stress of an unstable home or social environment, or where there are limited employment and recreational opportunities.

Lesson Four



How to Tell if Children or Youth Are Abusing Substances

Activity 6

How can you tell if the child you are working with is abusing substances? Write as many signs and symptoms as possible:



Below is a checklist of some warning signs and symptoms of substance abuse that you should look out for. Did your list contain many of these items?

1. Smell of alcohol, smoke, or other chemicals (for example, glue) on the child's breath or clothing.
2. Obvious drunkenness, dizziness, or strange behaviour.
3. Change in dress, appearance, and grooming.
4. Radical change in choice of friends.
5. Frequent arguments, sudden mood changes, and unexplained violent actions.
6. Change in eating and sleeping patterns.
7. Skipping school.
8. Failing grades.
9. Runaway and delinquent behaviour.
10. Suicide attempts.
11. Abrupt changes—lower levels of self-discipline.
12. Unusual flare-ups or outbreaks of temper.
13. Withdrawal from responsibility.
14. General changes in overall attitude.
15. Deterioration of physical appearance and grooming.

16. Wearing of sunglasses at inappropriate times.
17. Continual wearing of long-sleeved garments (particularly in hot weather) or reluctance to wear short-sleeved attire when appropriate.
18. Association with known substance abusers.
19. Unusual borrowing of money from friends.
20. Stealing small items from home or school.
21. Secretive behaviour regarding actions and possessions. Poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, restroom, basement, etc.
22. Difficulty focussing, glazed appearance of the eyes.
23. Loss of memory (blackouts).
24. Availability and consumption of abused substance becomes the focus.
25. Changes in peer-group associations and friendships.
26. Impaired interpersonal relationships (unexplainable termination of deep relationships and/or alienation from close family members).

It is important to remember that just because a young person you know is displaying one or two of the signs or symptoms in the checklist it does not necessarily mean that they are abusing substances—they could have other problems. The checklist only helps you to become more keenly aware about the young people in your care so that you can notice any drastic changes in their behaviour patterns early.

Note: Appendix B contains a quiz to help teenagers decide if they have an alcohol problem. You may wish to use this quiz with children/youth that you suspect of having a drinking problem. It may help them to become aware of the problem.

Lesson Five



Guiding Children's Attitudes towards Substance Abuse

As a caregiver, you are probably asking yourself what you can do to help children under your care not to be tempted to abuse substances. The following are some ways to guide children's thoughts and attitudes about substance abuse.

Be a Good Role Model

Caregivers, like parents, are the most important role models in children's lives. What they say and do about substance abuse has a significant impact on the choices children make.

Your own habits and attitudes about tobacco, alcohol, and other substances speak louder than words. Take a few minutes to answer the following questions about your feelings and attitudes towards tobacco, alcohol, and other substances (circle Yes/No as appropriate).

1. Do you usually offer alcoholic drinks to friends and family when they come to your home? Yes/No
2. Do you frequently take medicine for minor aches and pains or if you are feeling sad or nervous? Yes/No
3. Do you take sleeping pills to fall asleep? Yes/No
4. Do you use alcohol or any other substance in a way you would not want your child to when he/she is an adult? Yes/No
5. Do you smoke cigarettes? Yes/No
6. Are you proud about how much you can drink? Yes/No
7. Do you make jokes about getting drunk or using drugs? Yes/No
8. Do you go to parties that involve a lot of drinking? Yes/No
9. Has your child ever seen you drunk? Yes/No
10. Do you let minors drink alcohol in your home? Yes/No

Really Listen to Each Child

Really listen to what each child has to say. Stop what you are doing and make eye contact. Encourage the child to share questions and concerns

about tobacco, alcohol, and other substances. Do not do all the talking or give long lectures.

Talk with Children Honestly

In today's complex and busy world, it is interesting how few chances there are for parents or guardians to have conversations about substance abuse with children/youth. One way to talk to young people about substances is to take advantage of everyday "teachable moments." For example, if you and a child see a group of teenagers sniffing glue and hanging out, talk about the possible negative effects of their actions.

Watch TV with Children and Ask Them What They Think

Whenever you see an anti-substance abuse commercial on TV, use it as an opening to talk with the children about substance abuse. Ask them what they think about the commercial.

Discuss a newspaper article or local event (perhaps an accident) in which substance abuse was a factor.

Make Discussions about Tobacco, Alcohol, and Other Substances Part of Your Daily Conversation

Young people who don't know the facts about tobacco, alcohol, and other substances are at a greater risk of trying them. Be sure that you know the facts about substance abuse and how it can harm people. Clear up any wrong information, such as "everybody drinks" or "marijuana won't hurt you." Talk to them about the dangers of substance use and abuse! It is important to let children know that substance abuse will damage their bodies. Emphasise the health problems associated with substance abuse, such as: malnutrition, stomach ailments, increased risk of cancer, heart attacks, brain damage, nausea and vomiting, hepatitis or HIV/AIDS transmitted through shared needles.

Discuss how the need for peer-group acceptance can lead to substance abuse.

Help Children Develop Strong Values

Children who decide not to use alcohol or other substances often make this decision because they have strong convictions against the use of these substances—convictions based on a value system. Be clear about your own values and explain to the children why you choose a particular course of action and how that choice reflects your values.

Be Clear about Rules

Children want you to talk to them about substances. State your position clearly. If you're not clear, they may be tempted to use them. Tell children that you don't want them to use alcohol, tobacco, and other substances because you love them. Make it clear that this rule holds true even at other people's houses.

Also discuss the consequences of breaking the rules—what the punishment will be and how it will be carried out. Consequences must go hand-in-hand with limits so that children understand that there are predictable outcomes to their choosing a particular course of action. The consequences you select should be reasonable and related to the violation. For example, if you catch children smoking, you might “ground” them, restricting their social activities for two weeks. You could then use this time to show them how concerned you are about the serious health consequences of smoking, and about the possibility of becoming addicted.

Teach Them How to Say “No”

Help to prepare all children for an occasion when peers or adults offer them drugs, alcohol, cigarettes, or other substances by helping them practice what they might say when confronted by this situation. For example, they might:

- Ask questions: “What is it?” “Where did you get it?”
- Say no firmly.
- Give reasons: “No thanks, I’m not into that.”
- Suggest other things to do (play a game).
- Leave (go home, go to class, join other friends).

Help the child develop a strong sense of self-worth. Look for all the good things in a child—and then tell the child how proud you are. Praise the child's efforts as well as successes. Emphasise the things children do right, instead of focussing on what's wrong. Making a few mistakes is a normal part of growing up, so try not to be too critical when a child makes a mistake. Gradually allow children to make more decisions on their own. Ask for their opinions sometimes.

Discuss the importance of being an individual and the meaning of real friendships. Help children to understand that they do not have to do something wrong just to feel accepted. A strong sense of self-worth will help children to say no to tobacco, alcohol, and other substances.

Teach Coping Skills

Respect a child's feelings. Pay attention, and be helpful during periods of loneliness or doubt. Offer advice about handling strong emotions and feelings. Help children cope with emotions by letting them know that feelings will change. Explain that mood swings are not really bad, and they won't last forever. Model how to control mental pain or tension without the use of tobacco, alcohol, or other substances.

Get to Know Them

Get to know children. Find out how their day was, what happened in school, or with their friends. Know where they are at all times. Go to their events; for example, sports games, plays, school shows. Play games with them. Know who their friends are.

Children won't always be ready to talk just because you are ready to listen. To provide opportunities for children to open up to you, you need to spend time with them. When they have concerns, you need to really listen and try to understand what things are like for them.

Encourage Healthy, Creative Activities

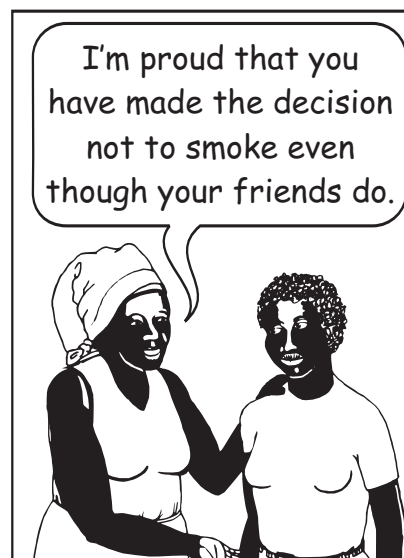
Look for ways to get children involved in athletics, hobbies, school clubs, and other activities that reduce boredom and excess free time. Encourage positive friendships and interests. Look for activities that you and the child can do together.

Team up with Parents/Guardians

Work with children's parents/guardians to build an anti-substance abuse environment for children. When parents/guardians join together against substance abuse, they are much more effective than when they act alone. One way is to form a parent group with the parents of a child's friends. The best way to stop a child from abusing substances is to stop his/her friends from using them too.

Encourage Peer Support

Children and youth can encourage one another to lead substance-free lives. Encourage them to talk with one another about the dangers of substance abuse and to help one another find healthy ways to deal with the pressures in their lives.



Know What to Do if Children Abuse Substances

Realise that children may abuse substances. Learn the signs of substance abuse. Take seriously any concerns you hear from friends, teachers, or other kids about a child's possible substance abuse. Trust your instincts. If you truly feel that something is wrong with a child, it probably is. If there's a problem, seek professional help.

Lesson Six



Personal Exploration

Many of the children and youth that you work with may already have experimented with various substances. Whether they come to you for help or you find out about their activities in another way, you will need to be prepared to work with them in a constructive way.

We know that one of the keys to being an effective counsellor is to know ourselves. When we understand the experiences and beliefs that we take with us into a counselling situation, we are better able to set them aside and really pay attention to the young person we are counselling.

Almost all of us either know someone who has an addiction or have struggled with one ourselves. This means we take a lot of “baggage” into a counselling situation. If we have an addiction that we haven’t recognised, we might tell ourselves that a young person really doesn’t

have a problem. If we have managed to overcome an addiction, we may be impatient with others who are less successful. If we have a dear relative whose life was ruined by drugs or alcohol, we may overreact to a young person’s substance abuse.



Answer the questions in the following activity as honestly as possible.



Activity 6

Name someone you know quite well who abuses substances.
What substances are they?

(continued on next page)

What are some of the types of behaviour that tell you this person is abusing substances?

What impact has the substance abuse had on this person's life?

How has it affected his or her family or other people close to this person?

Is this person aware that he or she has a substance abuse problem? How do you know?

Has this person ever tried to quit abusing substances? What was that like? Was he/she successful?

Do you use, or have you used, alcohol or drugs? If so, have you ever abused these substances? What are your reasons for saying that you have abused, rather than just used, these substances?

What thoughts and feelings do you have about substance abusers and their lifestyle?

(continued on next page)

Activity 6 (continued)

What do your own reactions tell you about the values and beliefs you have about substance abuse?

What are some things that, because of your own history and beliefs, you need to remember when you are counselling a young person who may have a substance abuse problem?

Lesson Seven



Talking with Young People about Substance Abuse

Remember Mondri, the 13 year old we met at the beginning of this unit? Mondri was a good student who was pleasant and helpful around the house. Now she is moody, skipping school, and her grades have dropped. Her aunt, Tandi, worries about this change in her niece.

Now Tandi's friend mentions that she has seen Mondri with a group of youth who are known to use alcohol and marijuana. Around the same time, Tandi notices that small amounts of money are missing from her purse. Although she finds it hard to believe, she begins to wonder if Mondri might also be abusing substances. She doesn't want to ask Mondri until she has more evidence. How could she know if this is true? What can she do if it is true?

Tandi decides that she will talk to her niece, Mondri, about her suspicion that Mondri has been smoking marijuana and drinking alcohol. She plans carefully how she will do this, as she wants to be able to talk openly with Mondri without her becoming defensive.

Tandi chooses a time when they are alone together in the kitchen after dinner. She asks Mondri if she would have a few minutes to talk about something important. Mondri scowls, but agrees.

Tandi invites Mondri to sit at the table with her. Tandi's manner is calm, caring, and attentive. Tandi says, "I've noticed that you have been acting differently lately. You don't seem to care as much about your appearance and you've missed school 5 times this month." Mondri protests that school is boring and she's not learning anything new. Tandi continues, "We seem to be arguing a lot of the time and I wish we could enjoy being together the way we used to." Mondri looks down at the table and doesn't respond.

"I know that you were unhappy about leaving your friends from your last school."

Mondri replies, "I have new friends now."

"So you're not feeling as lonely now?" Tandi responds.

"I'm okay," Mondi says sullenly.

"I've been concerned about you," Tandi says, "Because of what's happening at school and also because I've noticed that several times there has been money missing from my purse."

Mondi looks startled and defensive. "That wasn't me," she says quickly.

"It sounds like you know who it was," Tandi replies calmly.

Mondi is agitated. "I didn't say that," she shouts. "I said I didn't do it." Then she dissolves into tears, puts her head down on the table and sobs.

Tandi moves closer to her and says gently, "You seem very sad, Mondi. Would you like to tell me what's happening?"

Mondi sobs out her story: she was shunned as the "new girl" in her new school. Finally two girls, Milimo and Inonge, befriended her. They would miss school to spend time with some older boys and the group would drink alcohol and do drugs. Finally the group told her that she needed to contribute if she was going to drink with them, so she stole money from Tandi's purse to buy alcohol. Tandi listens attentively. To encourage Mondi to continue talking and to ensure she is understanding, she asks questions that check on feelings: "It sounds like you were happy to have some friends. Am I right?" or clarify content, "So you would wait with Milimo at the corner while Inonge went with the boys to buy alcohol?"

As Mondi talks and Tandi listens, it becomes clear that Mondi is becoming increasingly uncomfortable with the group and their activities. She would like to end her involvement with them but is afraid of repercussions from the group and of once again having no friends at school. Tandi does not hurry Mondi to a solution, but listens and asks questions like "What do you think might happen if you told Milimo and Inonge that you didn't want to be friends with them?" and "Are





you worried that they might try to hurt you?" She wants to gain as clear a picture as possible of the situation Mondì finds herself in and how Mondì is feeling.

Once they have discussed the situation thoroughly, Tandi summarises the problem and asks Mondì if she has understood correctly. She asks, "Do you have any ideas about how you would like to handle this?" and "Is there something I can do to help you?" Together they come up with a plan, which includes spending time with her friends from her former school and some strategies for making other friends at her new school. She practices what she will say to Milimo and Inonge when they ask her to come out with them. Tandi and Mondì agree to keep talking about what is happening, and Tandi assures Mondì that she will help her in any way she can.

Activity 7

In this counselling situation, what are some of the things that Tandi does to help Mondì talk with her about what is happening?

Your answers might include:

- She chooses a time to talk with Mondì when they are alone and unhurried.
- She checks with Mondì that it is a good time to talk.
- She remains calm.
- She states what she has seen and heard.
- She listens attentively and caringly.
- She does not make judgements about Mondì's behaviour or that of her new friends. In later conversations, she will make sure that Mondì is aware of the possible consequences of substance abuse.
- She asks questions that help her understand Mondì's feelings, such as "I wonder if you were worried when that happened?"

- She is careful to clarify what Mondri is saying: "Do you mean that...?"
- She does not rush to a solution. She first ensures that she understands the situation fully and that Mondri has had enough time to be ready for help in finding a solution.
- She understands that Mondri is the one who will need to solve the problem and her role will be to support her.

These are some ways Tandi makes it possible for Mondri to talk with her about what is happening in her life. Mondri can trust that Tandi will try to understand her and will support her.



Activity 8

Can you imagine how the discussion would be different if Tandi, instead of listening and supporting, made one of these responses?

1. "If you had not gone with those girls in the first place you would not have this problem now." (Blaming)

What Mondri might have felt:

Mondri might have responded:

2. "You need to get your act together because if you do not finish school you will not have any kind of a future." (Lecturing)

What Mondri might have felt:

Mondri might have responded:

3. "How could you be so dumb as to get involved with something like this?" (Name-calling)

(continued on next page)

What Mondri might have felt:

Mondri might have responded:

4. "If you do that again I'm going to ask your uncle to give you a whipping." (Threatening)

What Mondri might have felt:

Mondri might have responded:

5. "I'm sure it will all turn out just fine." (Reassuring)

What Mondri might have felt:

Mondri might have responded:

6. What you need to do is..." (Advice-giving)

What Mondri might have felt:

Mondri might have responded:



When we are counselling young people about substance abuse or any other issue, we need to approach them from an attitude of genuine caring and listening. We want to find out what things are like for them and why they are making the decisions they are making. If they feel that we really care about them, they may be able to admit that their decisions aren't working out very well and be willing to accept our help in figuring out how to do things differently.



We want to help young people draw on their inner resources in order to change their lives, and in order to do that we need to let them know that we have confidence in them. If we approach young people by blaming, threatening, name-calling, lecturing, or giving advice we are attacking their already shaky self-esteem by giving them the message that they aren't competent enough to make their own decisions.

Reassuring young people that a bad situation will work out in the end can simply tell them that we don't really understand the nature and difficulty of the problem.

Even when young people ask for our advice, it is better to ask them, "What ideas do you have?" than to give them your ideas right away. This tells them that you have confidence in their ideas, and helps them to think about which ideas might work best.

Of course, sometimes young people will need your help to deal with their abuse or help them find treatment. Then it will be important that you understand their situation clearly and know what resources are available.

Fortunately, Tandi's intervention with Mondri occurred early on in Mondri's experience of substance abuse. As we know, her continued involvement with this group of friends could have disastrous results including addiction, pregnancy, and crime.

Many children and youth do experiment with illegal substances, and fortunately many are able to stop with the help of supportive friends, relatives, and caregivers/counsellors.

Lesson Eight



Planning to Prevent Substance Abuse

There are no guarantees that children will not abuse substances, but as a caregiver or parent, you can influence them by:

- Not abusing substances yourself.
- Providing guidance and clear rules about substance abuse.
- Spending time with children, sharing the good and the bad times.
- Encouraging children to support one another in leading healthy lifestyles.

All of these may help children grow up free from the problems of substance abuse.

The routines you create and the activities you plan for young people can help to provide an environment that is secure, stimulating and fun—one where children have better things to do than engage in substance abuse.

To ensure that you have regular get-togethers with children, you might try scheduling meetings. Rituals like having meals together, playing games, or going to school, can be opportunities for establishing better communication that is essential to help children not to abuse substances.

Encourage children to have fun and do worthwhile things outside the home. Avoid turning too much of children's leisure time into chores.

Planning Activities for Children

Children who are busy with interesting activities are much less likely to be drawn into substance abuse. As a caregiver working with children and/or youth, you need to be active and very creative. Children/young people have a lot of energy and they want to be occupied.



Activity 9

The children/youth you are working with have probably abused or have been exposed to substance abuse. How can you help them stay safe while having a good time?

Your ideas might have included:

- Sports events
- Extra-curricular activities
- Religious activities
- Athletic clubs
- Volunteer work



Activity 10

List some activities you could organise to keep children occupied.

What are some of the issues you need to consider when organising an outing with children/youth to ensure that it is free of opportunities to abuse substances?

When organising outings, parties, camping trips, or field trips for children/youth you should consider the following guidelines:

- Plan in advance. Go over party plans with the children/youth. Encourage them to plan some organised group activities or games.



- Visit the venue. Make sure you go to the proposed venue for the event to become familiar with it. If you feel it is not appropriate, change venues.
- Arrange for supervision. Ensure there are an adequate number of adults to supervise the children/youth. At least one adult should take care of 10 to 15 children/youth. If you have both boys and girls, ensure the adults are both male and female.
- Develop a participants' list. Together with the children/youth, prepare a list using set criteria that have been agreed upon (for example, consider attendance, age, sex, and discipline). Only those whose names are on the list may attend the party, trip, or workshop. This will help avoid an "open party" situation.
- Set a time limit. Set starting and ending times for the event. If it is an all-day event, ensure it ends early enough.
- Set event "rules." Discuss them with the children/youth before the event. Rules should include the following:
 - No glue, cigarettes, alcohol, or other drugs.
 - No one can leave the venue of the event and then return.
 - If indoors, lights are left on at all times.
 - Certain areas of the venue may be off-limits unless accompanied by an adult.
- Know your responsibilities. Remember, you are legally responsible for anything that happens to a minor who has been served alcohol or taken drugs when in your care or under your supervision. Help the children/youth feel responsible for this as well. Children/youth who bring cigarettes, alcohol, or other drugs to the party should be asked to leave.
- Be there. Make your presence felt—walk around and let the children/youth know you are there.



Lesson Nine

Resources to Help Substance-Addicted Children

If a child is addicted to a substance, the problem may be too much for you to handle alone. Don't hesitate to seek professional help, such as a pediatrician, counsellor, support group, or treatment program.



Activity 11

What are some individuals and organisations in your community that could be helpful in dealing with substance abuse? Think of as many as you can.



Now look at the list below for some more ideas:

- Alcoholics Anonymous
- Young Men's Christian Association (YMCA)
- Young Women's Christian Association (YWCA)
- CARE International
- World Vision
- Africa Medical Research Foundation (AMREF)
- Save the Children Alliance
- Victims Support Unit
- Catholic AIDS
- Community / church groups
- Family Health International
- Social Welfare Department
- Women's hospitals
- Children's departments in ministries



Summary

- Substance abuse refers to the use of substances in ways other than the use for which they were intended and in a way that could cause harm. Substances most commonly abused include drugs, inhalants, and alcohol. Substance abuse also refers to the use of illegal drugs, such as cocaine and marijuana.
- Substance abuse can harm individuals physically and emotionally. The behaviour of substance abusers is harmful to families and society.
- Children and youth may abuse substances for a number of reasons: to reduce stress, to feel good, to satisfy their curiosity, to feel they are grown up, and to fit in. Youth who live in stressful circumstances or have limited opportunities may be more vulnerable to substance abuse.
- There are a number of types of behaviour that could indicate substance abuse. It is important to notice any drastic changes in behaviour early.
- There are a number of ways that we can guide in a positive direction children's thoughts and attitudes toward substance abuse.
- One of the most important ways to help children not to abuse substances is to set a good example.
- It is important that we are aware of our own experiences, beliefs, and values regarding substance abuse if we are going to be effective in counselling children and youth.
- Children and youth who are busy with interesting activities are less likely to be drawn into substance abuse. When you are planning events for them, there are steps you can take to make sure the events are free of drugs and alcohol.
- If a young person is addicted to a substance, the problem may be too much for you to handle alone. It is important to know the resources that exist in your community for help with substance abuse.



Self-Assessment Exercise

Question 1

What do we mean by substance abuse?

Question 2

List at least three long-term effects of using inhalants such as glue, paint thinner, and petrol.

Question 3

One of the youth you are working with has become very moody and unpredictable. He has also started neglecting his appearance. You wonder if he might be abusing substances. List at least five other signs that could indicate that he is engaged in substance abuse.

Question 4

Your sister (or daughter) has just had her first baby, a little boy. She comes to you to ask for advice about how to raise a child who will not become involved in substance abuse. What will you tell her?

Question 5

You have considerable evidence that a child you know has been abusing alcohol. You decide to talk with her. You know that you will need to stay calm, tell her what you have noticed that makes you suspect alcohol abuse, and listen to what she has to say. What types of behaviour should you avoid while you are talking with her?

Question 6

You decide to plan an event for the youth in your group and you want to ensure that it is substance-free. List at least three things you will need to remember to do.



Suggested Answers to Self-Assessment Exercise

Question 1

Substance abuse is the misuse of substances such as inhalants, alcohol, or drugs or the use of illegal drugs such as cocaine.

Question 2

Any of the following can result from long-term use of inhalants:

- Careless behaviour in potentially dangerous settings.
- Headaches.
- Muscle weakness.
- Abdominal pain.
- Decrease or loss of sense of smell.
- Nausea and nosebleeds.
- Hepatitis.
- Violent behaviour.
- Irregular heart beat.
- Liver, lung, and kidney impairment.
- Irreversible brain damage.
- Nervous system damage.
- Death.

Question 3

Any of the following types of behaviour could be associated with substance abuse:

- Smell of alcohol, smoke, or other chemicals (for example, glue) on the child's breath or clothing.
- Obvious drunkenness, dizziness, or strange behaviour.
- Change in dress, appearance, and grooming.
- Frequent arguments and unexplained violent actions.
- Change in eating and sleeping patterns.
- Skipping school.

- Failing grades.
- Runaway and delinquent behaviour.
- Suicide attempts.
- Abrupt changes—lowered levels of discipline.
- Unusual flare-ups or outbreaks of temper.
- Withdrawal from responsibility.
- General changes in overall attitude.
- Wearing of sunglasses at inappropriate times.
- Continual wearing of long-sleeved garments (particularly in hot weather) or reluctance to wear short-sleeved attire when appropriate.
- Association with known substance abusers.
- Unusual borrowing of money from friends.
- Stealing small items from home or school.
- Secretive behaviour regarding actions and possessions. Poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, restroom, basement, etc.
- Difficulty focussing. Glazed appearance of the eyes.
- Loss of memory (blackouts).
- Availability and consumption of abused substance becomes the focus.
- Changes in peer-group associations and friendships.
- Impaired interpersonal relationships (unexplainable termination of deep relationships and/or alienation from close family members).

Question 4

There is no way to guarantee that a child will not abuse substances. However, there are many things you can do to guide children's thoughts and behaviour about substance abuse. These include:

- Being a good role model, not abusing substances yourself.
- Talking honestly about substances with the child.
- Really listening to the child and showing that you value his/her ideas and opinions.
- Giving the child lots of encouragement.

- Helping the child develop strong values.
- Setting a good example.
- Helping the child deal with peer pressure and need for acceptance.
- Making rules that help the child say “no.”
- Encouraging healthy, creative activities.
- Knowing what to do if you suspect the child of abusing substances.
- Taking part in the child’s life by going to sports, community, and school events together, playing games together, knowing what he/she is doing in school, who his/her friends are, and where he/she is.
- Encouraging children to support one another to lead healthy lifestyles.

Question 5

Some types of behaviour you will want to avoid when talking to the child are:

- Blaming
- Lecturing
- Name-calling
- Threatening
- Reassuring
- Advice-giving

Question 6

To help make sure that an event is substance-free, you can:

- Plan in advance.
- Visit the venue.
- Arrange for supervision.
- Prepare a participant’s list.
- Set starting and ending times.
- Set the rules for the event.
- Know that you are responsible.
- Make your presence felt.



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Glossary

Addiction: A compulsive physiological and psychological need for a habit-forming substance.

Hallucination: The perception that one sees an object that is not there.

Inhalants: Substances that are sniffed to intoxicate the user immediately, such as petrol, glue, and paint thinner.

Substance abuse: The misuse of substances that may have legitimate uses but can cause harm when misused; for example, drugs, alcohol, or glue.

Appendix: A



Straight Facts about Inhalants, Drugs, and Alcohol

Straight Facts about Inhalants (Glue, Paint Thinner and Petrol)

Inhalants are substances that are sniffed to intoxicate the user immediately. Commonly used inhalants include glue, petrol, and paint thinner. Inhalant use can cause a number of physical and emotional problems; and sometimes may result in death.

Using inhalants even one time can put you at risk for:

- Sudden death.
- Suffocation.
- Visual hallucinations and severe mood swings.
- Numbness and tingling of the hands and feet.

Prolonged use of inhalants may also result in:

- Careless behaviour in potentially dangerous settings.
- Headaches.
- Muscle weakness.
- Abdominal pain.
- Decrease or loss of sense of smell.
- Nausea and nosebleeds.
- Hepatitis.
- Violent behaviour.
- Irregular heart beat.
- Liver, lung, and kidney impairment.
- Irreversible brain damage.
- Nervous system damage.

Straight Facts about Marijuana (Bhang, Weed, Hashish)

Short-term effects may include:

- Sleepiness.
- Reduced ability to perform tasks requiring concentration and coordination.
- Lack of judgement in potentially dangerous situations.
- Bloodshot eyes.
- Dry mouth and throat.
- Decreased social inhibitions.
- Paranoia and hallucinations.
- Increased heart rate.

Long-term effects may include:

- Enhanced cancer risk.
- Psychological dependence.
- Diminished or extinguished sexual pleasure.

Marijuana blocks the messages to the brain and alters perceptions, emotions, vision, hearing, and coordination.

You may also notice changes in the behaviour of the child/youth. They may display the following symptoms:

- Restlessness.
- Drowsiness.
- Slow reflexes.
- Slow and incoherent speech.
- Violent behaviour.
- Confusion.
- Decreased appetite.
- Tremors.
- Decreased social inhibitions.
- Lack of coordination.

Straight Facts about Effects of Alcohol

Short-term effects may include:

- Distorted vision, hearing, speech, and coordination.
- Altered perceptions and emotions.
- Impaired judgement and reduced inhibitions.
- Slower thought processes, impaired short-term memory, and confusion.
- Bad breath.
- Hangovers.
- Respiratory paralysis and death (if blood alcohol level is .60 or more).

Long-term effects may include:

- Loss of appetite.
- Vitamin deficiency.
- Stomach ailments.
- Skin problems.
- Liver damage (alcoholic hepatitis, cirrhosis of liver, liver cancer).
- Nerve and muscle damage.
- Cerebrovascular disease (stroke etc.).
- Memory loss.
- Cancers of the oral cavity and pharynx, esophagus, larynx, breast, liver, colon, and rectum.
- Heart and central nervous system damage.
- Chronic pancreatitis.

Excessive drinking of alcoholic beverages increases the risks of:

- Motor vehicle accidents.
- Falls, drowning, and other accidents.
- Suicide and homicide.
- Risky sexual behaviour, unplanned or unwanted pregnancy, and sexually transmitted diseases.
- Fetal alcohol syndrome if a pregnant woman drinks.
- Alcoholism or alcohol dependence.

Appendix B



A simple quiz to help you decide if you need help with your drinking habits. Circle "Yes" or "No".

1. Do you drink because you have problems? To relax? Yes/No
2. Do you drink when you get mad at other people, your friends or parents? Yes/No
3. Do you prefer to drink alone, rather than with others? Yes/No
4. Are your grades starting to slip? Are you goofing off on your job? Yes/No
5. Did you ever try to stop drinking or drink less and fail? Yes/No
6. Have you begun to drink in the morning, before school or work? Yes/No
7. Do you gulp your drinks? Yes/No
8. Do you ever have loss of memory due to your drinking? Yes/No
9. Do you lie about your drinking? Yes/No
10. Do you ever get into trouble when you're drinking? Yes/No
11. Do you get drunk when you drink, even when you don't mean to? Yes/No
12. Do you think it's cool to be able to hold your liquor? Yes/No

If you can answer "Yes" to any one of these questions, maybe it's time you took a serious look at what your drinking might be doing to you.

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Counselling for Caregivers

Unit 6:

Counselling Those
Infected and/or Affected
by HIV/AIDS



COMMONWEALTH *of* LEARNING

Unit 6: Counselling Those Infected and/or Affected by HIV/AIDS

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Unit 6: Counselling Those Infected and/or Affected by HIV/AIDS

Introduction

HIV/AIDS is a worldwide health problem which affects people of all ages and in many countries. For example, millions of children in Africa have been infected with HIV and/or affected by AIDS in some way. Many have lost their parents or are caring for the chronically sick. Unfortunately, there is no cure yet for AIDS and treatment efforts so far have had limited benefits in many cases. The impact of HIV/AIDS on children, families, communities, and countries has been severe.

In low-income countries, it is the children and women who feel the impact of HIV/AIDS most. For instance, the effect of HIV/AIDS upon the family increases the burden on women who traditionally have been in the role of caregivers. Women are now expected to care not only for their own illnesses but also for those of others around them. Similarly, the increasing number of orphaned children will require the reorientation of available care systems and infrastructures. In many instances, new ones will have to be constructed.

The impact of HIV/AIDS has forced some children to become caregivers for sick parents and their surviving siblings. This has caused them much stress. Some of the children and youth in this situation end up in activities like prostitution in an effort to raise money for the family. Furthermore, some children drop out of school because there is no money to pay their school fees. Some run away from home to the streets. Some children that are infected by AIDS may stop going to school because they are frequently ill, isolated, and stigmatised. Such children require counselling to help them cope.

This unit will help you provide support and information to children and youth who are infected or affected by HIV/AIDS. The unit is divided into five lessons. Lesson 1 provides you with basic facts about HIV/AIDS. Lesson 2 discusses cultural beliefs. Lesson 3 deals with children who are infected by HIV; that is, it is about children who carry the HIV virus, and how you can work with them. Lesson 4 addresses issues of working with children who have been affected by AIDS; for

example, children who have been orphaned by AIDS. We have separated the two circumstances in order to study them more fully, but we recognise that they are often interrelated. Lesson 5 provides information on designing activities for children and youth. Lesson 6 deals with networking and referrals.

In each lesson, there are questions to help you explore your own relationship to HIV/AIDS issues and to understand the cultural and social context in which they exist. We will help you identify the strengths you bring to your work with children who are infected and/or affected by HIV/AIDS. Information about HIV/AIDS and about resources that can help you is also included. Finally, we offer information about counselling and help you develop and practice new skills to support children in these difficult circumstances.

It is not easy to know whether children carry the virus or not unless they have been tested for HIV. However, counselling children and youth who are infected and affected by HIV/AIDS requires that caregivers observe good ways (or principles) when providing counselling. SAT (2001) identified the following principles of good counselling:

- Establishing helping relationships with children and youth.
- Helping them tell their stories.
- Listening attentively.
- Giving them correct and appropriate information.
- Helping them make informed decisions.
- Helping them identify and build upon their strengths.
- Helping them develop positive attitudes towards life.

The overall aim of this unit is to help you help children and youth cope with the challenges and emotions that they experience when they discover that they are infected with or affected by HIV/AIDS.

Objectives

By the end of this unit you should be able to:

1. Explain what the HIV/AIDS virus is, how a person can be infected by it, and what symptoms he/she may experience.
2. Explain cultural beliefs and practices that contribute to HIV / AIDS.
3. Identify children who are infected with HIV and provide help to them through counselling.
4. Identify children who are affected by HIV/AIDS and provide assistance to them.
5. Design activities which will help you to communicate when counselling children and youth infected and affected by HIV/AIDS.
6. Identify available networks and resources for referral of children infected and affected by HIV/AIDS.

Lesson One



What You Need to Know about HIV/AIDS



Story 1: Chimuka

Chimuka is a 13-year-old boy living with his parents. He is in Grade Six at a local school. Chimuka is infected with HIV/AIDS and was diagnosed HIV positive when he was ten years old. Chimuka is often sick and misses school lessons. When at school he is always isolated; his schoolmates do not want to play with him.

Story 2: Lweendo

Lweendo is a 17-year-old girl. She is a double orphan and lives with her four young siblings. Lweendo's mother died of AIDS in 1996. Two years later her father too died of AIDS and Lweendo was left to care for her four siblings. Lweendo has to do casual work to raise money to buy food and to pay for school, health care, and clothes for herself and her siblings.



Activity 1

Explore the problems of Chimuka in Story 1 and Lweendo in Story 2 by reflecting on the following questions:

What are the ways in which Chimuka's life has been changed because he is infected with HIV?

What are some of the thoughts and feelings Chimuka might be having about his situation?

(continued on next page)

How has Lweendo's life been affected by AIDS?

What are some of the thoughts and feelings Lweendo might have about her situation?

As a counsellor you should first deal with your own unresolved traumas, conflicts, fears, and values before you can effectively provide help to clients. This personal awareness is very important. The following activity will help you identify your own fears, expectations, and values in relation to HIV/AIDS.



Activity 2

Answer the following questions as honestly as possible:

Have you known a person suffering from AIDS?

If so, what signs and symptoms did you see?

What were some of the thoughts and feelings you had when you were with this person? What thoughts did you have after you left him or her?

What things do you hear from other people and/or from the news media about HIV/AIDS?

(continued on next page)

Activity 2 (continued)

What are some of the thoughts and feelings you have about the things you hear?

Do you know a child who is HIV positive?

What thoughts did you have when you learned the child was HIV positive? How did you feel?

Did you notice that other people treated this child differently because he/she was HIV positive? In what ways?

Finish this sentence: "The most difficult thing for me about working with a child who is infected with HIV would be/is..."

What was it like for you to answer these questions? What did you learn about yourself?



You will realise from Activity 2 that it is normal to have feelings such as fear and uncertainty with regard to HIV/AIDS and working with children who are infected. As you work with children infected and/or affected by HIV/AIDS you will meet various negative attitudes, cultural beliefs, and practices. For example, you will find people that still believe you can get HIV/AIDS through shaking hands or sharing beds with infected people, including children. This may result in stigmatising children who are either infected or affected by AIDS.



Such behaviour toward people infected and affected by HIV/AIDS arises from the lack of accurate information about this disease. As a counsellor, you need to have accurate information about HIV/AIDS so that you will be able to pass it on to your clients.

Story 3: Tandi



Tandi is a 16-year-old girl who is looking after three younger brothers. Her mother and father died of HIV/AIDS three years ago. Tandi was left to look after her siblings. The relatives of the deceased parents are alive but do not provide support to Tandi and her siblings. These relatives do not even visit Tandi and her siblings because they are afraid they could contract HIV/AIDS. Tandi has great difficulties in running the home as she is the only provider for the family's needs. A month ago she had unprotected sex with a man whom she later suspected to be infected with HIV because she discovered that his wife died from AIDS. She is scared that she could be infected too, and decides to visit the Voluntary Counselling and Testing Centre (VCT) for HIV testing.



We learn from Tandi's story how the problem of HIV/AIDS affects families and particularly children. It is common to find children heading households because their parents died of AIDS. Sometimes children are left to head households because relatives and other community members stigmatise them when they know that their parents died of AIDS. This is because people hold many misconceptions and false beliefs about HIV/AIDS.

As a counsellor, you should know and be able to handle the misconceptions about HIV/AIDS. Activity 3 will help you further understand some of these beliefs about HIV/AIDS.



Activity 3

Answer the following questions True or False (circle one):

1. I can catch the HIV virus by sharing a cup with another person. True or False
2. I am pregnant and have AIDS so my baby will have AIDS as well. True or False
3. I have just been told that I am HIV positive. This means I'm going to die. True or False
4. My niece has the HIV virus. If her classmates play with her they might get sick. True or False
5. I can get AIDS by shaking hands with an infected person. True or False
6. AIDS is transmitted by sharing the same bed with an infected person. True or False
7. A mosquito can transmit the HIV virus from one person to another. True or False



As a counsellor you should be aware of some of the commonly asked questions about HIV/AIDS. You will require information about issues related to HIV/AIDS that people often ask about.

This part of the unit will provide you with basic information about HIV/AIDS. As you read it, look for the answers to the True or False questions in Activity 3 and correct any misunderstandings that you might have had.



Activity 4

Can you explain the difference between HIV and AIDS?

Write your answer below:



You may wish to add to your answer as you read the information that follows.

The HIV Virus

HIV is a virus or germ that causes AIDS by weakening the body and destroying its defence system. The letters HIV stand for Human Immunodeficiency Virus. A person can get HIV through three main ways. These are:

- Having unprotected sex with a person (male or female) who has HIV.
- Receiving infected blood through a blood transfusion in a hospital, sharing needles with an infected person, tattooing, or using sharp instruments such as razor blades that have been used by an infected person.
- A pregnant woman can pass the HIV virus on to her baby in three ways. She can pass the virus to the baby during pregnancy, during childbirth, or through breast milk.

However, people cannot pass on the HIV virus by greeting or touching each other or by sharing cups, plates, or spoons. People who just share a bed without sexual intercourse cannot pass on the infection. HIV cannot be transmitted through insect bites, donating blood, swimming pools or hot tubs, pets or other animals, or contact with saliva, tears, sweat, feces, or urine.

For HIV to be transmitted to another person:

- One of the people must be infected with HIV.
- The virus must be very concentrated as it is in blood. A small amount of blood is enough to infect someone but much larger amounts of other body fluids would be required.
- The virus must get into the bloodstream through an open cut or sore or through contact with the mucous membranes in the anus and rectum, the genitals, the mouth, or the eyes.

You can assess the risk of HIV infection by asking the following questions:

- Was the virus present?



- Was there enough concentration?
- Could HIV make it into the bloodstream?

Activity 5

What is the risk of HIV infection in each of the following situations?

A child who is HIV positive has fallen and his knee is bleeding. The caregiver cleans and bandages the wound.

A man accidentally drank from the cup of a co-worker whom he believes to be homosexual.

A girl in your care tells you that a male classmate forced her to have oral sex and ejaculated into her mouth.



In the first situation, we know that the virus is present and that the concentration of the virus in blood is high. If the caregiver had open cuts or sores on her hand, the risk of infection is high. For this reason, it is important that caregivers wear gloves or plastic bags on their hands when tending to the wounds of children who are HIV positive.

There is absolutely no risk of HIV transmission in the second situation. We don't know whether or not the person who owns the cup has HIV. His sexual orientation is irrelevant. Even if he is infected, the man who drank from the cup would only be in contact with his saliva. Saliva does not transmit HIV.

The girl who was forced to have oral sex may be traumatised by her experience and the worry of possible HIV infection. We do not know if the youth who forced his classmate to have oral sex is HIV positive. We

do know that semen was present and that it has a high concentration of the virus. If the male is HIV positive, the infection could enter the girl's body through the mucous membranes in her mouth or through any cuts or sores she might have in or around her mouth. If the male is HIV positive, there is some risk in this situation. However, there are few reported cases of HIV transmission through oral sex so the risk is relatively low.

The AIDS Disease

AIDS is the disease caused by the HIV virus. The letters AIDS stand for Acquired Immune Deficiency Syndrome.

"Acquired" means that the infected person got the infection from another person. For example, in the story above, Tandi might have gotten infected by the man she had unprotected sex with. A baby could acquire the infection from its mother. "Immune deficiency" means that the body's defence system is weak. When the virus enters someone's body, it destroys the person's immune cells so they cannot fight the infection. "Syndrome" means a collection of health problems or diseases.

Signs and Symptoms of HIV/AIDS



Activity 6

Have you ever seen a person suffering from AIDS? Yes/No

If yes, list the signs and symptoms that you saw.

If no, list the signs and symptoms of HIV/AIDS you are aware of.



Compare your answers with the information below.

We have already said that AIDS is a syndrome, which means that it is a collection of symptoms or diseases that will show up differently in one person from another. The signs and symptoms mainly depend upon

the types of infections or diseases that a person has acquired as a result of HIV infection. However, there are some common signs and symptoms of HIV/AIDS, such as the following:

- Weight loss
- Persistent fever
- Headaches
- Prolonged diarrhoea
- Night sweats
- Excessive tiredness
- Swollen lymph nodes in the neck, armpits or groin
- Dry cough
- Shortness of breath
- Skin rashes
- Memory loss
- Confusion
- Difficult in concentration
- Sadness or depression
- Persistent herpes zoster
- Persistently painful legs

When a person is infected with HIV, the virus may remain in the body without causing any harm for a long time. The exact period when a person starts to develop signs and symptoms is not known. If the person remains healthy, well nourished, and free of other diseases then the period they remain free of symptoms may be longer. However, because the person carries the virus they can still pass on the infection to another person even if they show no symptoms.

Children and youth who develop the signs and symptoms of AIDS should be referred to the available networks in your community, such as health facilities, home-based care, and voluntary counselling and testing (VCT) centres, for further care and management. Some will need anti-retroviral (ARV) drugs and other medical treatment, while all will benefit from advice on nutrition and nursing care. Please note that the only known way to control, and even reverse the effects of AIDS, is through the use of ARVs.



Prevention of HIV/AIDS

Activity 7

List the ways in which people who do not have HIV can prevent themselves from getting the virus.

List ways in which a person who is infected can prevent passing the virus to a person who is not infected.



It is possible to prevent HIV from spreading in your community in many ways. Some of these are listed below:

- Having only one sexual partner.
- Practicing abstinence.
- Using condoms.
- Avoiding sharing razor blades and injection needles.
- Preventing sexually transmitted infections (STIs). It is a well-known fact that HIV is higher in people with frequent STIs than in those who do not have them.

Both infected and non-infected people can practice these preventive measures. You may contact other networks and agencies in your community for further information.

The ABC Approach to HIV Prevention

This has become a very common slogan seen on billboards throughout many countries in Africa. It promotes these measures to avoid AIDS:

- **A**bstain
- **B**e faithful
- **C**ondomise

Lesson Two



Cultural Beliefs and Practices Surrounding HIV/AIDS

Different cultures and societies have different views, beliefs, traditions, and practices around HIV/AIDS and sex. These cultural factors affect the way people will act on issues surrounding HIV/AIDS and those who are affected or infected. Some of these factors are harmful while others are helpful.

As a counsellor, you will need to be aware of these factors and able to identify harmful and helpful factors. You will also need to know how to influence harmful beliefs and practices to make positive changes.



Activity 8

List the common beliefs and practices surrounding HIV/AIDS that are found among people in your society.

Discuss the factors that are harmful. What can you do to help people who have these beliefs and practices?



From this activity, you will probably have identified some of the following harmful factors:

Sexual Beliefs and Practices

- Initiation ceremonies of girls who have come of age involve having sexual intercourse with selected men from the community;

- Belief that condoms reduce sexual satisfaction, or may get stuck in the vagina;
- Sex is a taboo and cannot be discussed between adults and children;
- Belief and practice that a man enjoys dry sex;
- Belief that the first sexual act cannot cause pregnancy;
- Belief that the man should have unprotected sex when wife is pregnant to allow for normal gestation and smooth delivery;
- Belief that condoms cause cancer of the cervix.

Beliefs and Practices Related to Death

- When one spouse dies, the surviving partner is forced to have unprotected sex with a relative of the deceased spouse (sexual cleansing);
- When one spouse dies, the deceased's relative marries the surviving spouse.

Beliefs and Practices around Marriage

- Polygamy (marrying more than one woman) is a sign of wealth;
- Marrying off a young girl to a rich man improves the economic status of the girl's parents.

HIV/AIDS infection

- Belief that one can get cured from AIDS by sleeping with a young girl or boy;
- Belief and practice that one cannot get HIV/AIDS from circumcision and genital mutilation using one blade among many people.
- The practice by traditional healers of tattooing many clients using the same razor blades;
- Belief that children infected and suffering from HIV/AIDS can easily spread it to family members and within the neighborhood;

- Belief that sexually transmitted infections (STIs) cannot affect nice women;
- Belief that an HIV-infected person is promiscuous.

How Do You Help People with Harmful Beliefs and Practices?

You may have realised that some of these factors promote HIV infection, and others encourage isolation of those that are infected and affected. People, including children, who hold harmful beliefs and follow harmful practices need help to change their attitudes and beliefs so that they are more positive and helpful.



Activity 9

Explain what you can do to influence positive change in people that hold harmful beliefs and practices.



Some of the ways that you may use to help people with harmful cultural beliefs and practices will include:

- Promotion of open discussions between and among adults and children;
- Providing correct information on HIV /AIDS and sex to people so they can make informed decisions;
- Encourage listening to children and involving them in decisions that affect them.

Lesson Three

Working with Children Who Are HIV-Infected



Story 4: Kamana



Kamana is a 14-year-old girl living with her parents. She is in Grade 8 at a local secondary school. Kamana's health has been deteriorating for the past year. She frequently complains of body weakness, coughing, and loss of weight and appetite. At school, her performance has been getting poorer and she has not been active in school events. She has been in and out of hospital. Her parents decided to take her for an HIV test and the results were positive.



Activity 10

Consider the story of Kamana. What fears do you think Kamana could have after knowing that she is HIV positive?



In your response, you may have mentioned that Kamana could have fears like:

- Will I ever recover from this disease? Will I die soon?
- Will I ever finish my school? How will my friends at school and neighbours treat me once they know that I am HIV positive?
- Why should I continue living if this disease has no cure?
- How did I get this disease? Are my parents to blame?

According to Fox (2001), children and youth that are infected by HIV will have common physical and psychological (emotional) characteristics. It is important that you as counsellor are aware of these charac-

teristics so you are able to provide appropriate help to clients. Some of these characteristics are:

Physical Characteristics

Being infected by HIV/AIDS can lead to physical problems such as:

- Babies infected with HIV will not grow adequately.
- A child who is infected will occasionally have difficulties in eating which may cause poor nutrition and loss of weight.
- The child will experience frequent ill-health.
- Children could begin missing school and performing poorly.
- Children have little strength to play with other children.

Psychological (Emotional) Characteristics

Infected children experience psychological effects of HIV/AIDS at various levels. These effects include the following:

- Feelings of sadness and depression.
- Episodes of aggression.
- Lack of sleep.
- Lack of concentration, particularly for children in school.
- Worries about the future.
- Fear of death.
- Withdrawal from others, fearing that people will talk about their infection.
- Discrimination and isolation, including being teased by schoolmates and neighbours.

You will have realised that children who are infected by HIV have lots of challenges and fears. However, you as a caregiver have ways to help children deal with these problems. The first is that you understand that these children, like any other, have basic needs that should be met. These are needs for food, shelter, clothing, safety, and also for love, belonging, and accomplishment of goals. We need to remember that children are children first even though they may have particular challenges.



As a caregiver, you can use your understanding of children's needs along with your knowledge of HIV/AIDS to help children infected by HIV grow and develop as normally as possible. The following stories will help you think about how you could use your counselling skills to help children that are infected by HIV/AIDS.



Story 5: Kangwa

Kangwa is a 10-year-old girl doing her Grade 4 at Kaonga Primary School. She is being looked after by her grandmother because both her parents died of AIDS. Unfortunately Kangwa is HIV positive. Her attendance at school has been very poor because she is bedridden most of the time. As a result, her academic performance is very low. She wonders if she will complete her education and wants to stop school. She feels there is no reason to continue, as she may die any day.



Activity 11

What fears does Kangwa have?

As a caregiver, what help can you give Kangwa?



Story 6: Penjani

Penjani is 12 years old and stays with his uncle in Kanyama compound. He stopped school two years ago, after his uncle found out that Penjani was HIV positive. Penjani has been given a separate bedroom because the uncle fears he may infect the others in the house. When Penjani complains of being ill, his uncle pretends to be busy and tells the servant to take him to the hospital.



Activity 12

What are the problems that Penjani is facing?

What could you do to help Penjani?

Strategies for Counselling Children and Youth Infected with HIV/AIDS



Activity 13

Reflect on Kangwa's and Penjani's stories. List and explain some of the methods you would use to counsel children and youth that are infected with HIV/AIDS.



When children and youth know that they or their family members are HIV positive, they will begin to show emotional reactions. Some of these emotions are denial, blame, anger, fear, and shock.

The aims of counselling children and youth infected with HIV/AIDS are to:

- Help them cope with the emotions and challenges they experience when they know they are infected.
- Help them to make choices and decisions that will improve the quality of their life and prolong it.
- Help them deal with opportunistic infections.

- Help other family members, friends, neighbours, and the community provide support to the infected child and deal with stigma and discrimination.

As a caregiver, you should help infected children deal with such issues as discrimination and depression. In this section we will start by discussing methods you can use to counsel children and youth infected with HIV.

According to SAT (2001), the following may be useful when counselling children and youth who are infected with HIV/AIDS:

1. Giving the necessary information about HIV/AIDS and HIV testing.
2. Helping them to disclose their HIV status.
3. Promotion of good medical care for symptoms and good nutrition.
4. Promoting a safe reproductive and sexual life.
5. Mobilising family and community care to assist and support the infected children/youth.
6. Helping them deal with their emotions, using various counselling techniques.



Activity 14

Consider the story of Kangwa, who thinks that she will soon die because she is HIV positive. What information does she need to live positively?



1. Giving Necessary Information

Children, like adults, need information about HIV/AIDS. They also need information about other service providers available such as hospitals, clinics, VCT centres, and People Living With HIV/AIDS (PLWHA).

As a caregiver you should give such information to children and youth.

Information on HIV/AIDS is found in Lesson One of this unit. If there is a need for the child to be tested for HIV, discuss this with the child and family members. Explain the advantages of knowing their HIV status such as:

- Being able to avoid infecting others.
- Emotional relief from knowing the truth.
- Gaining the support of others.
- Understanding the need for an improved diet.
- Receiving the necessary medical care and related information.

Also, be open about the disadvantages of knowing their status if they are HIV positive, such as feeling angry and resentful, being depressed, and experiencing a loss of hope. As a caregiver, help them to deal with such feelings.

2. Disclosure of HIV Status



Story 7: Mabvuto

Mabvuto is a 17-year-old boy doing his final grade in high school. Mabvuto is HIV positive. He underwent voluntary counselling and testing a few weeks ago and tested HIV positive. When he tested positive a lot of thoughts crossed his mind:

- Does this mean I will die?
- How will my parents and friends react when I tell them I am HIV positive?
- Will I ever have children?
- Will I be cured?
- How will I stand the embarrassment?
- People will think I am a prostitute or promiscuous.
- Should I commit suicide?





Activity 15

How can you as a caregiver help Mabvuto and his parents disclose his HIV status to other family members and friends?



Disclosure is when a child or a youth who is infected by HIV tells others about it. This is a very sensitive process. You as a caregiver should provide support so that the client is able to deal with the realities of HIV/AIDS. You should help children and youth to express their emotions freely and openly. To do this you should provide an environment that will support the disclosure of HIV status.

When a child is HIV positive, you as the caregiver should tell the child's parents. You should prepare the parents to disclose the status of the child to others. Parents should be encouraged to disclose only when they are ready and comfortable with talking about it. Do not force clients or their parents to disclose their status unless they are ready. Encourage clients to talk to somebody who is HIV positive; for example, someone involved in a support group or People Living With HIV / AIDS (PLWHA).

3. Promote Good Medical Care and Nutrition

Help the clients understand that there is no cure yet for HIV/AIDS. However, let them know that good medical care and nutrition are important and will prolong the life of infected persons.

Clients should be helped to understand that there are anti-retroviral drugs (ARVs) which slow down the development of AIDS. Let them know that these drugs are taken only when recommended by a medical doctor. In addition to ARVs, there are vitamin supplements that clients can obtain from health services.

Children that are infected with HIV may suffer opportunistic infections that attack the body because of low immunity. Some of these infections

include tuberculosis, diarrhoea diseases, skin infections, injuries, and pains. To help clients maintain good health, treat these infections early.

Clients should also know that good nutrition strengthens the immune system. A healthy diet includes natural and affordable foodstuffs such as whole grains, vegetables, beans, nuts, chicken, milk, and fruits such as avocados and tomatoes.

Good hygiene and exercise are other important and inexpensive ways of maintaining good health. Clients should understand that hygiene will help prevent disease and that simple exercises like walking reduce stress.

4. Reproductive and Sexual Life



Story 8: Chibinda

Chibinda is infected with HIV/AIDS because she had many boyfriends with whom she had sex, and at least one of them was HIV positive. Because of her status, she is worried whether she will be able to have children and whether being HIV positive means she must stop having sex with her partner. She also thinks that her sexual life will no longer be the same as it was previously.



Activity 16

How can you help Chibinda deal with her fears and anxieties?



You may have realised that Chibinda's fears and anxieties could be due to a lack of information about HIV/AIDS and sexuality. Your role as a caregiver is to provide appropriate information.

Remember that children, especially youth, have sexual feelings like anyone else. Even those who are infected with HIV/AIDS have the desire for sex. As a caregiver you should help such children and youth understand that it is normal to have sexual feelings. They should be

made aware of the risks so they can make correct decisions. Some of the risks are sexually transmitted infections (STIs) and unwanted pregnancies.

As a caregiver, you should also provide information on methods of safer sex, which include abstinence and the use of a condom.

5. Mobilise Family and Community



Story 9: Mundu



Mundu is suffering from HIV/AIDS. She is staying with her family in Choma. However, none of her family members knows her condition. She does not want any of them to find out because she thinks they will treat her badly and that the news about her will soon spread in the community. Not only that, she is also scared that no one will be close to her if they find out.



Activity 17

What can you do to help reduce the stigma and discrimination that Mundu may face once family members and the community find out that she is suffering from HIV/AIDS?



In counselling children and youth infected with HIV you need to involve the family and community. This is important because resources in the family of a person suffering from HIV/AIDS often become scarce and there is a need for additional resources.

The family and community should also be mobilised to provide emotional support to the infected child and help reduce stigma and discrimination. The following are some of the ways you can mobilise community and family support:

- Share and clarify information about AIDS and its impact on the community.
- Encourage the community to discuss events around AIDS and its effects.
- Involve the community in planning how they could provide support to infected and affected children and youth.
- Link the infected child/youth to other children with HIV who are living positively.

6. Emotional Support

Children and youth who are infected with HIV may suffer pain and trauma as a result of sexual abuse that led to their infection with HIV. They may need help in coping with various emotions, as well as with stigma and discrimination. Some of these emotions have been identified earlier in this section.

As a caregiver, you will need to help clients understand that being HIV positive does not mean the end of one's life. Help them to be positive by giving them accurate information about HIV and AIDS including available treatments.

You should also encourage children to discuss the fears and issues that worry them with relatives, family, friends, church groups, and so on. Encourage them to spend time with other people with whom they feel secure.

Children can also be helped to understand that enough rest and sleep, prayer, and simple exercises like jogging and dancing are helpful when dealing with trauma and emotions.



Applying Your Counselling Skills

Activity 18

List the differences between counselling adults and counselling children or youth.

List the similarities between counselling adults and counselling children or youth.



While basic counselling skills are the same for all ages, counselling children and youth requires a more sensitive approach. There are many reasons for this. Children and youth may find it more difficult to understand their fears and emotions. In addition, traditional practices hinder children from talking to adults. Furthermore, children feel embarrassed when talking about HIV/AIDS because it is generally linked to sex, a subject that is culturally sensitive and that children are not supposed to talk about. We also find that most children are too young to talk about issues that they do not understand very well.



Activity 19

Reflect on the skills for basic counselling you learned in Unit One. List five general counselling skills you remember. Briefly explain how you could use these skills when helping children.



You may have remembered that general counselling skills that apply in every counselling session include establishing a good relationship with the client through questioning, listening, observing, showing empathy, summarising, probing, paraphrasing, challenging, clarifying, and accepting. Compare your answers with the information in Unit One.

However, the way you use these skills with children and youth may be different from the way you may apply them to adults. Mallmann (2002)

provides the following tips for applying counselling skills when working with children and youth:

- Meet children at their own level (bring yourself down to them).
- Establish good relationships.
- Start with something easy to talk about.
- Find a relaxing activity to do with them.
- Start with their personal interests, such as sports.
- Be creative so that children can open up.
- Do not threaten the child.
- Use a variety of methods like drama, play, storytelling, and drawing to help children express their inner or hidden feelings and experiences.

Establishing a Good Relationship



Activity 20

Reflect on Story 6 about the 12-year-old Penjani. The child is brought to you for counselling. Describe how you would establish a good relationship with the child. How would this process be different from the process of dealing with an adult?



Starting a relationship with a child is different than with an adult. You might welcome an adult with a handshake and offer a seat. A handshake might be frightening to a child. After offering a seat and introducing yourself, you may wish to start with a relaxing activity or by asking about some personal interests like sport, films, or video games. For example, you may ask a question like, “Penjani, what sport do you enjoy playing?” “With whom do you play this sport?” If it is football, you may even ask how the child feels when he/she has scored a goal.

It is important to ensure that the child feels relaxed and safe. Also, the child won't want to open up about his/her problems without first trusting the counsellor. Adults, on the other hand, will want an assurance of confidentiality before entrusting the counsellor with their stories.

Acceptance

Working to be accepted by your clients is another important skill for a counsellor to have. Working with children will begin with gaining their acceptance.

Dealing with children requires that you meet them at their level. This will include using appropriate language and understanding the things they enjoy doing and talking about. For example, children like playing, singing, dancing, and telling stories.

As a caregiver, you may need to join children and youth in their activities in order to understand their difficulties and so they will accept you.

Be Creative



Activity 21

Reflect on Story 1 about 13-year-old Chimuka who is HIV positive. He has been missing classes and his performance has been deteriorating. When at school he suffers isolation from schoolmates.

Chimuka is brought to you for counselling. How can you help him open up and tell you his story?



To get adults to open up and tell their story, you may simply ask direct and open-ended questions like: "How did your problem start?" You may also use skills like probing, paraphrasing, and challenging to obtain more information from the client. In the case of children and youth, you will need to be creative when helping them explain events. You may need to use methods like drama, play, drawing, and story-

telling. For example, you could ask Chimuka to draw pictures of himself at school and at home. Then you would ask him to explain the drawings. You would also use skills like summarising and clarifying when discussing what is happening in the pictures.

Start with Something Easier to Talk about



Activity 22

Refer to Story 4 about Kamana, aged 14 years. She suspects she could be HIV positive because she recently had unprotected sex with a man. She visits the centre for VCT.

How can you help Kamana talk freely about issues of sex?



You may have realised that adults find it easier to express themselves than children do on issues relating to sex. Children find it difficult to talk about sex with adults. This is because it is a taboo in most African countries, like Zambia, for a child and an adult to talk about issues of sex. Children who talk about sex are labelled prostitutes and promiscuous.

As a caregiver, you should be creative in finding ways of helping children like Kamana open up. You will need to start the discussion with some non-sensitive topics. For example, you may start by asking Kamana to talk about her friends, both girls and boys. You could follow up the question by asking Kamana to explain what she likes about her friends. Slowly you could introduce the topic of sex and help her talk about her fears.

Observation

Observation is a very useful skill when dealing with children. Many children, especially young ones, may not respond to talking because

they are taught not to reply to adults. As a result, they may react with suspicion or resent an adult who is trying to talk and listen to them. Therefore, there is a great need for action-oriented techniques like the use of play, drama, drawing, song, and storytelling. When you use such approaches you should observe the child doing these activities to see if their actions will help you determine how they are feeling.

Home-Based Care for Children with Serious Long-Term Illnesses

Persons with serious illnesses are often better off in their own homes or other home-like settings. This is particularly true of children, who may find the unfamiliar setting and routines of a hospital upsetting. The World Health Organisation has developed a very useful guide for persons caring for youth and adults with serious long-term illness. Most of the recommendations in this booklet apply equally to younger children. The booklet tells how to deal with specific symptoms, provide care for terminal and bedridden patients at home, and decide when to seek help from a health facility. There is a section, as well, on taking care of children with parents nearing the end of life.

You can obtain this useful resource, called *Caregiver booklet: A guide for patients, family members and community caregivers*, on the Internet at: www.who.int/3by5/publications/documents/en/IMAI_Caregiver.pdf

Lesson Four



Working with Children Who Are Affected by AIDS

Remember the two stories at the beginning of this unit. Story 1 (Chimuka) is the case of a child who is infected by HIV/AIDS while Story 2 (Lweendo) discusses a child who is affected by AIDS. What do you think is the difference between Chimuka and Lweendo? You will realise that Chimuka has the virus and is frequently sick. His school-mates even isolate him, afraid of contracting the disease.

On the other hand, Lweendo does not have the virus and the disease. Instead, she has lost the care that her parents were providing to her and her siblings. She is now responsible for caring for her siblings because both parents have died of AIDS.

These two stories show that there are differences in the difficulties faced by children infected with and those affected by HIV/AIDS. However, it is important to note that some children will be both infected with and affected by HIV/AIDS.

In this part of the unit, you will be considering how to support and counsel children who are affected by AIDS; for example, those with parents who have AIDS and those who are orphaned by AIDS.



Activity 23

Think back to Activity 1 and answer these questions:

How do you think your personal experiences, attitudes and values about HIV/AIDS might affect how you view and work with children who are affected by AIDS?

What attitudes and behaviour do you notice in your community with regard to children who are affected by AIDS?

(continued on next page)



Activity 23 (continued)

Finish this sentence: "A difficult thing for me about working with a child who is affected by AIDS would be/is..."

You will realise that these questions help you to explore your own views, experiences, and attitudes responding to HIV/AIDS. In situations where you have had negative thoughts about those that are infected and affected, you may begin to be more positive.



Activity 24

Consider Story 2 (Lweendo) at the beginning of the unit. What are the challenges facing her in each of the following areas?

Socioeconomic

Educational

Psychological



Fox (2001) showed that children affected by HIV/AIDS experience socioeconomic, educational, and psychological challenges. Compare your discussion of these challenges with the discussion on the following pages.

Socioeconomic Challenges

Children that are affected by HIV/AIDS may experience some of the following socioeconomic problems:

- Homelessness. This is common for children who are affected by HIV/AIDS and have lost their parents. Their relatives may grab the house away from them, leaving them homeless.
- Failure to understand what is happening around them because death is not discussed in the family.
- Sense of confusion because they may not understand their situation.
- Poverty. Children do not own property and where property was left to them it is often taken away, as written wills are generally disregarded.
- Lack of care for their health because they have no money to pay when they or their siblings are sick.
- Lack of income. Some children have to work to supplement the family income where it exists or sustain themselves when they live alone.

Educational Challenges

Some educational problems that these children face may include:

- School drop out. Some children drop out of school because of the lack of support and/or friends.
- Psychological trauma. This leads to poor performance in school.
- Loss of traditional skills. Parents were not able to pass these skills to their children before they died.
- Stigma and discrimination. Children may suffer these, especially at school, because of their own infection or that of their parents. Sometimes children are discriminated against because of the loss of their parents.
- Worry. Excessive worry and stress about what may happen (parent's death, having to quit school, etc.) may cause a lack of concentration in school.

Psychological Challenges

We know that children have needs ranging from simple survival needs—for food and shelter—to needs for belonging, accomplishment, and love. In the case of children who are affected by AIDS, meeting these needs can seem like an overwhelming task. Such children may suffer from isolation because they have no one to talk to and emotional trauma due to the death or impending death of a parent. Trauma may cause children to be depressed, have disturbed sleep, lose concentration at school, abuse drugs, become prostitutes, and so on.

However, you can help such children through counselling or referring them to agencies that deal with traumatised children.

Strategies for Counselling Children and Youth Affected by AIDS

It is a fact that AIDS affects every one. Many homes have been destroyed, leaving children or old people (for example, grandparents) to look after the affairs of the family. When a family member has AIDS or has died from it, children feel hopeless and helpless.

The children will need counselling to deal with the effects that follow such family problems.

The aims of counselling children and youth affected by HIV/AIDS are:

- Help them, other family members, friends, and neighbours to deal with the emotions and challenges they face because they are affected by HIV/AIDS.
- Help them cope with the sickness of a relative.
- Help them deal with stigma and discrimination.
- Help them deal with the death of a parent or other relative.
- Help them cope with issues of livelihood (meeting their basic needs).

You, the caregiver, will need to counsel children and youth affected by HIV/AIDS about the following:

Sickness of a Parent or Other Close Relative

When a parent has AIDS it causes the children to worry the most. Children may be concerned about the parent dying and/or what will happen to them. They may feel pressured to tell others about their parent's illness and this may cause stigma and discrimination.

Parents with AIDS may have dramatic mood changes and may neglect their children. Children may not understand why the parent no longer shows interest in them. Older children, if they are away at school, may worry about how their parents are coping in their absence. This might affect their performance at school.

Another consideration is that sometimes sick parents do not tell children about their sickness. If children were told they would perhaps be better prepared for the death of their parents.

Stigma and Discrimination

It is common to find that extended family members discriminate against children that have lost parents. For example, there are instances where orphans are starved while the other children are given something to eat. Children who have sick parents are sometimes separated from others for fear of transmitting the disease to other family members. We also find that orphans are bullied in schools. There is a lot of gossip about children and youth that have sick parents.

Some family members keep the sickness of an AIDS patient secret. Therefore, children are told to withdraw from friends to sustain the secrecy.

Dealing with the Death of a Parent

The death of a parent is always shocking and traumatic to children and leaves them feeling very vulnerable (refer to Lesson Three in this unit). However, children understand death differently and are affected by it differently, depending on their age, their nature, and the relationship with the deceased parent. In addition, children have a longer grieving period. You will learn the signs of grieving in Unit 7 (Grief

Counselling). For now, you should know that children who are grieving often experience sadness and depression, and their behaviour may include crying, clinging, nightmares, and aggression. One of the major problems when children are dealing with grief is that they are not given enough time to mourn and are sometimes separated from their siblings. In the majority of cases parents do not leave wills and even when wills are written, family members may disregard them.

Concerns about Livelihood

Children will feel lonely when a family is split by the death of one or both parents. There will also be concerns about the resulting decrease in family income. Children will worry about who will look after them, what they will eat tomorrow, and where food will come from.

Applying Your Counselling Skills

The general approach to counselling children discussed in Unit 2 applies in all situations dealing with children. You will need to use a variety of methods like drama, play, storytelling, and drawing to help children express their inner or hidden feelings and experiences. These are discussed in Lesson Five of this unit.

1. Helping Children to Disclose Their Feelings and Fears

Story 10: John

John is 18 years old and is in his final grade in high school. His father died of AIDS 11 years ago and John had been living with his mother who also was suffering from AIDS.

Now his mother has also died and no relative is willing to care for John. John has to stop school because there is no one to pay his school fees.





Activity 25

Analyse the story of John using the following questions:

What challenges does this youth face?

What are some of the possible thoughts and feelings that he might be having?

How could you help him to express himself and to feel understood and supported? Be specific: What things might you say and do to encourage John to trust you and to share his feelings?

What resources are available in your area for John?

You should help children to understand that disclosing information about sickness or death is important to help them manage stress related to the sickness and/or death of their parents.

Children can be helped by encouraging their ill parents to talk about sensitive issues like sex, HIV/AIDS, and death. Disclosure is important and necessary if the children are to be adequately prepared for the deaths of their parents.



2. Helping the Children to Make a Memory Book

Story 11: Thebisa

Thebisa is a 12-year-old girl with 3 younger sisters. Her mother, a single parent, died a week ago after being sick for a long time.

Thebisa's uncle decides that Thebisa and her three sisters should be shared by relatives who live very far apart. Once this is done it will mean that Thebisa and her young sisters will not be able to see each other for many years.

In addition to this, the relatives of the deceased decide that the property should be shared among the other relatives and the house sold.



Activity 26

Analyse the story of Thebisa using the following questions:

What challenges does this child face?

What are some of the possible thoughts and feelings she might have?

How could you help the child express herself and feel understood and supported? Be specific: What things might you say and do to encourage Thebisa to trust you and to share her feelings with you?

What resources are available in your area to help this child?



One way you might help Thebisa is by making a memory book with her. A memory book is like a diary. It contains information and memories about the family. The memory book is used to communicate with a child. It helps bring the child's memories to life again. You may address pleasant memories, but if memories are unpleasant consider referring the child to skilled or professional counsellors. The memory book is also important as it strengthens the sense of belonging. You can include surviving parents or parents who are ill in making a memory book.

3. Helping with Will Writing



Story 12: Josephine



Josephine is only 12 years old and is enrolled in seventh grade at Nakambala basic school. She is a very bright girl and always performs well in class. But recently her parents both died of AIDS, leaving two children, Josephine and James, who is also still at school. Their relatives do not want to have anything to do with these children. Instead they have grabbed all the wealth that the parents acquired when they were living.



Activity 27

What challenges does Josephine face?

What are some of the possible thoughts and feelings that she might be having?

How could you help the child to express herself and to feel understood and supported? Be specific: What things might you say and do to encourage Josephine to trust you and to share her feelings?

What resources are available in your area for this child?



Activity 28

Many people are not aware of what a will is, and yet it is an important tool in helping dispose of family assets. Writing a will helps parents to prepare for the welfare of their children after their death. First, discuss writing a will with children alone to hear their views. Then encourage them to discuss it with their parents. You may want to discuss with their parents later on. The purpose is to encourage parents to prepare a will which leaves their assets to their children.

4. Helping with referrals

**Activity 29**

Refer to Story 10 about John, who had to leave school because his only surviving parent, who was supporting him at school, died and there was no one to continue paying his school fees. What do you think you, as a counsellor, can do to help John complete his education?

No doubt you can think of many organisations that provide educational support such as NGOs and government departments like Social Welfare. You may also want to meet the authorities at John's school so you can advocate for his exemption from paying school fees.

**Activity 30**

Consider Stories 11 and 12 about Thebisa and Josephine in which relatives to their deceased parents grabbed the property away from them. What types of organisations do you think you could refer these children to so they are helped to get their property back?

Most communities have law enforcement organisations such as Victim Support Units, legal firms, traditional leaders' councils, and so on. As a counsellor, you need to know what organisations for children exist in your community, as you may want to refer clients that you cannot help to other service providers. You may need to use available referral systems and care networks to cater to ill children and parents.

Lesson Five

Designing Activities for Children and Youth



Activity 31

Milimo is a caregiver who works at the HIV/AIDS Care Centre. The centre has 50 children and Milimo takes care of 10 of these. What activities can Milimo design to help the children talk about their fears about HIV/AIDS?



Working with a large number of children requires that a caregiver use a variety of counselling activities to deal with concerns that children face. These methods can be used to discuss and communicate with children and youth on a variety of issues. You will notice that some of these have been mentioned or outlined elsewhere in this unit.

SAT (2003) identified and found the following activities useful in communicating with children:

1. Drama

Drama is a form of role play. It is an excellent way for infected and affected children and their parents to discuss issues which they would ordinarily find difficult to communicate about.

The following are the steps to follow when you use drama:

- a. Give the children a topic to perform as a play, such as "A day at school." The topic should be related to what you want to explore.
- b. Follow and observe what the children are doing and how they are doing it. Take note of their mood, behaviour, and so

on. Do not disturb the flow of the drama even if sometimes it may be uncomfortable to tolerate. You will learn from their actions and mistakes.

- c. After the drama, encourage the children to discuss the issues arising during the drama.
- d. Give feedback and summarise the purpose and intentions of the drama.

2. Storytelling

Storytelling is not a new activity in human society. In most parts of the world, elders have used it for generations to pass on knowledge and information. Children enjoy listening to stories. Children who are finding it difficult to talk about painful issues will find listening to a story of another child going through similar situations very helpful. Storytelling also helps children to strengthen their sense of self-worth and realise that they are not alone.

If you use storytelling, you will need to follow these steps:

- a. Use common stories to convey a message. For example, you may use animals to represent people.
- b. Avoid using real names or events.
- c. After telling the story, encourage the children to talk about what happened in the story. Ask them to discuss how the story relates to a real situation.
- d. Then you may ask the children to tell their own story. For example, "My life at home."

3. Play and Sports

Children naturally use play to act on and explore their feelings about events and the environment. They do so by acting out these situations. Encouraging play and observing what happens will help you understand the type of emotions children are experiencing.

Steps to follow are:

- a. Give children different kinds of common play materials like boxes, strings, sticks, and toys.
- b. Ask the children to show parts of their past life using play materials. For example, you may ask them to show you how they spend their daily time at home. While they are using the objects to show you, ask them to explain what is happening.
- c. Follow and observe what the children are doing. Do not take over the play—you may make comments like “I see that the two cars crashed.” See if the child agrees.
- d. If the child gets stuck and can’t proceed further, ask the child what is going to happen next. Say “Tell me about this person” while you point at the character you are interested in.

4. Drawing

Children enjoy drawing and they use it to express their feelings. Drawing helps to bring out hidden emotions. Through drawing children can communicate without talking to you.

Steps to follow when using drawing are:

- a. Give the children different drawing materials like pencils, pens, paints, and clay.
- b. Ask the children to draw something related to what you are exploring; for example, a picture of something that makes them afraid or unhappy.
- c. Ask the children to explain what is happening in their drawings.
- d. Use open-ended questions to encourage children to talk more about what they have drawn. For example, “Who are the people in the drawing?” or “How does this person feel?”

Lesson Six



Networking and Referrals

Story 13: Chilimba

Chilimba is a caregiver who provides counselling to infected and affected children and youth in Mudenda Village. She is called to see Mutinta, a 6-year-old girl who suffers from a persistent cough. Upon arrival, Chilimba is puzzled that she has been called to see such a very sick child. This situation left Chilimba wondering what to do to help the client.



Activity 32

What do you think Chilimba could have done?

Make a list of organisations in HIV/AIDS work that provide services for children and youth in your community.



In the story of Chilimba, above, we notice that she could not provide the support needed for Mutinta. It is not always the case that a caregiver should be the one to provide all the services needed by children and youth infected and affected by HIV/AIDS. As a caregiver, Chilimba should be aware of the available institutions and organisations to which she could refer Mutinta.

You may have already identified agencies available in your community that support children and youth. The list can be long. These organisations are available in most countries. The following is a list of organisations working in HIV/AIDS relief that can be used for networking and referral for children and youth.

- Young Men's/Women's Christian Association (YMCA/YWCA)
- Care International
- World Vision International (WVI)
- AMREF
- Social Welfare departments and other government line ministries
- Children in Crisis Centre
- Save the Children Fund
- PLAN International
- Catholic AIDS Action
- Family Health Trust
- Hospitals and health centres
- Women's Hospitals
- Home based care organisations
- Drop-in centres

Investigate in your community and country for more organisations and agencies and list the specific areas in which they provide services. Provide a telephone number or address so you can contact them quickly if the need arises.



Summary

In this unit you have been shown how to counsel children and youth infected and affected by HIV/AIDS. You have also learned basic information about HIV/AIDS which will assist you when you are working with children and youth.

Working with children and youth is different from counselling adults. You have seen that there are particular methods and techniques that you will need to use when counselling children and youth. Some of these creative and interactive methods include play, drama, drawing, and storytelling. You have also seen that, while infected and affected children/youth are all children, they have both common and particular problems. For example, infected children actually have the virus in their body and require specific emotional and physical attention.

This unit has also taught you that networks with other service providers in your community are important for referring children and youth that need additional or more specialised care. As a caregiver, you should be aware of the other service providers in your area.

Finally, the many activities and self-assessment exercises in the unit should help you to apply the skills you have learned. You will become more proficient in the use of the skills through practice as you begin to help children and youth in difficult situations.



Self-Assessment Exercise

Question 1

Explain the difference between HIV and AIDS. Begin by telling what the letters stand for.

a. HIV

b. AIDS

c. List the three main ways a person can become infected by HIV.

Question 2

a. List and explain four problems that children infected by HIV may experience.

b. List and explain four problems that children affected by AIDS may experience.

Question 3

List three cultural beliefs or practices concerning HIV / AIDS in your community.

Question 4

a. Mention three things you can do to provide assistance to a child or youth infected with HIV/AIDS.

b. Mention three things you can do to provide assistance to a child or youth affected by HIV/AIDS.

Question 5

Explain briefly four counselling activities you can use when dealing with children.

Question 6

Identify and list five types of agencies available in your community that you can work with when helping children infected and affected by HIV/AIDS. Briefly explain the services provided by each agency.



Suggested Answers to Self-Assessment Exercise

Question 1

Explain the difference between HIV and AIDS. Begin by telling what the letters stand for.

a. HIV

The letters HIV stands for Human Immunodeficiency Virus. This is the virus that causes AIDS.

b. AIDS

The letters AIDS stand for Acquired Immune Deficiency Syndrome. This is the disease caused by HIV.

c. List three main ways a person can get HIV.

- Unprotected sex with an infected person.
- Receiving infected blood through sharing sharp instruments like razor blades or needles with an infected person.
- Infected women can pass the virus to their babies during pregnancy, delivery, or through breast milk.

Question 2

a. List and explain four problems that children infected by HIV may experience.

- Psychological problems including emotions like guilt, anger, and depression.
- Social problems including stigma, discrimination, and isolation.
- Physical problems including opportunistic infections and inadequate food.
- Educational problems including poor performance and a high absenteeism rate.

b. List and explain four problems that children affected by AIDS may experience.

- Socioeconomic problems such as providing for the material needs of the family (food, clothing, and healthcare).
- Educational problems such as dropping out of school because no one is available to pay the school fees.
- Emotional trauma of nursing chronically ill parents, parents dying, or being left alone without parents.
- Physical abuse from uncaring guardians. This abuse can include beatings, defilements, child labour, or being denied food.

Question 3

List three cultural beliefs or practices concerning HIV / AIDS in your community.

- Belief that one can get cured from AIDS by sleeping with a young girl or boy;
- Belief and practice that one cannot get HIV / AIDS from circumcision and genital mutilation using one blade among many people.
- The practice by traditional healers of tattooing many clients using the same razor blades;
- Belief that children infected and suffering from HIV / AIDS can easily spread it to family members and within the neighborhood;
- Belief that sexually transmitted infections (STIs) cannot affect nice women;
- Belief that an HIV-infected person is promiscuous.

Beliefs and practices will vary from community to community.

Question 4

a. Mention three things you can do to provide assistance to a child or youth infected with HIV/AIDS.

- Give necessary information about HIV/AIDS.
- Help the client to know and disclose their HIV status.
- Promote good health and nutrition, and the treatment of opportunistic infections.

b. Mention three things you can do to provide assistance to a child or youth affected by HIV/AIDS.

- Help the child or youth to disclose feelings and fears.
- Help the child or youth to make a memory book or box.
- Help sick parents write a will which will provide for their offspring.

Question 5

Explain briefly four counselling activities you can use when dealing with children.

- Drama (role play) can be used to help children and youth discuss difficult and sensitive issues like sex.
- Storytelling can be used by the caregiver to help children and youth tell their painful experiences. You may use animals to represent people.
- Drawing can help children bring out their hidden emotions. After children draw, ask them to explain their drawing.
- Play/sport is a way children use to explore their feelings about events or surroundings. As they play, you as the caregiver should observe what they are doing and their reactions.

Question 6

Identify and list five types of agencies available in your community that you can work with when helping children infected and affected by HIV/AIDS. Briefly explain the services provided by each agency.

- Hospital/health centre provides medical care and support, HIV testing services, etc.
- Home-based care groups provide care and support to people living with HIV and AIDS.
- Schools provide education and recreation services.
- Religious institutions like churches provide spiritual counselling.
- Nutritional groups provide food supplements.

The list is endless and will vary from community to community.



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Glossary

Acquired Immune Deficiency Syndrome (AIDS): A disease caused by HIV which attacks the defence system of the human body.

Affected: Having changes in one's life (for example, being orphaned, unable to attend school, or losing financial stability) resulting from HIV / AIDS.

Anti-Retroviral Drugs (ARVs): Drugs that are used in the treatment of HIV/AIDS. The patient should only take these drugs when a doctor recommends them.

Counselling: A process in which the counsellor helps clients to understand and solve their own problems.

Human Immunodeficiency Virus (HIV): The germ that causes the disease called Acquired Immune Deficiency Syndrome (AIDS).

Infected: Having the HIV virus in one's body.

Memory book: A diary of important events in a person's life. Such events include names of the person's parents and grandparents as well as their places of origin, family tree, date of birth, marriage, personal plans, sharing of assets, and so on. A memory book helps children to remember their families and relatives.

Opportunistic infections: Infections that attack a person infected with HIV because their immunity (body defence system) is low.

PLWHA: People Living With HIV / AIDS.

Strategy: A way of doing things to achieve results.

Will: A written instruction by a person on how his/her wealth should be shared among children and relatives when he/she is dead.

Counselling for Caregivers

Unit 7:

Grief Counselling



COMMONWEALTH *of* LEARNING

Unit 7: Grief Counselling

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Unit 7: Grief Counselling

Introduction

HIV/AIDS, poverty, and armed conflicts are creating a growing number of orphans and vulnerable children. These children need the support, care, and love which they traditionally would have received from their families. With the breakdown of traditional support systems, the caregiver must provide the care, love, and support that these children need.

As a caregiver, you work daily with children who have suffered the loss of a loved one. This is the worst kind of loss since it is permanent and calls for many changes in the life of a child. Children do not have the resources to deal with this kind of loss on their own, and need our assistance.

This unit will help you understand what children are experiencing during this confusing period of loss and change and learn how to support and counsel these children so they can cope well. After reviewing some important definitions and the process of grieving in Lessons 1 and 2, Lesson 3 will describe the forms that grief may take for several different age groups of children and youth. In Lesson 4, you will learn some creative ways to help children talk about grief. Lesson 5 will deal with unresolved and complicated grief, while Lesson 6 will deal with positive effects of resolved grief. The role of rituals and religion will be examined in Lesson 7. Finally, Lesson 8 will discuss ways to help children to help grieving friends.

Objectives

By the end of this unit, you should be able to:

1. Define loss, bereavement, grieving and mourning.
2. Outline the process of grieving.
3. Explain the role of culture in bereavement.
4. Identify strategies that you can use to help children and youth who have suffered the loss of loved ones.

Lesson One



Some Definitions

Loss

What do you understand by the term loss?

Feelings of loss come from being deprived of something of significant value in one's life. The word loss is often used to refer to a break-up of an attachment that offered love and security, such as a relationship with a family member or friend. However, there are many types of losses. Let us now look at some types of losses in the following story.



Story 1: Inonge

My name is Inonge and I'm 14 years old. My father died last year. He had not paid dowry, so my mother was chased away by my uncles from my father's village. I now live with my mother, sister, and brother in a one-room hut in a nearby village. My sister and I dropped out of school after my father died. I was in Standard 5 and wanted to become a teacher in the future. Everything has changed since my father died and I do not see any hope for my future.

When my father was alive, he provided for all our needs; we now do not have enough to eat or blankets to cover ourselves at night. I wake up at 5 every morning and work in the garden with my sister. I also do all the household work. My mother goes out to work for piecework as a casual labourer for little pay. With this money she pays for my brother's school fees and the little that is left is for food. We often go hungry, which never happened when my father was alive.

I miss my father very much and cry often when I'm alone in the garden. I feel that if he were still alive, things would be better. I would still be in school, and we would have blankets and clothes and enough to eat. We would also be living in a better house. I know mother tries her best but there is not much she can do.

When I sit alone, I think of my family. I look at my brother and wonder if he will ever finish school and be a doctor like he wants. I also wish I could go back to school. As a first child, I feel responsible for everyone because my mother is now getting old. If only my father was still alive.



Activity 1

Can you identify the losses that Inonge has suffered?

Did you think of the following?

- Loss of a dream (wanted to become a teacher).
- Loss of a home.
- Loss of a father.
- Loss of education.

Bereavement

Bereavement is similar in meaning to loss; however, it is commonly used to refer specifically to the loss of a loved one.

Grief



Activity 2

How would you define grief?



Grief is the normal human response to bereavement. It is a deep human feeling of sorrow and sadness that we have when someone we love dies.



Mourning

The process of mourning involves accepting our loss, making it part of our memories, and moving on with our lives.

The deep pain from the loss of a loved one through death makes us mourn. As we grieve internally, we show our pain, which comes out through mourning. Mourning is the public expression of grief.

Personal Loss History

As a caregiver, it is important to explore and reflect on your personal loss history for many reasons. It is important because:

1. It can help you better understand the process of mourning; what it is like to go through the experience of grief and the healing process of mourning. There is nothing like looking at a significant loss in your own life to bring home the reality of the grief process.
2. By thinking about your own personal losses, you can get a clear sense of the kinds of resources available to the bereaved. This includes not only what was helpful to you when you were undergoing a specific loss, but also what was not helpful. This will help you understand what the bereaved child is going through.
3. You may care for a child who has suffered a loss similar to your own, which will bring back painful feelings from your own loss. If you did not deal adequately with your own loss, it can interfere with your ability to help the child who has suffered a loss.
4. It helps you as a caregiver to identify the kind of grieving the child is going through and make a decision accordingly about whether you can help the child or should refer him or her to experts.



Activity 3

Recall the most significant loss you have experienced in your life, focusing on your thoughts and feelings. Then complete the following sentences to express those thoughts and feelings.

The most significant loss I have experienced in my life was

I was aged

It was so significant because

I felt

I thought

I wanted to know

I was warned that

My greatest fear was

I regretted that

I needed

I wished that

I was unable to

It helped when

(continued on next page)



Activity 3 (continued)

It annoyed me when

The person who helped me most was

The hardest part was

I knew my grief was resolved when

Looking back I think that

For me as a caregiver, the greatest lessons to be learned from my loss are

It is important that you, as a caregiver, examine your thoughts and feelings about your own losses as these may influence the way you deal with bereaved children.

Lesson Two



The Grieving Process

It is important for you to know that the feelings associated with grieving and mourning are unique for each person. The stages of grieving we shall discuss are only a guide. A person tends to go back and forth between these stages and will move in and out of them at their own speed. For some, grieving can take weeks, months, or years. Whatever time it takes, grieving should be understood as a process with no fixed time limit.

Certain events can set off feelings of loss and grief long after a person has gotten over the initial stage of grief. For example, the anniversary of the loved one's death can cause the child to begin grieving all over again, although the feelings will probably not be as deep as the initial grief.

Stage	Possible Feelings	Possible Behaviour
Denial/avoidance	Shock, numbness, feelings of disbelief ("This is not true")	Unconcerned or unknowing attitude. May be inactive or overactive or fall ill
Disorganisation	Anger, guilt, shame, longing, anxiety, fear	Regression to earlier behaviours, exaggerated fears, temper tantrums, physical symptoms, lack of concentration, mood swings
Transition	Hopelessness, helplessness, despair	Withdrawal, aggression, giving up in school, depression
Reorganisation	Painful acceptance of reality	Shows interest in life, forms other attachments, better able to concentrate, has energy and motivation to move on

It is important to know that children will move back and forth and in and out of the stages of grief more frequently than adults.



Activity 4

Think of a child in your care whose mother has died.

Did the child grieve this loss?

How do you think the child felt?

What are some of the types of behaviour you noticed?



What You Need to Know about Children's Grief

Children's grief is different from that of adults, especially younger children's grief. Children tend to grieve for shorter periods of time than adults. They do not remain continuously sad. Instead you see them happy, happy, then sad the next minute. When they are happy, this does not mean that they have stopped hurting inside. The grief often resurfaces at special times throughout their lives; for example, at their graduation or wedding.

On learning about the death of a parent or loved one, children will often pretend that it did not happen to give themselves more time to figure out how they should react to this painful situation.

This can take a few hours to a few weeks depending on the following:

1. How sudden the death was.

Death always comes as shock. However, the suddenness of death affects the child's response to this loss because it will determine how well the child was prepared for the death before it happened. Unexpected death is even more difficult for a child to accept than death due to a terminal illness because with terminal illness the child starts to experience loss even before death occurs.

2. How much change the death causes in their everyday lives.

The availability of a supporting person to stand in as substitute caregiver will help the child regain control of his or her life. Children with a consistent substitute caregiver cope better and are more resilient after traumatic events than those children who lack support.

3. The age and maturity level of the child.

Children's thinking is different from that of adults. Children understand death differently at different ages and stages of their development. This is why children of different ages tend to respond to loss differently. Remember that a child will react differently depending on the child's personality and the availability of support from others around him or her.

4. Support from the community and the extended family.

Communities play an important role in providing supportive structures like schools, health services, and various support groups, all of which offer valuable support to help the child cope with loss. It is important to note that communities have their own resources and traditional ways of coping with trauma and loss. A community that is more cohesive and sound will help a child cope better and be more resilient. An existing, loving extended family that provides security and care can offer a child that has suffered loss a sense of identity and belonging. Members of the same family share the same roots and the same values and this provides warmth and a sense of protection. A dysfunctional family may have a negative effect, however, on the coping process of the child.

The death of a loved one, especially a parent, shatters a child's world. It brings feelings of insecurity and fear of the child's own death or that of other loved ones. The child wonders, "Who will die next?" and what will happen to him/her now. This causes stress, which can show itself through the following:

- Stomach pain.
- Inability to go to sleep alone.
- Anger with the dead person for leaving the child alone.
- Guilt about angry feelings.

- Anger with people who remain for not stopping the death (especially from younger children who think that adults are very powerful and able to control life and death).
- Going back to earlier stages of development like thumb-sucking, bed-wetting, and clinging to adults.

These feelings are very deep for the child, and often frightening and confusing. In this confusion, the child doesn't know what to do and usually takes breaks by playing. It is important for caregivers to remember that this need for play by the child is the child's right.

Children also experience a certain amount of guilt when someone they love dies. Younger children may think they caused the death to happen by thinking or saying the wrong thing: "I wish I had not refused to go when mommy told me to go to the market."

Following a death, children will often:

- Dream about themselves dying so they can be with mommy or daddy.
- Have dreams of the dead person and think of meeting them in heaven.
- Start to show symptoms of the person who died (for example, a very bad headache).
- Have a fear of being left alone.
- Have problems in developing close relationships with new people.
- Have difficulty going back to school because they feel like everyone is looking at them.

Three important questions that all children may think about and need answers to following a death are:

- "Did I make this happen?"
- "Will you or I die next?"
- "Who will take care of me?"

(Adapted from McCue, 1994)

Lesson Three



Grief Reactions at Different Ages

To understand how children grieve, you need to look at their ages and maturity. These affect the way children understand death and what it means for them in their lives.

Now let us look at how children grieve at different ages and maturity levels and how you can help them cope.

Children from Birth to Two Years of Age



Story 2: Musa

Musa is 13 months old. His mother died 2 weeks ago. She was single and lived alone with Musa. After her death, a neighbour came to take care of Musa. Musa does not sleep at night and screams and cries most of the time. He often refuses to eat. When other people want to hold Musa he clings to the neighbour and refuses to be put down.



Activity 5

Can you identify at least three reactions that Musa shows to his mother's death?



A child aged up to two years depends very much on parents for love, protection, food, and a sense of security.

Even at this early stage, a child has learned how to communicate his/her needs to a parent, usually the mother. When the parent dies, a child in this age group does not understand what has happened. This makes it difficult for you as a caregiver to explain what has happened.

Although these young children cannot understand what has happened, they still miss the parent. They will miss the touch, the voice, the smell and the sense of security and comfort that the parent provided. Because of this, the child may show changes in sleeping and eating habits. The

child may also cry more and be difficult to calm. Older children, from 18 months to 2 years, may be miserable and angry. They may also forget skills they have learned and go back to behaving like small babies.

How Can You Help a Child Like Musa?

When a parent dies, a very young child needs a close, constant person acting in the position of a parent or caregiver. This will help the child deal with the loss of a parent and cope more easily with the changes in his/her life. It is important that the caregiver stay the same. Young children will adapt more quickly when there are no big changes in their routine. If possible, the child should remain in the same environment with his/her brothers and sisters.

This is what you can do to support the child:

- Ensure that the substitute caregiver be close and consistent.
- The caregiver should provide a lot of bodily contact.
- The child's routine (for example, feeding time and bed time) should be the same.
- The child's environment should stay the same.
- If the child has a brother or sister they should not be separated.

Children from Two to Six Years of Age

Story 3: Mainza

Mainza is three and a half years old. Her mother died three months ago. Mainza has never met her father. Mainza and her siblings live with their 65-year-old grandmother. Each time Mainza is separated from her grandmother, she starts to cry and scream. Mainza refuses to play with her friends and stays near her grandmother all the time. At night, she sleeps in her grandmother's bed. Mainza is very anxious, cries easily, and often refuses to eat. When other people come to visit she clings to her grandmother, very scared.





Activity 6

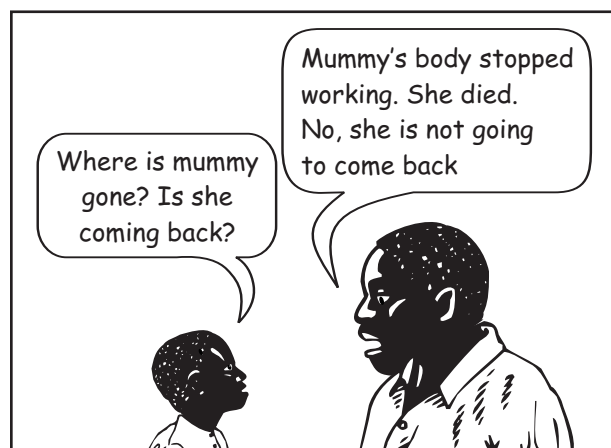
Can you identify 3 signs of grief and loss that Mainza shows?



Children at this age are concerned with themselves and their own needs. They experience death as a loss of love, security, safety, and protection. They do not understand that death means that someone is dead and is not coming back.

At this age a child may say that his/her mother has died, but at the same time will talk about the mother coming back. Some children think the dead person didn't want them anymore. They take things that are said to them just the way they are. For you to help them understand what has happened, use appropriate language for their level of understanding; for example, "Mummy's body stopped working and she died." Statements like "Mummy went to the market" or "Mum is with God" make them confused and afraid.

Children of this age tend to connect death to whatever happened just before it. If their mother went to hospital and died, they may say, "Mummy went to the hospital and died. I think the doctors there made her die. I never want to see a doctor."



In this age group, children respond to grief in the following manner:

- They may not show their feelings for long periods of time. As they cannot handle painful experiences for long, they tend to switch off and go play.
- They may become afraid of separation and going to sleep.

- They may cry uncontrollably and throw things to express anger.
- They can cling to other relatives or refuse to be touched at all.
- Their eating habits may change.
- They may go back to earlier stages of development; for example, bed-wetting.
- They may be confused and upset when they see adults sad and crying because they do not understand what is happening.
- They may behave stubbornly.

How Can You Help a Child Like Mainza?

What can you do to support a child aged two to six years after the death of the parent? Once again, it is important to have a consistent substitute caregiver. The child needs to be spoken to in language he/she can understand. The child needs to be comforted and encouraged over and over with soft words, hugs, and hand-holding. In addition, the following can help:

- Allow the child to talk about the loss and share fears and worries.
- Answer questions simply and honestly.
- Help the child recognise and name feelings, e.g. "It sounds like you are worried (angry, sad, etc.)..."
- Provide opportunities for play. Toys and other play materials are essential tools to help young children deal with grief.
- Be patient with behaviours such as thumbsucking or bedwetting.
- Be close and consistent.
- Spend time with the child, show interest, and play with him or her. Give lots of affection and bodily contact.
- The child's environment and routine should stay the same (as far as is possible).
- The child should not be separated from brothers or sisters.
- Share good memories and stories about the dead parent with the child, and show pictures of the parent and child together.
- Reassure the child about the future.
- Encourage the child to play with others.
- Reassure the child that he/she did not do anything to make



the parent die and that a lot of people still love him/her.

Children from Six to Nine Years of Age



Story 4: Maina

Maina is seven years old. After his father died last year, Maina's mother had to go to work in town and she only comes home to the village three times a year. Maina's brothers and sisters have been living with the grandfather and nine other cousins since their mother left for town. Maina has started wetting his bed for the first time since he was 3 years old. He wakes up in the night and finds his bed wet. This embarrasses him and he cries. His cousins and brother laugh at him and the wet blankets. The bigger boys tease him, calling him "baby," and do not allow him to play with them. At school, the children also laugh at him, so Maina does not want to go to school anymore. He misses his mother a lot and wishes his father would come back.



Activity 7

How does Maina respond to his grief? List at least three reactions.



Did you think of the following?

Maina is wetting his bed for the first time since he was three years old. He feels sad and does not want to go to school because his friends laugh at him. This is accompanied by a sense of abandonment and fear that there is no one to look after him. He may not even understand that it is possible for him to survive without his parent.

Children of this age may also refuse to sleep alone or insist on keeping lights on at night. Some children may refuse to go outside or use a toilet at night. Other children behave in a strange way that you wouldn't expect, but this is a way of protecting themselves from the painful experience. They may sometimes giggle, joke, and show off after the loss of the parent. This can be very upsetting for the surviving family members who will often scold or punish them. As a caregiver, try to understand the child's reactions, as the child is trying through these reactions to avoid the pain of loss.

During this stage, children start to explore the world outside them. Although they understand what death is about, their understanding of the finality of death swings from death being a reality to death as reversible. They have “magical thinking” where they believe that if they want something bad enough they can make it happen; for example, if they had at one point wished that the person would die then they might believe that they made it happen. They may also have a lot of fear about death for they think of death as bad “spirits” or death as something that happens to a bad guy.

To come to an understanding of death they ask a lot of “why” questions. They are interested in how death happens and “why” a person died. This may be a difficult question for you as a caregiver but it is important that you answer as honestly as possible. Caregivers may notice that the child starts playing sickness and death games with other children. This is a normal and natural process by which the child tries to understand and come to terms with death. It encourages healing and coping so caregivers should not stop the child from this kind of play.



Story 5: Chipó

Two months ago, seven-year-old Chipó came home from school to be told by his mother that his father had died suddenly. His father had only been sick for a few days.

Chipó showed few signs of deep grieving at the time although he was sad and withdrawn, did not talk much, and didn't ask many questions. He attended the funeral and visited the grave at times with his mother.

Chipó has been withdrawn and quiet since his father's death. He doesn't like leaving the house to go to school. When he gets to school, he is very shy. He concentrates on his work, which he does neatly and very accurately. When he makes mistakes he seems to be very frightened, erasing the mistake so hard that his exercise book is full of holes.

When his teachers ask him about the holes he starts to cry. When his mother asks him why he rubbed holes in his books, he says that if he didn't rub his mistakes out properly, his mother would die too. When his mother asks why he thinks so, Chipó says that his father died on the day he got into trouble for not listening at school and was told to repeat a whole exercise.



Chipo's story shows the "magical thinking" that is typical of this age group.

Activity 8

Having read about Chipo's story and learned about how children in this age group respond to loss, list some ways that you can help him and other children like him cope with loss.



When you are talking to children in this age group you should discuss death openly. Do not say things like, "Mommy is sleeping." Be simple and honest, "Your mommy has died". Children who are told that mommy is sleeping may be afraid of going to sleep for fear that they will die also.

Children at this stage are interested in what will happen to the parent after he or she has been buried. It is the caregiver's task to explain to the child concepts of heaven, ancestors, or reincarnation according to the family culture and religion. During this phase the child may begin to understand abstract concepts like moving from one form of life to another (becoming an angel or "going to be with Jesus").

Before explaining to the child where the parent has gone, it is important for the adult to be secure in his/her own beliefs. Spiritual, religious, and cultural beliefs are very important for the wellbeing of the child. It has been shown that children with a spiritual or cultural belief system cope better than those without. It is up to the caregiver to strengthen the child's beliefs and to do so in a way that is respectful of the child's family's beliefs.

Allowing children to take part in religious and traditional rituals after a death (for example, attending the funeral) helps children to understand what has happened. When children understand what has happened it increases their ability to cope.

Explaining the Concept of Death

You can use this exercise to explain death to a child. Have the child pull a single piece of hair from his/her head. Explain that it hurts when it is pulled because it is living. Have the child pull out the hair completely. Explain that once the hair is off the body it becomes dead and we no longer feel it. Explain that it is similar with people: when they were alive they could feel pain through the body but now that they are dead their body has stopped working and they no longer feel pain.

To summarise, here are some ways to help children in this age group cope with their grief:

- Be patient with children and sensitive to their needs.
- Provide comfort.
- Maintain a daily routine.
- Assure them that they did not cause the death. They should be reassured many times and made to understand that the death of parents is not in any way related to their behaviour and that it is not their fault that the parents or someone they love died.
- Share positive memories and stories about the deceased. Look at pictures of the dead person together, visit the grave, and have times of remembrance. If you are a member of the family, tell the child stories about things that the parent did when he or she was the child's own age. At this stage, children love listening to stories.
- Explain religious rituals and encourage the child to take part.
- Allow the children to help, but not take on too much responsibility.
- Encourage children to express their feelings about death



Children from Nine to Twelve Years

Story 6: Chanda

Chanda is ten years old. He lives with his grandmother and his grandfather, a domestic worker. His father left Chanda when he was three years old and his mother died two years ago. Chanda's aunt and her four children also live with Chanda's grandmother. Chanda's aunt says Chanda does not obey any rules at home. His teacher reports that he sometimes stays away from his grandmother's house until late in the evening and he has been hanging around with older boys at the bus stop.

On the rare occasions that Chanda is at home, his aunt observes that he and his cousins are playing violent games like throwing stones at girls next door and deliberately hurting the dog. Chanda has no real friends at school. Some children still play with him at times, but the others are scared of him. Chanda gets very lonely.



Activity 9

Can you identify the types of behaviour shown by Chanda that may be signs of grief?



Did you think of the following?

Chanda expresses his feelings of anger, fear, or sadness through aggressive and rebellious behaviour. Chanda's behaviour may be caused by anger at the loss of his parents and the change in his environment. Having to get used to a new group of family members could cause feelings of insecurity. Chanda may feel threatened and long to be appreciated and recognised. He gets this by hanging around with older boys at the bus stop. This helps Chanda feel that he has some power.

By the time they are this age, children are able to understand things more clearly. They start attending school and are eager to learn. The

teachers are very important during this phase as they may spend more time with the children. Children learn to socialise and learn from friends and group activities. The child understands what causes death but cannot understand what the result of death is. Although children might occasionally use magical themes, they generally know the difference between fantasy and reality.

Children in this age group go through a mourning process similar to that of adults. Some children may not, however, accept a parent's death. Others may try to find a reason why the parent died. They may feel betrayed by God or by their ancestors.

In response to grief children in this age group may:

- Withdraw from adults.
- Become depressed and sad.
- Engage in risk-taking and self-destructive behaviours.
- Lack concentration and attention.
- Try to pretend to be normal and cover their emotions in order to seem grown up.
- Be anxious about their own lives and afraid they are going to die.
- Show great concern for others.
- Ask questions about death.
- Go back to earlier childhood behaviour.
- Behave aggressively by having temper tantrums or becoming a bully at school.



Activity 10

What are some ways you could help Chanda?



The caregiver needs to find out the reasons for the behaviour then work with the child to deal with these.

Did you think of any of the following?

- Providing close and consistent caregiving.
- Offering comfort and encouragement.
- Teaching the child basic skills such as assertiveness.
- Encouraging the child to go to school.
- If possible, not allowing the child to be separated from his/her brothers and sisters.
- Encouraging the child to spend time with other children, especially those of his/her own age.
- Spending time with the child, showing interest in him/her and having fun together.
- Listening to what the child has to say and trying to understand how the child is feeling.
- Encouraging the child to express his/her feelings (children express feelings in various ways, as we will learn).
- Sharing positive memories and stories about the deceased with the child.
- Teaching the child how to keep in contact with the deceased parent by “relocating” the memory of the parent to a “place” where the child can easily bring the parent to mind.
- Finding appropriate times to discuss death and disease.
- Discussing issues of HIV/AIDS, particularly prevention of transmission.
- Giving the child small responsibilities and tasks.
- Be truthful and factual in discussing their loss.
- Accept that they will experience mood swings and physical symptoms.



Adolescent Children from 13 to 18 Years of Age

Story 7: Bwalya

Bwalya is 14 years old. When she was 12 years old, her mother started getting ill and was diagnosed with HIV/AIDS. Because Bwalya is the eldest of five children, her mother told her about her HIV status.

When Bwalya was 13, her mother fell ill and gradually grew worse. Bwalya took over the responsibility of looking after her mother and her siblings. She dropped out of school because she could not combine her education with all the work at home. Bwalya made sure her siblings attended school. In her spare time, Bwalya worked for other people to get money for food at home and to buy medicine for her sick mother.

When her mother died three months ago, Bwalya arranged for the funeral with the help of neighbours. She cried at first but later did not seem to be bothered about the death; however, she was worried whether she would be able to go back to school. Now she has been separated from her siblings, who were taken to live with different relatives. An uncle took Bwalya away without consulting her. Bwalya feels guilty that she is not able to take care of her family now that she is so far away from them. She is angry with the uncle that he had taken her away and left her siblings behind. Recently Bwalya has become very quiet. She prefers to talk to her friends rather than to the uncle.



Activity 11

What types of behaviour show Bwalya's reaction to her loss?



Did you think of the following? In response to grief teenagers may:

- Show signs of withdrawal and turn their feelings inwards.
- Only want to be with friends and not family as being with family can cause feelings of guilt.

- Seem unaffected by the death or unable to let out feelings. This may be shown by:
 - Failing at school.
 - Getting into fights.
 - Temper tantrums.
 - Being rude.
 - Running away from home.
 - Being dishonest.
 - Getting in trouble with the law.
 - Taking drugs and drinking alcohol.
 - Engaging in prostitution.
 - Talking about or showing suicidal tendencies.
 - Being very quiet/mature.
 - Withdrawing.

This is a period of intense thinking about one's self, feelings, and perceptions of the rest of the world. When dealing with death, teenagers understand that death is real and spend a lot of time thinking about how death will affect them and those around them.

They even fantasise about their own death, thinking "Who will be there?" Young teenagers may at times still think that death will not happen to anyone they love. They feel that no one understands them, especially adults. Because of this they relate more closely to their fellow teenagers.

They may be afraid of death as they understand it and realise that it is something that they cannot predict or control. They may be afraid of seeing the body of the deceased for fear of how it will look. They may also feel guilty about things they did or did not do when the person was alive.



Activity 12

How could you help Bwalya?



This age group is often ignored and more attention paid to younger children. But these youth also need attention as much as do the younger children.

- Ask Bwalya what would help her; she may have some concrete suggestions to make. Use open-ended questions; for example, "What do you think we can do in this situation?"
- Discuss which suggestions are possible and which are impossible. Treat Bwalya like an adult, but remember that she is still a child and needs guidance.
- Hand over some responsibilities to Bwalya that she will be able to manage and control.
- In the future, include Bwalya in decisions that affect her life.

Children in this age group need:

- Respect and privacy to grieve in their own way.
- To have their feelings respected.
- To be involved in planning and in family discussions and decisions.
- To be encouraged to express their grief in other ways like sport, writing, music, drama, and art.
- To be reassured that the deceased person loved them even if things were not always good at home.
- Not be questioned about their feelings.
- To be around their peers.
- Reassurance about their future.

Lesson Four

Some Ways to Help Children Talk about Grief

As a caregiver, you will need to know various ways to encourage children to talk about grief and their emotions. Some of these have already been explained.



Activity 13

What ways can you think of to encourage children to talk about their emotions and their grief?



Did you think of these?

1. Drawing/Artwork

Children usually like to express themselves in drawing. They can draw pictures to show how they feel, to say goodbye to the deceased person, and to bring back happy memories of the person who has died.

Ask children to tell you about the picture; do not interpret it for them.

2. Storytelling

Encourage the child to tell (or write) a story about the person who died and about things they used to do together. Let the child share the story with others.

3. Writing

For children who are able to write, let them write down any memories, feelings, and what they wish they had said or done for the person who

has died, but didn't. All of these are ways to say goodbye. Have them make a memory book about a holiday or the happiest/saddest memory of their lives. Use a scrapbook, a photo album, or pages fastened together in an attractive way to make a book the child can keep. The book can contain stories, photos, or pictures cut from magazines as a way of recording a special memory.

You could invite children to make a Loss Timeline, filling it in with the people they have lost in the order in which they have died. Or they could create a family tree using a circle to show the people in their family who are still living and a square to show the people who have died. This can help them to see that there are people who are left to support them.

4. Drama and Imagination

Use dolls and puppets or act out plays to express emotions. Direct the play of younger children to acting out the funeral or memories of the dead person.

5. Music

Children like to express themselves through music and song. Encourage them to do so. They may want to beat a drum harder, for example, to get the anger and sadness out.

6. Sports/Physical Activity

Encourage children to use physical activities to express their emotions.

Football, jumping, hitting a ball, and running help children release their pent-up energy and emotions.

Lesson Five



Unresolved and Complicated Grief

Everyone grieves in his or her own way; the response to grief varies from person to person. However, certain warning signs may indicate that individuals, especially children, are not handling the grieving process well and need extra help and attention.

When life issues are not expressed or not acknowledged, they become locked or frozen within the child. Feelings remain unexpressed. This stops the child from going through the normal grieving process.

Grief can remain unresolved for various reasons, including:

- Not getting enough time to grieve because of continuous losses; dealing with one grief first and the other later.
- Not getting enough information. If children are not told the truth about the death, loss, or separation then they make things up in their minds and act accordingly.
- Not being allowed to take part in death rituals in which the family and community mourn; exclusion from the funeral or similar situations that allow and accept expression of painful feelings. Such exclusions can cut children off from their sense of themselves as normal people.
- Not getting enough support during the grieving process, due to inexperienced friends, lack of a supportive adult, isolation by peers, preoccupation by the caregiver, or, for the young adult, pressure to be “strong.”
- Not having a safe place/space to express feelings and act out stress, which can explode in violence later.



Activity 14

Discuss what might be some of the warning signs of abnormal grief; that is, that a child or youth is not coping well with grief.

(continued on next page)

Activity 14 (continued)

What are some of the ways you can use to help children and youth with unresolved grief better cope with their situation?



Children often express their feelings through play. Things that you as a caregiver can watch for when a child is in a play situation are:

- Prolonged fear of being alone.
- Acting much younger for a long period of time.
- Excessively imitating the dead person, repeated statements of wanting to join the dead person.
- Extreme fear of separation.
- Withdrawal from friends.
- Mood swings.
- New ways of play which are aggressive, like pushing, shoving, or acting out killing someone.
- Continuous feelings of depression and hopelessness.
- Suicidal tendencies.
- Expressing concerns when they talk or play.
- Problems at school.

Now let us look at the most common warning signs of abnormal grief and how we can help children and youth cope.



Sleep Disturbance

Activity 15

Bwalya is five years old and lives together with her brothers and a sister. Her sister, who is 17 years old, looks after them all. Both her parents are dead. At night Bwalya refuses to go to bed. She always has excuses to stay up and she finally falls asleep in various places in the house.

There could be many reasons why Bwalya is refusing to go to bed. Which ones can you think of?



Did you think of the following?

- She may not be tired enough to sleep.
- She may be hungry.
- She may not want to sleep alone.
- She may be afraid of having bad dreams.
- She may be afraid of the dark.
- She may be afraid that her sister, who is the caregiver, will die as their parents did.

What can you do to help?

- Find out why Bwalya does not want to go to bed. Act accordingly.
- Make sure she has a quiet place, if possible, to sleep.
- Make her comfortable in bed and promise you will be there when she wakes up.
- Tell Bwalya that her other siblings will soon be coming to bed as well. When putting Bwalya to sleep have a routine that you follow every evening, such as a prayer or short story. If she is afraid of the dark, leave the light on or light a candle. Be

patient with Bwalya and do not shout or threaten her, but be firm and insist that she go to sleep. Do not give up when Bwalya begs you to let her stay up. If she starts crying, comfort her for a short time but leave her alone in bed. Although this may sound mean, she will soon learn to be calm and fall asleep when it is her bedtime.

Eating Disturbance

It is normal for a child not to want to eat much following a loss. However, if there are big changes in the child's regular eating pattern, it is a cause for concern.

A child is not coping with loss and needs extra attention and help if:

- The child is not eating at all, even a favourite food.
- The child is eating at all times, to the point of becoming ill.

How can you help?

- Allow the child more time to talk about feelings.
- Involve the child in physical, fun activities such as sport; this will help improve his or her appetite.

Deep Fears

As we have learned, everyone experiences fear to a certain extent. Following the death of someone close to a child, there may be a fear of changes about to happen, of being alone, or of death itself.

Banda is five years old. At night she wakes up screaming with her body shaking. When her grandmother tries to hold and comfort her, Banda pushes her away. She does not recognise her grandmother and fears her.



Activity 16

How would you help Banda?



In Banda's story, do you recognise any signs of abnormal grief?

Banda is not coping well with loss and needs additional attention. Some signs include:

- She has developed deep fears, even of her grandmother.
- She may be so afraid that she has bad dreams.

As a caregiver, you should be aware of how the child describes the fear. The child will give you all the information.

- Show understanding of feelings and fears, using words like, "I believe you. What you are going through and your feelings are real."
- Openly and gently talk about these fears, for what may seem silly to an adult is very real for a child. Saying "Don't be silly" isn't convincing and does not help the child.
- Remember that fear is real.

School Problems



Story 8: Thuli

Thuli is nine years old. She has one sister, who is 13, and a younger brother, who is one and a half years old. Thuli does not know her father. Her mother fell sick months ago and Thuli was sent to live with her aunt, who lives about an hour's walk from home. Thuli comes to visit her mother and the baby sometimes. Thuli's sister is taking care of her mother and the baby. Thuli does not know what has made her mother sick. Her mother later dies. Thuli still attends school, but her teacher has noticed that Thuli (who always was a good student) gets restless and finds it difficult to concentrate in class. She is easily distracted and seems to pay little attention to what the teacher says. Her work becomes untidy and is sometimes full of mistakes. Her grades at school have dropped dramatically. Thuli acts without thinking more often than before and, in recent months, has started fighting with friends. She is often impatient with herself and friends.



Activity 17

In Thuli's story, what are some of the warning signs of abnormal grief that you see?



A child is not coping with grief and needs extra help if:

- Grades drop suddenly.
- The child is picking fights with others.
- The child's work has recently become poorly written and is full of mistakes.
- The child has become disrespectful of teachers.

Before you start helping Thuli, you need to find out why she is behaving this way.



Activity 18

What are some of the reasons you can think of for Thuli's behaviour?



Thuli could be behaving the way she is because:

- She has been separated from her siblings.
- Her mother has died and she blames herself.
- She may feel abandoned.
- She may blame herself for having been sent away.

How will you help Thuli cope?

- Explain to Thuli that she has not been sent away because her family does not like her.
- Explain that it was not her fault that her mother died.
- Encourage Thuli to take part in sport or other extra-curricular activities.
- Make sure teachers at school are aware of Thuli's situation.
- Encourage her; give praise when she makes an effort to do something positive.

Specialised Care

Some children experience extreme reactions to grief. The extreme feelings or other over-reactions to grief may become prolonged as time goes on, rather than decreasing.

Watch for signs of unresolved or abnormal grief. If you think that the child's reaction is very severe, the child will probably need more specialised help than you can offer.



Activity 19

Identify and list organisations in your area that are able to offer specialised care to children with an abnormal or extreme reaction to grief.

Lesson Six



Resolved Grief: The Positive Effects

Having learned about grief and how to help children cope, let us now examine how to know if a child is coping well with loss and whether his or her grief has been resolved.

Grief can be said to be resolved when it has been experienced fully, so that the person can integrate it with the rest of his or her life experiences. Although a person may never completely stop mourning or grieving, when grief is on its way to being resolved there will be changes, many of which will be positive.



Activity 20

What positive changes might take place as grief is resolved?



Here are some changes that may happen to both children and adults as their grief is resolved:

- They will begin to better relate to individuals and the community.
- They will be able to listen to and respect different experiences.
- They will have a wider understanding of both the world and themselves.
- They will begin to value their own lives more.
- They will develop closer personal relationships.
- They will have interest in new activities.
- People who were withdrawn will start mixing with friends.
- They will be able to give, learn, and listen better.
- They will be good company to others.
- They will develop a higher self-esteem.

Although it may seem hard to believe, grief can bring positive changes.

Lesson Seven



The Importance of Rituals in Mourning and Grieving

Family beliefs and rituals are very important when a person dies. The religious and traditional belief system gives meaning to the person's death. Even when children do not understand the ritual or ceremony they take part in, it helps them to feel included with the rest of the family during this period.

Story 9: Nelima and Banda

Nelima, 7 years old, and her brother Banda, who is 10 years old, attend your centre regularly. Their mother had been HIV positive and ailing for a long time. She died in the hospital three weeks ago, leaving them with their father.

Five days after their mother's death, the children do not yet know that she has died. The father tells you that he has not told them because it would be too much for them and he does not want to hurt them or see them cry. However, the children know there is something terribly wrong just from the way that other children look at them and whisper when they are near.

Three days after you spoke with their father, the children were taken up country to stay at an aunt's place. Banda insists on being told what is happening. This is when the aunt tells them their mother has died. They both cried for a long time. The aunt was very upset at this and finally told them to stop.

Activity 21

What are some of the traditions and practices in your community with regard to mourning and grieving that could influence how children cope with grief?

(continued on next page)

In Nelima and Banda's story, what happened that might make it difficult for the children to cope with grief?

As their caregiver, what would you do differently to help the children cope better?



In this story we see that:

- The children were not initially informed about their mother's death.
- They did not take part in the mourning rituals or any arrangements being made to bury their mother.
- They did not attend their mother's funeral or burial.
- In school, they did not share what had happened to them with their friends. This made them feel isolated.
- They were told to stop crying after learning about their mother's death.

Rituals that are carried out after a death are important because:

- They acknowledge that something terrible has happened; that someone has died.
- They are an important way of communicating the reality of the loss to the family.
- They include some commemoration of the past and an awareness of the future for the person who has died and for the family members still living. This makes those affected more able to cope with the present.
- They provide an opportunity to express feelings openly.
- Taking part in these rituals has a consoling and healing effect on both children and adults.

- They help to strengthen our belief systems, which we are then able to use in coping with our loss.

The funeral is significant because:

- Funerals are a way for the bereaved to 'say goodbye' to the family member who has died.
- They make the death more real.
- They provide an opportunity for family and friends to come together to support one another.

How can you help children to cope with a loss through the rituals and ceremonies taking place?

- Include them whenever possible in the planning and make them part of the actual events.
- Tell them what will happen during the burial ceremonies and events.
- Allow them to ask questions, and answer them honestly.
- Allow them, if they want, to send a gift to be buried with the person as a reminder of them. This could be a picture or some other memento.
- Allow them to take part in throwing sand or soil in the grave, and to lay a wreath.
- Give them some role or responsibility (appropriate to their age) during the ceremony.

Attending a funeral should be a child's choice. If the child chooses not to attend for any reason, do not force the child. Some children may be frightened or do not want to view the dead body. Children can be helped to honour the dead person and to keep memories alive by helping them say a prayer, by telling a story about the person, by lighting a candle in memory of the person, or by looking at photos. The caregiver can also help by collecting important items for the child that the deceased might have wanted the child to have. This helps the child come to terms with the loss of the loved one.

Lesson Eight



Helping Friends that Are Grieving

A child going through grief or bereavement needs to be listened to, be accepted, and have companionship, information, and role models. He or she also needs reassurance that these needs will continue to be met.

Children's peers, especially those who are resilient, can play an important role in helping friends cope with grief. Children often feel more open and free to relate to other children, and are able to express their feelings more with them than with adults.

Helping children learn to understand and help a grieving friend can be done through developing effective systems, such as peer mediation or counselling, friendship groups, pupil councils, mentors in the community and school, and / or specific companions for the children. The community should also have youth-led initiatives that help children in coping with grief, such as regular weekend meetings to share feelings. Music, art, and sports activities can also provide opportunities for providing support to children.

As a caregiver who understands how to support children who are grieving, you can coach other children to show compassion for grieving friends and to offer their friendship and support.



Activity 22

In your community are there any youth-led initiatives to help children cope with grief?

If so, how are children helping each other cope with grief?

If not, how might you initiate these programmes for children in your community?



Summary

By now, you have learned and realised that no one is too young to grieve. When someone we love dies, his or her loss affects us and we need to deal with this loss to help us to continue normally with our own lives.

Children grieve differently from adults, depending on their age and maturity level. Moreover, culture, religion, and family traditions will affect the way people mourn and grieve. We have seen ways in which the above factors will affect a grieving child negatively or positively. Sometimes, a child is unable to come to terms with their loss, and some tools to help you deal with such cases have been discussed.

Here are some points to remember in dealing with grief in children:

- Following a death, the child's first question, spoken or not, will be, "who will take care of me now?" The child needs reassurance.
- Keep the same routine as much as possible, both at home and at school.

Allow the children to ask questions, and be honest with them.



Self-Assessment Exercise

Question 1

Fill in the blanks in the sentence below.

Grief is a _____ human _____ to _____.

Question 2

Fill in the blanks in the sentence below.

Loss can be defined as a _____ of being _____ of something _____ or of _____ in one's life.

Question 3

Fill in the blanks in the table below.

Stage	Possible Feelings	Possible Behaviour
Denial/avoidance		Unconcerned or unknowing attitude. May be inactive or overactive or fall ill
	Anger, guilt, shame, longing, anxiety, fear	Regression to earlier behaviours, exaggerated fears, temper tantrums, physical symptoms, lack of concentration, mood swings
Transition	Hopelessness, helplessness, despair	
Reorganisation		Shows interest in life, forms other attachments, better able to concentrate, has energy and motivation to move on

• Question 4

• Fill in the blanks below.

• Children _____ differently from adults depending on their
• _____ and _____ level.

• Question 5

• Think about a child you know well who has experienced the loss of a
• loved one. What have you done to help that child cope with the loss?

• Now that you have worked through this unit, what other things
• might you do for this child?



Suggested Answers to Self-Assessment Exercise

Question 1

Grief is a normal human response to loss.

Question 2

Loss can be defined as a result of being deprived of something significant or of value in one's life.

Question 3

Stage	Possible Feelings	Possible Behaviour
Denial/avoidance	Shock, numbness, feelings of disbelief ("This is not true")	Unconcerned or unknowing attitude. May be inactive or overactive or fall ill
Disorganisation	Anger, guilt, shame, longing, anxiety, fear	Regression to earlier behaviours, exaggerated fears, temper tantrums, physical symptoms, lack of concentration, mood swings
Transition	Hopelessness, helplessness, despair	Withdrawal, aggression, giving up in school, depression
Reorganisation	Painful acceptance of reality	Shows interest in life, forms other attachments, better able to concentrate, has energy and motivation to move on

Question 4

Children grieve differently from adults, depending on their age and maturity level.

• Question 5

After you have answered Question 5, go back to the unit and reread the section dealing with the age group of the child you discussed. See if your answers were correct, and if there is anything you could add.



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Glossary

Bereavement: The loss of a loved one, usually by death.

Grief: A deep feeling of sorrow and sadness that comes from the loss of someone or something that has been important in one's life.

Loss: Being deprived of a person or thing that was important in one's life.

Mourning: An expression of deep sorrow following a death or other significant loss.

Rituals: Actions based on religion or traditional beliefs which help to commemorate and give meaning to a person's death.

Counselling for Caregivers

Unit 8:
Career and Vocational
Guidance



COMMONWEALTH *of* LEARNING

Unit 8: Career and Vocational Guidance

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Unit 8: Career and Vocational Guidance

Introduction

From the earliest years of our lives, we are asked to consider what we want to be when we grow up. Parents and guardians carefully plan and manage their children's educational experiences in the hope of preparing them for successful careers.

As a caregiver, you are faced with the challenge of helping children and youth identify and achieve their career goals. Young people tend to have limited information about the types of jobs that are available to them. Lack of information leads many to make unrealistic decisions about careers. Many youth are not sure of what they want to do. Some of them are not even aware of their own talents. You can help them get the information they need to make realistic and satisfying career choices.

Another of your roles as a caregiver is to help children and youth develop the qualities they need to be successful in the job market. Certain qualities can contribute to success, such as: the willingness to work hard and do more than the bare minimum; good spoken and written communication skills; dependability; and the ability to work well with others.

Career guidance becomes more and more challenging as the realities of the workplace change. At one time the types of work available and the skills required changed very little from one generation to another. Now, times are changing so quickly that it's hard to predict what the next 20, 10, or even 5 years will bring. In these rapidly changing times, qualities such as flexibility, creativity, and the desire to be a lifelong learner have become important.

This unit will help you to explore ways that you as a caregiver can help children and youth to decide on a career plan and gain the skills and knowledge they need to be successful in the job market, now and in the future. After exploring your own knowledge and skills in Lesson 1, you will learn how to find out information about different careers and how to help youth explore careers in Lesson 2. Lessons 3, 4, and 5 will examine gender bias and stereotypes and the ability to recognise talents of

the youth you are working with, as well as helping them develop employability skills. Finally, in Lessons 6 and 7, you will learn how to help youth make career plans and find employment.



Objectives

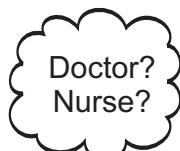
At the end of this unit, you should be able to:

1. Differentiate between a career, a vocation, and life skills.
2. Identify sources of information and disseminate information on careers and life skills.
3. Discuss gender biases and stereotypes in vocational and career choices and suggest ways of eliminating them.
4. Recognise the talents of children and youth.
5. Advise youth on career programmes and help them to plan for these.

Lesson One



Personal Exploration



This section begins with an opportunity to explore what you bring to the area of career guidance, as well as what you would like to know. It goes on to define what we mean by the terms “career,” “vocational guidance,” and “life skills.”

As you begin your work on this unit, take a few moments to think about your own career experience and what you can bring from it to your work with youth who are planning their careers.

Activity 1

When you were a youth, was there a particular occupation that appealed to you? What was it? What did you like about it?

How do you feel about the career path you have followed? Why did you end up making the career choice(s) you did?

What talents and personal qualities help you to be successful in your career?

Even though the youth you counsel may have very different talents and goals than you, you still have valuable life experience to offer them. Based on your own experience, what advice would you give to youth who are planning their careers?

We are all different people, with unique abilities and dreams. One of the biggest challenges in counselling youth about their careers is to be able to really get to know them: to see their potential and understand their hopes. As you have worked through the various units in this course, you have learned various strategies and approaches to help you get to know children.



Activity 2

Think about communication strategies you have learned in other units that would help you when you are counselling youth about career plans. List them here:



Does your list include some of the following?

- Giving youth your full attention.
- Listening, not talking or giving advice.
- Being respectful of their ideas.
- Encouraging youth to expand on their statements by asking questions and checking to see if you are understanding correctly.
- Helping youth to explore possibilities so they can come to their own conclusions.

The world of work is changing so quickly that it is difficult to keep abreast of new career possibilities. While it's useful to know about various careers, it can be more important to know where to find information about them.



Activity 3

What occupations are you familiar with? List as many as you can.

What are some ways to find out about new career possibilities?



As you can see, you already have some useful skills and information for counselling youth about their career plans. We will be building on them in this unit.

Some Definitions

Some of the terms that you will be seeing in this unit are “career,” “vocation,” “vocational guidance,” and “life skills.” Let’s begin by defining each of these.

Career

The word “career” is used to refer to one’s progress through his/her working life, particularly in a certain profession or line of work. When we talk about a “career in teaching” or a “career in technology” we mean that a person will study and then work in teaching or in technology, perhaps changing jobs from time to time in the interests of advancement. The goals that one has for one’s working life are called “career goals,” and planning how we will reach them is called setting a “career path.” Carpentry, engineering, nursing, hospitality, social work, banking, and farming are just a few of the many possible careers people might choose.

Vocation

In its most usual use, the word “vocation” refers to a strong feeling within an individual that they are meant to do a certain job. Sometimes people feel that they are “called” to a particular kind of life or work, such as nursing or a religious life. The word “vocation” can also be used to refer to a trade or profession.

Vocational Guidance

Vocational guidance is the process through which an individual is helped to choose a suitable occupation, make the necessary preparations for it (such as enrolling in a training programme), enter into it, and develop in it. This is a continuous process since an individual is likely to re-evaluate the career choice at various points in his/her life and may make changes at any point in his/her career.

Life Skills

The term “life skills” refers to the various psychosocial and interpersonal skills that lead people to a healthy and productive life. These skills include the ability to make informed decisions, communicate effectively, cope with life situations, and manage oneself. Life skills may include actions for oneself or towards others, as well as actions to change the surrounding environment in order to make it more conducive to good health.

Life skills competencies are necessary for the total development of children and youth. These competencies are the knowledge, skills, attitudes, and types of behaviour that children and youth need to become healthy, happy, and well-balanced individuals. Children who have these competencies will be able to meet the challenges of work and life in a complex and fast-paced world.



Activity 4

Look through newspaper advertisements to see if there are any careers you could add to the list you made in Activity 3.

(continued on next page)

Do you know someone who believes he/she has a vocation; that is, that he/she is doing work that he/she is called to do? Ask when and how that person came to know what it was he/she wanted to do. Summarise the answer here:

Take time to visit two workplaces. List the careers found in those workplaces:

Which skills would you consider to be life skills; that is, which ones are important in order to have a happy, productive life?



Did you think of these life skills? If not, add them to your list:

- Communication skills.
- Ability to handle conflict.
- Ability to manage personal stress and to help others manage theirs.
- Ability to work with others in decision-making activities.
- Ability to listen to others' points of view.
- Ability to work as a member of a team.
- Ability to gather and use information.
- Ability to recognise your strengths and weaknesses and to use them accordingly.

Lesson Two

Finding and Providing Information on Career Possibilities

Our world is full of interesting occupations. The activity that follows asks you to explore a few of them.



Activity 5

Working in a Beauty Salon

List 5 tools found in a salon.

List 5 activities that take place in a salon.

Why do people go to salons?

What skills are useful for staff working in a salon?

What kind of training does a beauty salon manager require?

Working with Animals

List 5 activities that should take place in animal shelters.

A village dipping tank is one place at which domestic animals are cared for. List all the activities that take place in a dipping tank.

(continued on next page)

How do veterinarians get money?

Working as a Miner

Write a short story about a person that works in the mines. Mention, for example, the kind of mineral the person mines, the types of activities miners engage in, how they dress up for work and why they wear that clothing.

Working in a Hospital

List all of the different kinds of careers you might find in a hospital and the type of training required for each.

(continued on next page)

Activity 5 (continued)

Working as a Musician

Write a short story about being a musician. You might mention the instruments used, the types of activities musicians engage in and how they dress for work.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Name 5 musicians you know and the type of music each one plays.



Were some parts of these learning activities difficult to do? Sometimes, because we are familiar with an occupation, we think we know more about it than we actually do. It is important that we research new careers we may hear about, but also that we pay attention to the work that people do around us: watching what people do and asking lots of questions.

Sources of Information

In Lesson 1 of this unit, you listed possible sources of information about careers. How many of the following possibilities did you include?

- Local libraries.
- Media advertising (newspapers, magazines, radio, TV).
- Government labour office.
- Shopping markets with bulletin boards for advertising.
- Local non-governmental organisations (NGOs) in your community.
- Churches (the priest, minister, or pastor may be able to help).
- Employment bureaus (for example, TEBA for miners).
- Friends who have careers.
- Current employees of an organisation (a farmer, business person, medical doctor, teacher, builder, radio announcer, etc.).
- Past employees of an organisation.
- Paying visits to an organisation of your career interest (such as a hospital for a physiotherapist, radiographer, or nurse).
- From work sites in the immediate community (such as at a mosque, church, school, or farm).
- Professionals (pilot, engineer, lawyer, etc.).
- Job attachments (such as working with a construction company).
- Internet websites.

As a caregiver, you need to familiarise yourself with these sources so that you are able to direct children and youth to them when they require more information than you can give them. You can help them develop skills in reading, writing, making calls, and searching the internet to find information on job opportunities.

Helping Youth Explore Possible Careers

Youth and children have a limited knowledge of the range of possible occupations and careers. This can contribute to unrealistic career aspirations. As a caregiver, you will need to ensure that youth have appropriate career information.

In order to make an informed choice, youth need to have a realistic picture of occupations they are considering: the working conditions, the tasks that are involved, the qualifications and education required, the salary, the job opportunities, and so on.

You can help youth gather this information by:

- Collecting and discussing written information with them.
- Going for industrial visits where they will get the information directly from the employers.
- Inviting different professionals to come and talk to them.
- Helping them find volunteer or part-time work in different industries.
- Encouraging them to volunteer their services in different organisations or work centres.
- Encouraging them to share career/vocation information with one another.
- Pointing out postings on bulletin boards found in shopping centres.
- Encouraging them to get information through the media.

Job Shadowing

Attach a youth for a day or more to a person who has a career that the youth is interested in. For example, a youth might dress appropriately for working in an electricity station, start the day with the person he or she is attached to, help with the work the person being shadowed does and so on. A youth attached to a receptionist might work in an office taking calls, recording messages, and receiving visitors.

Job Mentoring

Identify individuals with careers of interest. Invite them to address the youth about their own careers and to bring posters, objects, and audio/video tapes to listen to or view, as well as reading materials about the careers for display or distribution.

Job Volunteering

Youth can assist in a company and do some tasks without expecting pay but to gain experience in doing the job. This can be done on a part-time basis.

In the countryside, there may be a limited number of career possibilities. Church and school careers might be common because almost all communities have a faith-based organisation and a school to cater to children there. These institutions could also have a secretary or receptionist. Youth can find out more about these careers by talking with the people who work in them.

As a caregiver, you can help children and youth learn about careers that might be possible for them outside the community. Children may be interested in a career that would involve going to a larger community, either for training or to work. If this is the case, they will need support not only to learn more about the career but to move outside of their home community. Think about how you might help Thuli, in the story below, fulfil her dream of becoming a teacher.



Story 1: Thuli

Thuli lives with her aunt in a rural area. For as long as she can remember, Thuli has wanted to be a teacher. She admired her teachers and worked very hard at her school. At home, she found great satisfaction in helping her younger nieces and nephews with their lessons. Thuli did so well with her studies that she was awarded a scholarship to a teachers college in a city several hours from her home. At first Thuli was delighted, but as the time grew closer for her to leave home, she began to talk about passing up the scholarship and finding some kind of work in her community. When you talk with her about this, she finally admits that she is frightened of being alone in the city.



Can you think of some ways that you could help Thuli become comfortable with moving to the city to take advantage of her scholarship?

Perhaps you have a friend in the city who would help her get acquainted or know of an organisation where she could meet some friends. Maybe she just needs someone to go with her for the first few days until she is settled.

Youth may not admit that they are afraid to leave their familiar surroundings for a new career, but we need to be aware of that possibility and provide all the help we can for them in making the transition. While they are at the stage of exploring careers, introducing them to a friendly and helpful career mentor can make a big difference.



Activity 6

List the careers of people you know in the community and of your relatives. For each of the careers you list, identify:

- A person or organisation that could be a good resource to give information about the career.
- Someone who could be a mentor for a youth interested in that career (perhaps the youth could job shadow with this person).
- An organisation where the youth could volunteer in order to get some experience related to the career.

You may need to use a separate piece of paper for this activity.

Career	Resource	Mentor	Volunteer Opportunity

Lesson Three



Eliminating Gender Bias and Stereotypes in Career Choices

Activity 7

Wanjiru's career dream is to become a pilot. Her parents are uneasy about her goal and find it hard to support her in it. Give three reasons why Wanjuri's parents might discourage her.

How do you feel about a girl or woman becoming a pilot?

Why do you feel this way?

Do you believe that males and females could do the same jobs if they had the opportunity to do so? Why or why not?



When you are counselling children about their career choices, you will be faced with the problem of gender bias and stereotypes. Certain jobs are commonly believed to be for men only while others are supposed to be suited only for women. For example, it is often thought that a woman's place is in the home doing domestic chores. Men, on the other hand, are supposed to be engineers, pilots, builders, and so on. They are not expected to take an active role in domestic chores.

One of your roles as a caregiver is to educate both boys and girls that one can do any job for which one meets the requirements. They must understand that gender should not be a major determinant in career and vocation selection.

Gender is the social dimension of being male and female. There are two ways of looking at this definition:

- Gender identity is the sense of being male or female, which most children acquire by the time they are three years old.
- Gender roles refer to a set of expectations regarding how females or males should think, act, or feel.

Gender bias begins early in life when parents start dressing children differently depending on whether they are male or female, giving them different toys, treating them differently, and having different expectations for them. The differences are reinforced as children watch and imitate their parents fulfilling these traditional roles. Culture, the schools, peers, and the media reinforce what children have learned from their parents.

Gender stereotypes are the beliefs and impressions that people have about males and females. Males are believed to be dominant, aggressive, independent, and enduring go-getters. Females are widely believed to be soft, caring, more helpful, weak, and emotional. It is assumed that females are not ambitious, are unable to do certain jobs, and want to stay at home and nurture children.



Activity 8

Give examples of gender bias and stereotypes that are common in your community and your place of work.

Look back at the list of careers you created earlier. Which ones tend to be male-dominated?

Which are female-dominated?



Activity 9

What gender biases and stereotypes are evident in this picture?

Why are these gender biases and stereotypes a problem?



The problems with gender biases and stereotypes include the following:

- Girls and women often are not encouraged to use their talents, which deprives them of satisfaction and deprives society of the contributions they could make.
- Men and boys are expected to act in certain ways and do certain kinds of work, so they also face restrictions in the careers they choose.
- Because girls and women are expected to be passive and helpless, they are more vulnerable to abuse and exploitation within and outside of their homes.

Rev. Margaret is a Methodist Church priest in my community. She visits the sick in the nearby hospital accompanied by church youth who sing to the patients and do their chores while the Reverend talks to them individually. She preaches in the churches of my community. Once a month, she is allowed to preach in the prison in the nearest town and the local radio broadcasts her sermons and her verbal interactions with the prisoners. Some church members accompany her on the last Wednesday of the month when she visits elderly people in the community, giving them food, clothes and cleaning their homes. I enjoy the Bible Studies she conducts through theatre during school vacations.



Activity 10

What contributions is Rev. Margaret making to this community?

What challenges of discrimination may she face in her career?

What are the advantages to having a woman priest working in a community?



How can we work to eliminate gender stereotypes and biases? Here are some ideas:

- Ask community leaders and special groups to focus on sensitising the community to gender biases and stereotypes, with the goal of encouraging children and youth to appreciate their own unique capabilities. This can be done in collaboration with NGOs, government initiatives on gender, and development sensitisation programmes.
- Invite non-traditional role models to talk to the community and the children and youth about gender biases and stereotypes.
- As a caregiver, model gender equality and talk to children about gender bias and stereotypes at home and in the community.
- Collect magazines and newspapers that show gender bias and stereotypes. Watch for examples in radio and TV programmes. Discuss these with children to identify the elements that portray gender bias and stereotypes; for example, a picture showing a committee that is predominantly male.



Activity 11

Wanjiru is one of the young girls in your village. She wants to be a pilot. Her parents have tried to discourage her by insisting that flying aeroplanes is a man's job. Because you are a caregiver, Wanjiru has come to you for advice.

Why do you think Wanjiru's parents are discouraging her from being a pilot and encouraging her instead to be a secretary?

What ideas do you have to help Wanjiru and her parents?



It is important to recognise that her parents may want to protect Wanjiru from the difficulties she will face as a woman in a profession that is traditionally male. You will want to ensure that Manjiru has a realistic view of the career she wishes to enter and the additional challenges she may face as a woman in that career. Once you feel that Manjiru is well-informed and serious about becoming a pilot, you might help her discuss the matter with her parents to reassure them that she is aware of the challenge she is undertaking and is prepared to work hard to be a success.

Lesson Four



Recognising the Talents of Children and Youth

We all have talents; that is, areas where we show special abilities or aptitudes. We may be talented in music, mathematics, sports, getting along with other people, art, creative thinking, writing, or dancing, to name just a few possibilities. Often we show our talent from an early age, but the way that our talent develops depends on the environment we find ourselves in; that is, on the encouragement we receive from parents and guardians, mentors, and the educational system.

Sometimes people are inspired to develop their talents through the example of a mentor. They may see a particular skill in someone they adore, practise it constantly, and develop expertise in it.



Activity 12

What is one of your talents?

How and when did you realise that you had this talent?

What have you done to develop this talent?

What other talents would you like to develop and be skilled in?

What are you doing to develop these skills?



Helping Youth See Their Talents

As a caregiver, you should get to know your children/youth as individuals and find out what is special about each of them. It may be their artistic ability, their athletic ability, or their ability to make people laugh. Perhaps a child is a wonderful storyteller, or is good at fixing things that are broken. You have an important role in helping children recognise and develop their talents.



Activity 13

Think of a child you know. What special talents does that child have?

How can you encourage those talents? (Or how have you encouraged them?)



As a caregiver, you need to observe the children/youth under your care to see what talents they have, encourage them to develop those talents, and help them see how they could use those talents in a future career. You can expose them to different relevant careers and/or vocations by:

- Inviting professional experts and business people to address them about the job opportunities available.
- Assigning activities to explore their talents. As you do this, avoid suppressing talents; encourage both sexes to do what they like to do. Avoid making judgements about what a male or female child should do.
- Noticing their personalities and considering how they would fit with particular careers. For example, a quiet, thoughtful child might not do well as a radio announcer.

- Considering the socioeconomic and ethnic values of a community and how they relate to careers. For example, a community may have a strong farming industry, which creates opportunities for careers in that area.
- Inviting female and male mentors who have careers that are not stereotypically male or female (for example, a female chef, female pilot, male nurse, female electrician, or female preacher/religious minister), to give a talk about their careers and answer questions from the children and youth concerning their experiences with the public and any obstacles they had to overcome in pursuit of their career choices.
- Discussing peer influences and decisions people have to make when deciding on careers.
- Talking to children/youth and their parents or relatives about interests and talents the children or youth have shown.

Special Activity

Ask the children and youth in your care to discuss their talents. Children may identify their own talents, but they can also help other children identify their special abilities.

Discuss with the children and youth ways that they can develop their skills; for example,

- Through attachment to a person who has similar skills (job shadowing).
- Projects to raise funds for community needs.
- Volunteering at school and in the home; for example, working with the cook or cleaning and beautifying the classroom.
- Being mentored by people in the community.
- Creating displays of their artwork or arranging performances to highlight their artistic skills.

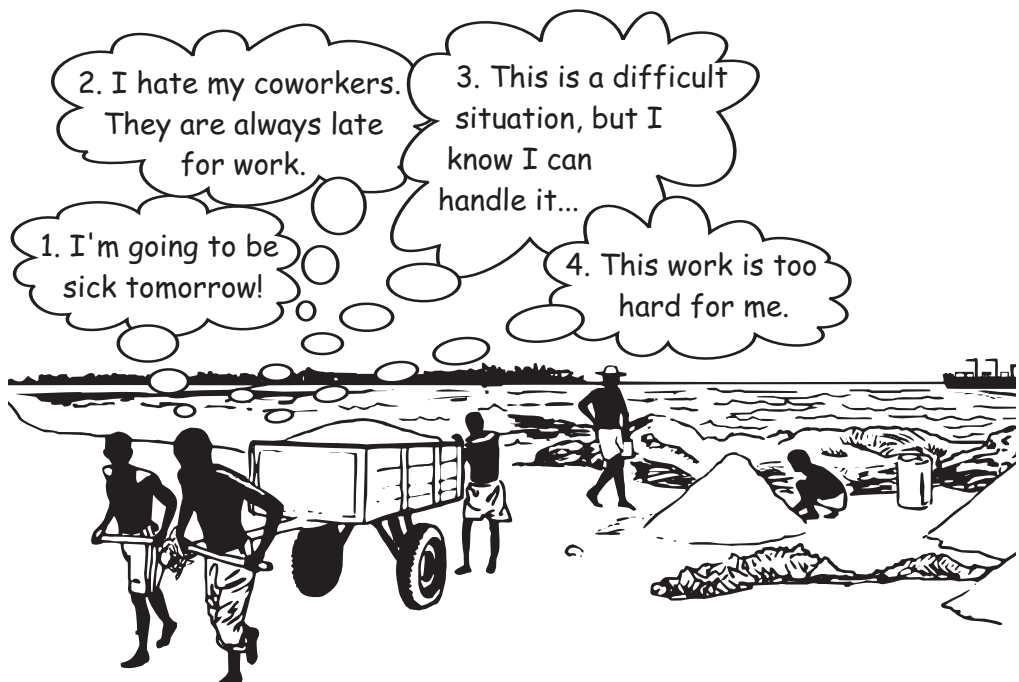
Lesson Five



Helping to Develop Life and Employability Skills

Helping youth make career plans is only one aspect of the career and vocational counselling you will do as a caregiver. It will be equally important to help them develop skills they will need to be good workers.

Look at the pictures below. Which of the four statements represents the type of person you would hire if you were an employer?



Activity 14

If you were an employer, why might you prefer to hire an individual thinking thought 3? What personal qualities does this person show that would make him an effective employee?

(continued on next page)

Activity 14 (continued)

Make a list of some positive statements that employees might make; for example, "practice makes perfect."

Make a list of negative comments that employees might make; for example, "I hate my boss."

Thoughts 1, 2, and 4 show negative attitudes and thinking. How could you change each of these to make it a positive statement?

What are some qualities of effective employees?



You will have noticed that a person who thinks thought 3 meets challenges with confidence and positive thinking. An individual who thinks one of the other statements may be avoiding work, have poor relationships with co-workers, or lack confidence in his/her abilities.

Teaching Life Skills

In the earlier units of this course, various ways to help children and youth learn to be responsible, express their thoughts and feelings, make decisions, and have confidence in themselves were discussed. The activity below gives you an opportunity to think about the things you



do to help children learn these life skills, which will, in turn, help them to become valuable employees.

Activity 15

In earlier units, you learned to communicate with children in ways that show them you have confidence in their ability to solve problems and handle difficult situations. Describe a conversation or interaction you had recently with a child or youth that encouraged these skills.



The skills that help people live successful, balanced lives and that make them valued employees are learned from an early age. We have learned how to communicate with children, but there are other ways to teach employability skills:

- Children and youth should actively participate, as appropriate to their age, in domestic chores such as taking care of siblings, working on the family farm, cooking for the family, cleaning their room and home, looking after cattle, getting water, and collecting firewood. Participating in essential household chores lets children play an important role in their home and helps them develop confidence in their ability to carry out tasks successfully.
- Children and youth should be expected to be on time for school, stay until the end of the day, and not miss classes unnecessarily. They should be told that attending school is their job and that the same behaviour will be expected in the workplace.
- Children should demonstrate good personal hygiene and a positive outlook on a day-to-day basis at home, school, and on the playground (for example, washing themselves and their clothes, not littering on the premises, avoiding vulgar

language, and saying good things about people). They can be reminded that these skills and attitudes will help them be successful in later life.

- Children should respect parents, guardians, and teachers and abide by rules at home and school. This is part of being a responsible citizen.
- Participating in athletic activities can help children develop perseverance, manage stress, and work as members of a team.

Planning a Career Programme

As a caregiver it is your role to help prepare youth for employment by introducing them to the world of work. Your career programme should aim at helping youth get started in a career of their choice. As indicated in Lesson 2, you need to be well informed about available career opportunities in the community and at large.

You should talk to youth about the employment situation in the country to help them understand that it may take a while to get employment. This should not cause them to give up. The programme should start by informing them about:

- Educational requirements of the job of their choice. Show them a sample Curriculum Vitae (resumé) and help them think about what they would put in their own resumé.
- Practical experience needed in the case of someone who has no special certification (for example, a farmer, fisher, or domestic worker). Help them to find information on employment; for example, looking at the advertisements in the local newspapers or magazines.
- The possibility of learning a trade through an apprenticeship.
- How to prepare job application letters, fill in job application forms, and prepare for a job interview. Keep samples of letters and forms to show them.



Preparing a Job Application Letter

Activity 16

List what you think are the essentials of a good application letter.



If you haven't already included these points, add them to your list:

- The letter should be typed.
- It should be neat and grammatically correct.
- The letter should be brief.
- It should contain both the address of the person writing the letter and the prospective employer's address.
- You should use an appropriate salutation (Dear Sir/Madam).
- The body of the letter should be logically presented.
- It should contain an appropriate complementary close (such as "Yours sincerely").
- It should be personally signed.

Preparing a Curriculum Vitae (Resumé)

Another document you should be able to help youth prepare is a Curriculum Vitae (CV). This document should contain the following information:

Personal Information

- The name of the applicant.
- The place and date of birth.
- The sex (female/male).
- Nationality.
- Postal address.
- Phone number (if any).

Academic Qualifications

- Highest qualification of the applicant.
- Institutions attended (i.e. schools, colleges, universities).
- Subjects studied (transcript).
- Year of completion.

Practical Work Experience

- The candidate should list jobs in the order that they were held (the latest, or current, job listed first) , including the job title, a description of duties performed, the name and address of the organisation and the dates of employment.

Achievements

- Professional qualifications that the applicant may have (certificates and/or diplomas).
- Medals/awards.
- Recognitions.
- Involvement in community work.
- Participation and roles played in workshops, seminars, conferences, etc.

Hobbies

- The candidate should list activities of interest that he/she is involved in, such as netball, volleyball, soccer, art, fishing, swimming, singing, golf, etc. (extra-curricula activities).

Referees

- A candidate should give names of one or two people who may be called by the potential employer to give additional information about the applicant. Advise candidates to give names of referees who are in a position to give information about them but not close relatives. Suitable referees include teachers, pastors, community leaders, etc.

As a caregiver, remember to advise the applicant that the CV must be sent together with a covering letter and copies of any certificates and testimonials. Remind the applicants that they must never send their original certificates or testimonials. Originals should be carried when the applicant is going for an interview.

How to Prepare for an Interview

Another important role is that of preparing the candidate or applicant for an interview. Here are some suggestions for you:

- Encourage the applicant to get as much information as possible about the potential employer. They might talk to current employees, if available, and use information from the library. This will help them to answer any questions asked about why they want to work in that organisation.
- The applicant should wait to be invited by the interviewer or panelists before sitting down.
- The applicant should be able to talk openly, convincingly, and with confidence about his or her skills, achievements, and experiences.
- The applicant should be punctual and dressed appropriately for the job (not too sweet, sophisticated, or shabby).
- Remind the applicant to carry the invitation letter, original certificates, and original testimonials as they may be asked for verification of the copies submitted previously.
- The applicant should avoid any arguments with the interview panel, remain calm, and listen so as to be able to respond appropriately. When not clear about the question, the applicant should not hesitate to ask the panelists to rephrase it.
- The applicant should come prepared to ask the panelists questions that relate to the job (for example, the salary scale and benefits, if not given in the interview or advertisement).

Job Preparation Activities

With youth looking for employment, carry out some group activities, such as:

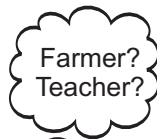
- Collect various job application letters and CVs (the youth may bring some too), read them to the youth, and discuss whether the individuals that wrote them meet the requirements for specific jobs.
- Divide the youth into small groups and ask them to take turns telling others in the group about the following:
 - A job they are applying for.
 - The CV they are preparing.
 - How they will dress for the interview.
- Ask the youth to find advertisements from newspapers or magazines and bring them to class for group discussion of the following topics:
 - The job title.
 - The job requirements / qualifications.
 - A description of the work.
 - The required experience.
 - The salary package.
- Ask the youth to write applications responding to some of the advertisements the group has discussed using the information provided.
- For each of the careers the youth choose: work with them to collect relevant information about the requirements for their career; help them to prepare a CV and collect advertisements that relate to their career interests for further discussion and practice applications; help them to prepare for an interview.
- Use role playing to simulate and practise going through an interview.



Lesson Six



Helping Youth Make a Career Plan



"Now, what career path is suitable for me? My teacher has advised that we should start now thinking about our future careers.

My mother is a lawyer in a business in the city; my father is a nurse at the general hospital. I don't think I could do either of their jobs.

Maybe I can farm like Grandfather because I like cheese and would get a lot of satisfaction from raising dairy cattle. But it's hard work: sweating, rough hands, not exactly a suit-and-tie job.

Teaching seems to be easier; telling students things to do and marking their work. But, students are sometimes nasty. I would hate disciplining them."



What do I do well? I take good care of my pets by cleaning them and their houses, feeding them, and playing with them.

What do I really like to do? I like to be around pets and reading about them.

What is important to me—independence, power, health, security, love, success, adventure, comfort, knowledge? Working alone with the family pets and caring for them. The dogs wag their tails when they see me and I'm happy for their love. I read books about the pets so that I can understand and meet their needs. Last year, I joined the team at school that chose to visit the zoo to learn about animals.



What lifestyle do I want? A life around animals might satisfy me.

What skills do I have? I have learned what pets like and how to look after them, nurse them when they're sick, and play with them.

How can I manage myself well? By being healthy, strong, and available for the pets, caring for them, and loving them.

On the previous page, we see a youth, Musa, in the process of exploring his career options. You can help the youth you know arrive at their career plans by asking them the kinds of questions that Musa is asking himself.

Meet with a youth you know to discuss her/his career plans, which you will assess in Activity 17. Ask the following questions:

- What are some of the talents you have? How could you use those talents to earn a living?
- What skill(s) do you have? Experience(s)? Education?
- What other skills would you like to develop? How could you do this?
- What are you presently doing to develop your skills?
- Which of these skills have you learned from parents, friends, relatives, neighbours, teachers, and members of your community or church?
- What are some of the careers that you have considered? Why are you considering those particular careers?
- Give examples of career plans that might be possible for you and reasons for your choice.



Activity 17

Summarise the youth's skills, interests, and anything else that may help him/her to decide on a career.

What are some careers that the youth has considered?

How realistic do you think this youth's career plans are at this point?

(continued on next page)

Activity 17 (continued)

What information or experiences could you provide to the youth to support her/his career planning?

**Supporting Youth in Pursuing Further Education or Training**

Anita graduated from high school last year and is preparing to go to university or college. The following list shows how she is preparing herself for further educational opportunities.

- Reading university / college (tertiary institutions) calendars.
- Talking to graduates from the institutions.
- Visiting the institutions that are within reach to look at the environment.
- Writing application letters to the institutions.
- Inquiring about scholarships and applying for them.
- Searching websites for organisations that sponsor special programmes, filling out the forms, and submitting them online.
- Contacting businesses and industries about possible volunteer opportunities relevant to her educational plans.
- Job-shadowing in relevant careers.
- Attending job markets.
- Meeting with the school career guidance counsellor.
- Collecting brochures and any other written materials about the career that interests her.



Activity 18

Interview a college or university student about how he/she prepared him/herself to attend that institution. Summarise the main points here. Are there other ways that he/she had not considered?



Share the information from your interview with the youth in your care. Encourage them to ask similar questions of other students or persons who are working in a career that they are considering.

If you are involved with several youth, suggest that they each carry out a similar interview and arrange a session during which they share the information they have gathered.

Lesson Seven



Helping Youth Find Employment

Youth that you are working with have graduated and are ready to look for work. While they are waiting for a job opening, it's a good idea for them to volunteer in an organisation where they might like to work. This will give them some experience that can be included in their CVs. It also gives employers a chance to get to know them and keep them in mind when job openings occur, and helps the youth decide what to look for in a workplace. Remember that looking for work is stressful and youth can easily become discouraged by rejection. Offer lots of encouragement.

When the youth are ready to search for a job, suggest that they:

- Read and research about the job.
- Complete an application letter or fill in the required application form.
- Prepare a detailed Curriculum Vitae (CV).
- Contact not less than 3 people who know them well and ask them to be their referees.
- Make copies of their professional and birth certificates and get them endorsed by the appropriate legal personnel (police, lawyer, etc.).
- Prepare copies of relevant transcripts.

As a caregiver, you need to continue talking to the youth about the employment situations in the community and help them to understand that it sometimes takes a while to get employment. This will help them not to get discouraged if they have to wait a long time for a job or even for an interview.



Activity 19

Prepare a checklist of items to help youth remember when they are job-hunting.



Did your list include the following?

- Know places to find information about sources of employment; for example, newspapers, magazines, radio, and television.
- Have transcripts and certificates/diplomas to show that they meet the educational requirements for the job.
- Show practical experience in the CV and/or letters of recommendation from previous employers.
- Know how to prepare job application letters and fill in job application forms.
- Get ready for a job interview in case the applicant is short-listed and invited to appear for selection.
- Keep original copies of the certificates/diplomas and transcripts in a safe place, but attach copies to the application letter.
- Follow up on the application by telephoning or personally delivering the application. This will ensure that the application arrives on time. (If it is lost in the mail, the applicant may have to submit another copy of the application.) Also, the applicant will know where to go in case of an interview or follow-up visit.

Job Application Activities

- Refer to Lesson 5 for more information about the preparation of the required documents. Check that documents provide the necessary information.
- Share the application letter with someone for corrections and suggestions. This person should check that the application is relevant to the advertisement and follows the correct format. A local language teacher is a good resource.
- Address an envelope that is large enough to hold all the documents that are being sent, using the information given in the advertisement. Be sure to use enough stamps for mailing. (Confirm this with post office personnel.)
- Prepare for a possible interview by researching prospective employers and similar businesses. The internet is a good source of information.



Summary

This unit on Career and Vocational Guidance is designed to help you, the caregiver, to help youth to answer these very important questions:

- What shall I do with my life?
- What job am I best suited for?

As indicated in the lessons above, vocational guidance is a process that aims at helping the individual discover inner resources, develop them, and use them to the best of his or her ability. It is a process through which youth are given relevant information to help realise their professional goals and potential.

We are living in a time of rapid change, and this has important implications for career planning. In the past people would work at one career (and often one job) throughout their lives. Now, young people can expect to have several careers in the course of their lifetime. To be successful, they will need to be flexible, creative, self-motivated, and able to innovate. They must plan to continually learn and upgrade their skills throughout their lifetimes. As a caregiver, you will need to prepare children and youth for this reality.

It is the individual's responsibility to show concern for the well-being of fellow citizens. He/she can make beneficial contributions to society even while benefitting from it. Youth and children can contribute to the community by becoming active with community involvement programmes, voluntary welfare organisations, self-help groups, community development councils, community centres, clubs, resident committees, and religious organisations.

Ministries of Education and Labour have developed life skills, career, and vocational programmes and distributed these to schools. These are comprehensive packages that contain lessons to help youth/children to be aware of, acquire, and apply their skills in all areas of expertise. Caregivers are encouraged to introduce peer support programmes as well. In addition, as we have seen in this unit, caregivers can find useful resources for career guidance in their local community.



Self-Assessment Exercise

These questions will help you review the content of this unit. Don't hesitate to look back through the unit to ensure that you have the best possible answers.

Question 1

What are some things you can do to help a six-year-old child in your care begin to develop employability and life skills?

Question 2

A sixteen-year-old youth, Efi, asks you for help in planning a career. You know that he is good at working with his hands. He is not a top student but works hard and attends school regularly. How could you help him identify a possible career?

Question 3

What could you tell Efi about career possibilities in your community?

Question 4

Tandi, 16, has decided she must leave school to find work so she can support her family. You know that she has good grades, is a hard worker, and wanted to become a teacher. What advice would you give her about her career?

Question 5

What sources of financial aid might be available to Tandi if she were to continue her schooling?

Question 6

Tandi has already found a summer job for which she would like to apply. How could you help her with her application?



Suggested Answers to Self-Assessment Exercise

Question 1

To help children develop employability and life skills:

- Model and teach good communication and problem-solving skills.
- Encourage them to participate in family chores (as appropriate to their age).
- Expect them to be on time for school.
- Encourage good personal hygiene and a positive outlook.
- Encourage them to abide by rules and show respect for parents, guardians, and teachers.
- Encourage them to take part in athletic activities.

Question 2

Ask him what career possibilities he knows and has thought about. If his knowledge is limited, help him explore more possibilities through collecting written information, visiting various worksites, or looking at job advertisements and postings. Help him look at the working conditions, tasks involved, qualifications and education required, salary, job opportunities, and so on for various jobs. Support him in realistically assessing his career options and making a plan to reach them; for example, through apprenticing or volunteering.

Question 3

You should have listed the career possibilities that you have identified in your community which may be available to Efi.

Question 4

Because Tandi has good grades, she may be eligible for financial assistance that would enable her to stay in school. You could begin by helping her explore these possibilities. If it is necessary for her to leave school, you could encourage her to continue with her studies on a part-time basis so that she could eventually reach her goal.

Question 5

You should have researched and listed specific possibilities in your community.

Question 6

Help Tandi prepare an application letter that is typed, neat, grammatically correct, brief, contains her address and the prospective employer's address, uses an appropriate salutation, is logically presented, has an appropriate complementary closing, and includes her signature. You could also help her prepare a Curriculum Vitae if one is required.

Help her prepare for the job interview by getting as much information as possible about the potential employer. Advise her about dress and conduct during the interview. Help her prepare for the interview by role-playing a likely interview situation.



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Additional resources can be found at www.UNICEF.org and on web sites related to psychological and guidance services.



Glossary

Career: Refers to the path a person follows in his or her working life, especially in a certain profession or line of work.

Curriculum vitae (or Resume): A brief account of one's education, qualifications, previous employment, and other relevant information to use when applying for a job.

Gender: A set of commonly-held beliefs about differences between men and women.

Gender bias: Treating someone in a particular way because of their gender.

Life skill competencies: The knowledge, skills, attitudes and behaviour needed for an individual to lead a healthy, happy, and productive life.

Life skills: The various psychosocial and interpersonal skills that lead people to a healthy and productive life.

Stereotypes: Beliefs that all members of a group (such as a gender) must act in a certain way or have certain values; for example, that only a man can be a mechanic or only a woman should do domestic chores.

Vocation: A strong feeling within an individual that he or she is meant to do a certain kind of work.

Vocational guidance: The process by which a person is helped to choose a suitable occupation, make preparations for it, enter it, and develop within it.

Counselling for Caregivers

Unit 9:
Coping with Stress



COMMONWEALTH *of* LEARNING

Unit 9: Coping with Stress

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Unit 9: Coping Strategies for Caregivers

Introduction

Some days in your life are fine days indeed. You get up in the morning feeling very refreshed and looking forward to a pleasant day. The sun is shining and there is a gentle breeze. You are looking forward to having one of your favourite meals. You feel eager to help children and enthusiastic about your work. Things are moving according to your plan and you are delighted. Wow! What a beautiful day! Yet, it is not always so. There can be many frustrations in the daily life of a caregiver. Right now, you may be making great efforts in trying to cope with the needs of children under your care. These demands may come from others and from yourself.



I've been a caregiver for 12 years. I have passed through thick and thin. In the process, I think, I've destroyed myself—and perhaps people and things I care about. I wish someone had talked to me about it long ago. I wish I had asked them for help.

The caregiver in the picture is Mr. Phiri. He is talking about a very serious matter: **stress**. This unit will help you so that you don't end up like him. He destroyed himself, but that is not all. No! His real regret is that he feels that he messed up everything for the people and the things that he really cared about. He feels sorry for the pain he caused his family, friends, work colleagues, and all those other people that were affected by his personal stress. This unit is written so that you will have the opportunity to learn from his mistakes. The unit will take you on a journey of personal stress management, one step at a time.

Each lesson covers a number of topics and provides various activities for you to complete. In Lesson 1, you will learn about what stress is and its effects on your health and behaviour. In the next lesson, you will learn to recognise signs and symptoms of stress. Lessons 3 will outline

the causes of stress, and Lessons 4 and 5 will discuss strategies for coping with stress for caregivers and for children, respectively. The unit also contains some important questions and activities, which can help you acquire understanding and knowledge that will enable you to develop positive, healthy ways of coping with stress in your life. You *can* complete this unit successfully. Enjoy your journey!

Objectives

By the end of the unit, you should be able to:

1. Explain what stress is, and how and why it affects your physical health, mental abilities, emotional stability, and behaviour.
2. Describe physical, mental, emotional, and behavioural signs and symptoms of stress.
3. Explain the causal factors of stress, both at home and at work.
4. Select and practise proven techniques, devices, and strategies for coping effectively and healthily with stress in your life.
5. Recognise symptoms of stress in the children you work with and be able to help them cope with the stress they are experiencing.

Please note that many of the activities in this unit are adapted from:

Mills, S. (1995). *Stress management for the individual teacher*. London: Framework Press Educational Publishers.

Lesson One



Understanding Stress

What Is Stress?



I am not alright.
I am suffering
from stress. Listen
to my story.

Things are not good for me. I am suffering from stress. I know it and everyone knows it. Everyone is

suffering because of me. I create problems for colleagues, children, parents, and everybody at the children's centre. All the people I affect feel unable to help me. They do not know what to do. I do not know what to do.

Previously I mentioned that I have been a caregiver for the past twelve years. I have not been miserable for all twelve years. The first five years or so were good years for me. I was happy and I was liked by workmates, my supervisors and family. In fact, on two occasions, I was voted the best caregiver. If you asked me when the sad movie started, I couldn't say because it did not start all at once. I became unhappy over time. I must have passed through different stages in the past twelve years.

Over the years, many people have tried to help me but I have not listened to their suggestions. One by one, they have stopped trying to help me. Today, many simply avoid me. I cannot blame them; I have ignored the warning signs of stress. I am out of touch with myself. As a result, I now face major problems concerning my physical health. Only last week I became very ill and was admitted at the local hospital. They discovered that I have a stomach ulcer. This was not all. They also found that I had problems with my mental ability. I lose concentration and constantly make mistakes. As a result of the various illnesses, my behaviour has changed for the worse and everybody at the children's centre and at home is affected by it. I lose my temper unnecessarily. Many times I have been depressed. I blame my mistakes on the fact that I am not sleeping enough. I blame my workmates for my failure to meet deadlines. I yell at children even when they have not done anything wrong. I blame everyone for not understanding my situation. I blame my superiors for the bad weather!!



Activity 1

After reading Mr. Phiri's story, what are your thoughts?

During the next activities, remember what you wrote above. Read Mr. Phiri's story again. Then answer the following questions.

Write three words or statements that describe the way you feel about Mr. Phiri.

How did Mr. Phiri change over the years? How do you think he got into such a state?

List three suggestions that could help Mr. Phiri cope with his situation.

(continued on next page)

State three actions you could take to ensure that you will cope better than Mr. Phiri. The first item is completed for you.

1. I am reading this unit and will learn from it.

How do you think other people would answer the previous question for you?

My family would say:

My colleagues would say:



How Much Do You Know about Stress?

After reading Mr. Phiri's story, you might say that you are not Mr. Phiri and such things will not happen to you. You may be right. But it is helpful to remember that stress can happen to anyone, though what is stressful for one person may not be for another. Stress is very personal.

You might also be thinking that Mr. Phiri's stress appeared suddenly. Actually, stress can appear gradually. Our bodies react to stress by triggering our "fight or flight" reaction. This is a physical reaction to a situation that we perceive to be threatening or stressful. The body takes time to return to its normal equilibrium (balance). Even several small "triggers" in a row will raise your stress level. You could compare this to a staircase. We go up a step when something is stressful, and down a step when we deal with the stress we are carrying.

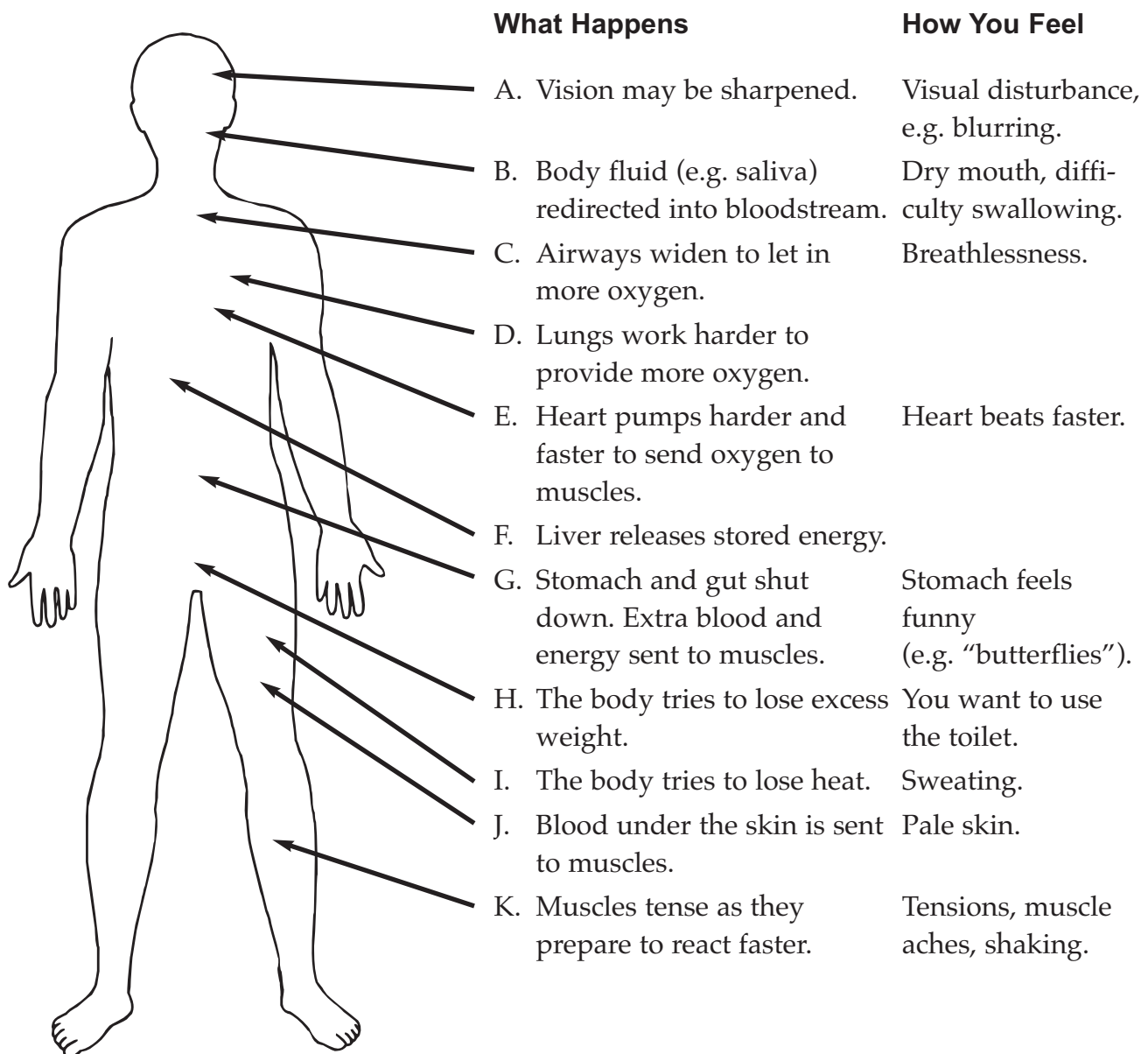
How Does Your Body Respond to Stress?

Stress is the tension or pressure we feel in our bodies as we respond to everyday events or events that make us feel uncomfortable. Stress is a natural part of living. It can be positive and motivating. But it can also produce an uneasy feeling. We have problems when we have too much stress (we feel tense) or too little (we feel bored and unmotivated).

- People experience stress in different ways. The rest of this lesson outlines how most people respond to stress that makes them feel uncomfortable or threatened.

• When a person perceives a threat, the brain will prepare the body to run away or fight. The brain sends a message to the adrenal glands, located above the kidneys. A chemical or hormone called adrenaline is released into the bloodstream and carried to every part of the body. When the adrenaline reaches your heart, lungs, muscles, and other organs, it makes changes to help them prepare your body to fight or run.

Your Body's Responses to a Threat



How Are These Physical Changes Useful?

The body's reactions to stress can help you deal with difficult situations. The reactions indicated in the diagram are further explained below.

- A. Visual disturbances may occur when you are under stress. Your body tenses and your vision is sharpened as well. If you can't use up all the adrenaline in your bloodstream, your vision may become blurred. Your vision will clear if you act or if you relax.
- B-D. When the body is under stress, it needs more oxygen. Your dry mouth enables more oxygen to enter the body with each breath. Shallow breathing or panting can pull in more oxygen than deep relaxed breathing.
- E-F. The heart beats faster to pump more blood through the body. The blood carries oxygen and the many different substances necessary for you to have the extra energy to respond to the cause of your stress.
- G. When tense, your stomach and gut stop working, because the body focuses on dealing with stress. As your stomach becomes less active, you may feel that your tummy is knotted or you may have "butterflies."
- H. You may feel sick and want to use a toilet. This is because your body tries to lose excess weight in order to be efficient and light—ready for action.
- I. Sweating is how the body controls its temperature. If you are tense, your body is ready for action. You may become hot. Sweating cools your body.
- J. As the blood leaves the surface of your skin and goes to your muscles, you may appear to be pale.
- K. Muscles ache because they are tense and ready to act. (Try clenching your fist and see how long it takes before it aches!)

Important note: Studies have shown that continuous stress can lead to high blood pressure, which can, in turn, be a major cause of serious medical problems such as strokes and heart attacks.

In addition to the reactions noted in the diagram, when you are under stress and producing adrenaline, the ability to stop bleeding is speeded up. If you get hurt while you are fighting or fleeing, the bleeding will quickly stop. Also, your body produces substances called endorphines. If you are injured, these will reduce the pain.

Stress is a potential enemy to your physical and mental well-being. It affects your performance. To ensure that you avoid stress and not end up like Mr. Phiri, you need to know how stress affects you.



Activity 2

For each of the four issues that are raised below, circle Yes or No and state the reasons for your answer. When you are finished, compare your answers with the suggestions that follow.

1. I should fear stress. Yes/No. Why or why not?

2. I should respect stress. Yes/No. Why or why not?

3. I should give in to stress. Yes/No. Why or why not?

4. Are we saying that stress is always a problem? That it is unhealthy and negative? Yes/No. Why or why not?



Did you answer like this?

1. Yes. It can destroy me, my home life, and my working life, if I let it.

2. Yes. It is a big force and can be an enemy in my efforts to have a healthy and happy life.
3. No. Even when confronted with high stress, there is always something to learn from coping with stress. Dealing with stress can help you prepare for the next difficult time.
4. No. Stress can be a powerful enemy, but it can only destroy us if we allow it to. Stress can also motivate us to act. For example, thinking about a drought can be stressful, but can also encourage us to act by conserving water. Our stress is reduced by knowing that we have saved some water.

You can manage stress. You can control it in most situations. You can use it for your personal benefit. Everyone has experienced at least one situation when stress has given them one or a combination of the following results:

- More energy
- More concentration
- More creativity
- More positive attitude
- More enthusiasm
- More self-belief
- More determination



Activity 3

Consider the positive side of stress and recall three occasions when the stress you were under actually helped you.



Read the following pieces of information about stress. Which information did you already know? Put a check mark next to items that you are already aware of and an "X" next to items that are new to you.

1. There are two types of stress. One is positive and good for me. The other is negative and bad for me.

2. Stress-related illness originates from the stress response. This is a physical response to stress. It is activated in my body when the mind detects a threat, or a challenge, or indeed any situation that requires extra energy.
3. 85% of all illness is considered to be stress-related.
4. Each year, stress costs my country large sums of money. Money is lost through absenteeism. People may stay home because of stress-related illness. They may use alcohol or drugs to deal with stress. Or they may make mistakes, cause accidents, and create disputes. All of the above may reduce people's performance in the workplace.
5. Some insurance companies are refusing to insure organisations for claims unless they can prove that they have an active stress management policy for their workforce.
6. The stress response in my body is activated solely by me. Nothing and no one can activate it for me.
7. Stress-related illness occurs as a result of adding together the effects of several stressful events.



Activity 4

Based on your responses above, how knowledgeable are you about stress? (Count the number of ticks.)

What new pieces of information are you surprised by and why?

Will any of these 7 pieces of information influence your future approach to the stress in your life? If so, how?



The Relationship between Stress and Performance

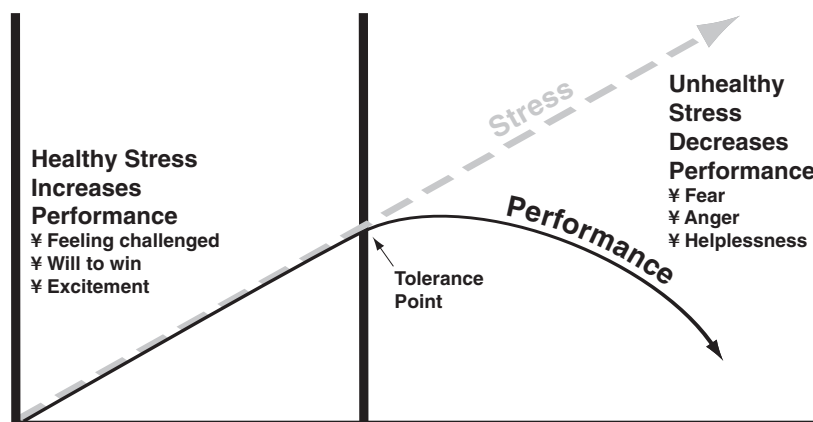
It is not possible to avoid stress. Stress is part of what helps us to do something well. Too much stress can impair a person's functioning, but

so can no stress at all. We must learn to manage stress and deal with its mental, physical, and emotional consequences.

Obviously, we are all individuals. Thus, part of stress management is to know ourselves and what is right for us as individuals. The principles of stress management can be applied to anyone.

The stress/performance relationship can be a bit difficult to understand at first. However, it is very important that you understand the relationship between stress and performance. Look at the diagram below.

Stress/Performance Curve



Here is an explanation of the Stress/Performance Curve:

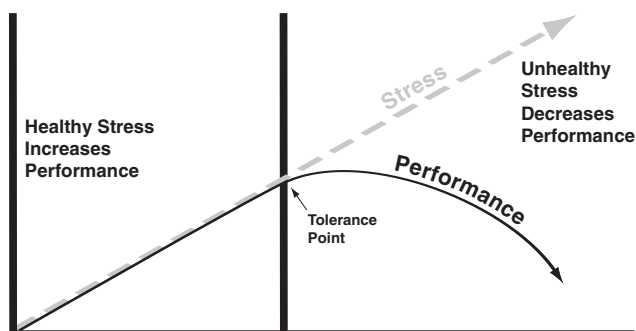
- The straight, dashed line represents the amount of stress you are feeling. Don't confuse this with the amount of work you do.
- The curved line shows your performance, reflecting your physical health, mental ability, emotional stability, and behaviour.
- The two lines run together on the left-hand side of the diagram. This is because the left-hand side of the curve is positive and healthy. You are using the stress response to increase your energy, concentration, and brainpower. You feel challenged. You achieve success for your efforts.
- Look at where the two lines separate. This is your tolerance point. You must be able to recognise when you have reached it. If you don't, you move into the right-hand side of the diagram, where you feel threatened, afraid, frustrated, or annoyed. In this state, your health and well-being will deteriorate, as Mr. Phiri's did. Mr. Phiri ignored the warning signs



that appeared near the tolerance point. Remember what happened to him!

Activity 5

The Stress/Performance Curve helps you understand stress and its effect upon your life. However, what you have learned is useless unless you can relate it to your own life. On the diagram below, place an "X" where you feel you are now.



Why have you placed your "X" at that particular point?

If your "X" is on the RIGHT, how do you cope? What do you do to make yourself feel better?

In what situations would your "X" have been on the LEFT?

Consider the ways you cope with unhealthy stress. Do they work? Explain your answer.



Some Factors That Influence Your Perceptions of Stress

The amount of stress created is influenced by a variety of factors, including:

- Whether you perceive the situation to be a threat or a challenge.
- Whether you perceive that you have or could get the resources or skills to cope.
- Whether you perceive that stress is caused solely by the problems you face.
- Whether it is a one-time situation or an ongoing situation.
- Where you are on the stress/performance curve, relative to the point at which stress becomes negative.

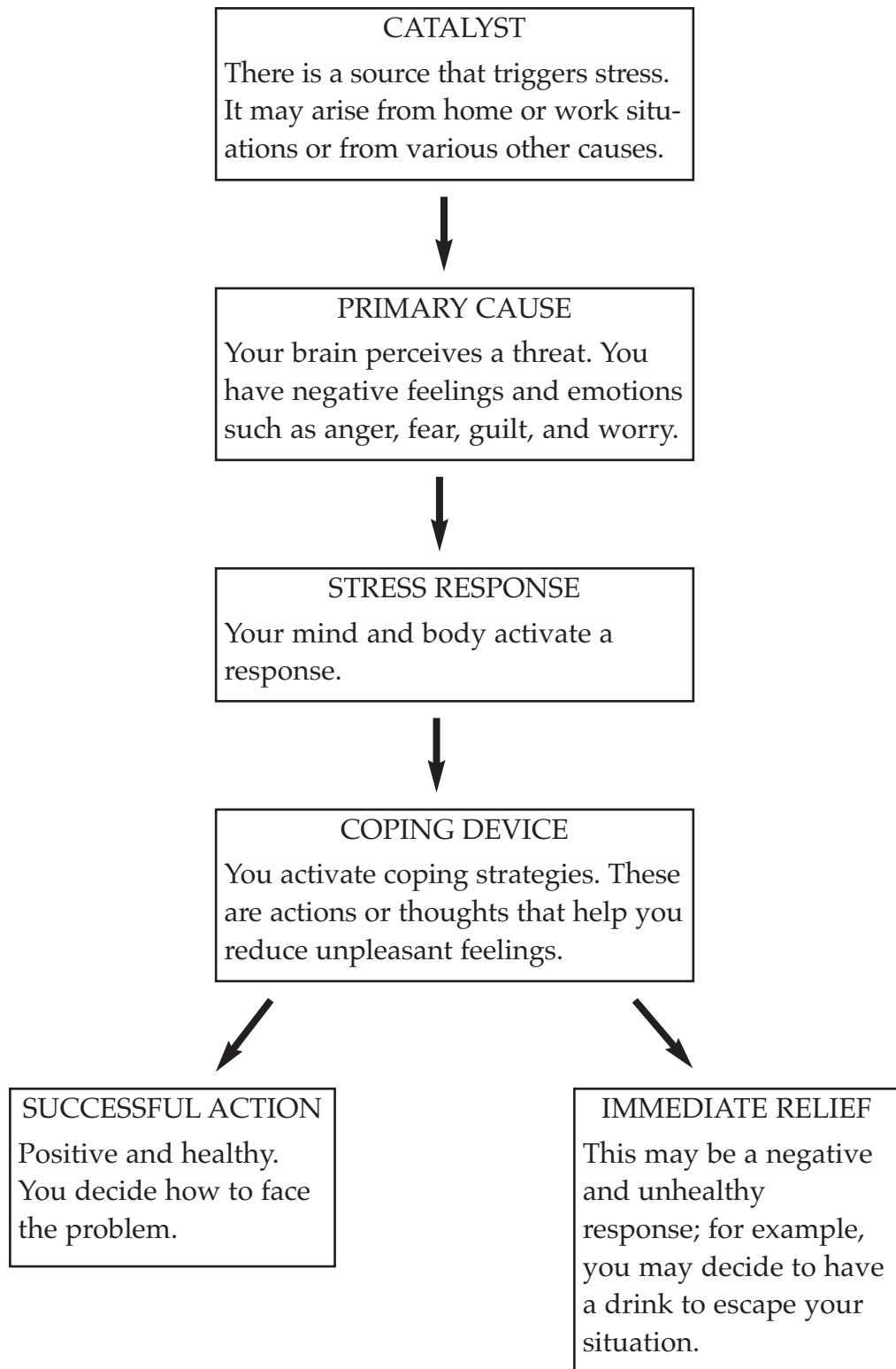
There are also “buffers,” or means which help us deal with stress. These include:

- Our social network.
- Physical exercise.
- Our individual “hardiness.” For example, we are more likely to overcome stress that may be associated with a situation if we are committed to an action, have control over the situation, and see it as a challenge.

The following terms are important to understand.

- *Commitment* is a sense of purpose, which allows a person to find meaning in what he or she is doing.
- *Control* is the perception of oneself as having influence on events, through skill, knowledge, and choice.
- *Challenge* is the belief that change is an opportunity for growth, rather than a threat to security.

The Process of Stress





Activity 6

When you are under stress, what negative and unhealthy coping devices do you use?

What positive and healthy coping devices do you use when you feel stressed?

Are you able to recognise your tolerance point, and hence the need to use positive and healthy coping devices?



We hope that this lesson has helped you to analyse your life for stress. Perhaps you are better able to identify what you have done well and what you need to improve. At this point, you should be able to explain the following major points of this lesson.

1. Stress does not just affect those we perceive as being weak. All human beings experience stress.
2. Stress is to be respected and sometimes endured, but you should never surrender and become a victim of it.
3. Most stress can be dealt with, as long as you have a positive attitude and use good coping strategies.
4. Experiencing emotions such as challenge, achievement, pride, and determination means that you are using stress positively. Stress can be good.
5. Experiencing negative emotions such as anger, fear, helplessness, and worry means that you are on the right-hand side of the Stress/Performance Curve and therefore possibly doing yourself harm.
6. The tolerance point is the point at which positive and healthy emotions switch to negative and unhealthy feelings. Passing

..... this tolerance point tells you that you are moving into the danger zone.

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7. There are two types of coping devices: those that are positive and healthy; and, those that are negative and unhealthy.
 8. People move from negative stress to positive stress by using coping devices.

..... If you feel uncertain about any of the points above, please review relevant sections of Lesson 1.

Lesson Two



The Signs and Symptoms of Stress

The Warning Signs



I had dozens of warning signs, but I chose to ignore them. I buried my head in the sand.

Do you still remember Mr. Phiri? He told us that he has been a caregiver for the past twelve years. He also said that he is in a mess now. Now he confesses that there were dozens of warning signs, but he ignored them.

Can you guess what signs warned Mr. Phiri that stress was about to strike? He had headaches, constant colds, and other minor infections. He also had sleep disturbances and outbursts of temper. But he ignored them, so they became worse. He then experienced stomachaches and recurring throat infections. His headaches became more serious. He also started making silly mistakes and became forgetful. His errors began to affect his work and other people. The signs of stress come from your mind and body, and they tell you that things are not right. At first these signs are mild but if you do not take action, they will become more severe.

Instead of listening to the warning messages, Mr. Phiri chose the easy way and “buried his head in the sand,” as he says above. What does he mean by “burying his head in the sand?” Instead of acting on the warning signs, he chose to endure them. He explained and justified them, making silly excuses for them to himself and to those around him. He avoided dealing with them and looking for their cause.

Was Mr. Phiri a fool (because he ignored the warning signs until things turned so bad for him)? Well, he could be. But how many of us ignore simple warning signs? Do you know what your warning signs are? You probably don’t know all of them. In fact, you probably receive some warning signs that you may think are not related to stress at all.



The Three Major Categories of Warning Signs

From the last activities, you will have guessed that warning signs and symptoms of stress fall into three main categories. These are:

1. Your physical signs and symptoms (anything that happens to your body as a result of stress).
2. Your psychological (or mental) and emotional signs and symptoms (anything relating to your ability to use your brain and anything relating to the way you feel emotionally).
3. Your behavioural signs and symptoms (anything relating to the way you conduct yourself, including what you do, how you do it, what you say, and how you say it).

The following are some of the most common physical, psychological, emotional, and behavioural warning signs of stress. As you review the list, think about which of these symptoms you have experienced. Which do you experience most frequently?

Some of these symptoms may come from causes other than stress; however, if several are present then stress is probably a major factor in their origin and in your life.

1. Physical symptoms

- Lack of appetite
- Craving for food
- Frequent indigestion or heartburn
- Constipation or diarrhoea
- Insomnia
- Constant tiredness
- Tendency to sweat for no good reason
- Headaches
- Cramps and muscle spasms
- Stomach upsets and nausea
- Breathlessness without physical activity
- Frequent crying or the desire to cry
- Lack of sexual drive
- High blood pressure
- Inability to sit still without fidgeting

2. Emotional Symptoms

- Anger or rage
- Anxiety or fear
- Panic
- Guilt, shame, humiliation
- Frustration
- Jealousy
- Insecurity
- Hopelessness
- Worry
- Upset
- Embarrassment

3. Behavioural Symptoms

- Tense, aching muscles
- Dry mouth
- Running to the toilet
- Feeling faint
- Feel like running away
- Poor concentration
- Can't sit still
- Can't carry out daily activities
- Experience unpleasant thoughts
- Withdrawal from people

4. Psychological Symptoms

- Constant irritability with people
- Feeling unable to cope
- Lack of interest in life
- Constant or recurrent fear of disease
- A feeling of being a failure
- A feeling of dislike for yourself
- Difficulty in making decisions
- Loss of interest in other people
- Awareness of suppressed anger
- Impaired sense of humour
- A feeling of being the target of other people's animosity
- Feeling neglected
- Dread of the future
- Feeling of having failed as a partner or parent
- Feeling of having no one to confide in
- Difficulty in concentrating
- Inability to finish one task before rushing on to the next
- Intense fear of open or enclosed space, or of being alone



Activity 7

How knowledgeable are you about how stress affects you? Rate yourself by circling one of the numbers following each statement (0 is Poor; 1 Not good; 2 Satisfactory; 3 Good; 4 Very good; and 5 Excellent).

- I know my physical warning signs of stress, watch for them, and take note of them. 0 1 2 3 4 5
- I know my psychological and emotional warning signs of stress, watch for them, and take note of them. 0 1 2 3 4 5
- I know my behavioural warning signs of stress, watch for them, and take note of them. 0 1 2 3 4 5
- I can recognise warning signs of stress shown by my family. 0 1 2 3 4 5
- I can recognise warning signs shown by my colleagues. 0 1 2 3 4 5



Activity 8

Record your three most frequent signs of stress for each category.

Physical

Emotional

Behavioural

Psychological



Before moving on to Lesson 3, check that you can list warning signs of stress for yourself and others in each of the categories listed in this lesson. Note that each of us have a different combination of warning signs. It will be helpful in dealing with stress if you take into account all the warning signs that you recognise in yourself and ask your family, friends, and colleagues to tell you when they see you displaying these signs.

Lesson Three



The Causes of Stress

Catalysts and Primary Causes



Most of my stress was created by myself. It sounds crazy, doesn't it?

You must be wondering how Mr. Phiri created stress for himself. Well, Mr. Phiri explains that what really stressed him out happens on Wednesdays. He has to take 45 children to the primary school nearest the centre. It is a trip of six hundred metres. Getting the children to the school is a nightmare. The last time, some fought on the way. Some refused to walk fast. Others played when they were suppose to walk. He would scream at them. It took 30 minutes to cover the short distance. By the time they reached the school, Mr. Phiri was exhausted. After three hours, he returned with the children to the centre. You can imagine the state Mr. Phiri was in at the close of the day. He truly hated Wednesdays. He began dreading Wednesday on Monday, and he remained angry until Friday.

From the story told by Mr. Phiri, is it easy to conclude, as he does, that most of his stress was created by himself? In trying to answer this question, let's try to identify the catalysts and primary causes of Mr. Phiri's stress. In this way, we might also understand the difference between catalysts and primary causes of stress. In Mr. Phiri's case, the catalyst was the six hundred metre trip to the primary school with 45 uncooperative children. The primary causes of his stress were anger (at the task he had to perform), frustration (with the troublesome children), and loss of control (over his day).

You may recall what we said about stress response. We noted that stress management means finding ways of controlling stress so that it doesn't do us harm. Well, unruly children and undertaking trips (catalysts) cannot switch that stress response on. It can only be activated by you, through the negative emotions you are experiencing. Now do you understand why Mr. Phiri thinks he created his own stress?

Consider the following emotions:

Joy	Sadness	Sense of achievement
Anger	Anxiety	Contentment
Despondency	Loss	Helplessness
Elation	Insecurity	Satisfaction
Inadequacy	Despair	Happiness
Hopelessness	Annoyance	Pride
Frustration	Fear of failure	Guilt
Disappointment	Determination	Grief



Activity 9

Place the words listed above into the two categories below.

Category 1 —Pleasant feelings (such as happiness)

Category 2 —Unpleasant feelings (such as fear of failure)

Which category of emotions do you experience the most?

What three emotions in Category 2 do you experience the most?

Use your results from the previous activity to do the following. For each catalyst, state what you think is the primary cause of stress that results from the catalyst. You are given three choices. Although all three may apply, one is the real primary cause for you. Circle the one you feel is correct.



Catalyst: Problems with colleagues where you work

Primary cause of stress: a. Anger; b. Fear of failure; c. Anxiety

Catalyst: Problems with higher management in your workplace.

Primary cause of stress: a. Disappointment; b. Guilt; c. Frustration

Catalyst: Unruly and disruptive children.

Primary cause of stress: a. Annoyance; b. Helplessness; c. Despair

Activity 10

In this activity, use what you have learned about catalysts and primary causes from the previous activities to complete the chart below.

Category	What happens? (Catalyst)	How does this make you feel? (Primary Cause)
Relationship with partner		
Relationship with children		
Relationship with wider family		
Relationship with friends		
The home (size, area, condition, etc.)		
Financial status		
Relationship with neighbours		
Relationship with colleagues at work		



Before completing this lesson, check that you are fully aware of the negative emotions and feelings you experience at work and at home, and the catalysts that provoke them. Be sure that you have thought about how you can try to change them into positive emotions. Have you decided which aspects of your behaviour to work on, to reduce self-induced negative stress? You must be honest with yourself to make progress.

Lesson Four



Coping Strategies

Looking at Yourself



Oh, if I could do it all again!
I'd be a positive thinker!
I'd take lots of exercise!
I'd eat a balanced diet!
I'd enjoy my hobbies!
I'd leave work problems at work!
I'd get priorities right!
I'd avoid stress because I would plan,
prepare, and be organised.

Mr. Phiri has realised that he would have coped with stress better had he looked at himself more critically. Hopefully, he will be given a chance to start over. What lessons can you learn from Mr. Phiri?

From his experiences, you could learn that when things in our lives change, we need to adapt. This takes physical, mental, and emotional energy and resources. You should therefore:

- Acknowledge that you cannot perceive your stress only in the context of work. Every aspect of your life contributes to the cumulative effects of unhealthy stress.
- Look back on your recent past and appreciate the impact that life events have had on you. Then decide whether you need a respite to replenish spent resources.
- Be prepared to plan your year ahead and alter your original plans if necessary.

Before we look at various coping strategies, examine your work and home, and look at yourself. The amount of stress you experience is influenced by the type of person you are, the relationships you form, and the way you perceive yourself and the world around you.



Activity 11

Now that you have looked at yourself, try to answer the questions below. Collect perceptions of yourself from other people as much as possible.

How do you cope when you are under stress at work?

What aspects of your answer to the question above do you think are positive and healthy for you?

What aspects do you think are negative and unhealthy for you?

How do your coping strategies at work affect other people?

Positively:

Negatively:

How do you cope when you are under stress at home?

What aspects of your answer to the previous question do you think are positive and healthy for you?

(continued on next page)

What aspects do you think are negative and unhealthy for you?

How do your coping strategies at home affect other people?

Positively:

Negatively:

What should you do more often?

What should you do less often?



Coping Strategies for Your Body

During the discussion of previous topics, we've drawn your attention to how stress takes its toll on your body, due to the constant impact of the stress response. The effects of stress can do damage to your body. Coping strategies are designed to dilute the effects of this attack on your physical well-being. They are also meant to make you fitter for the times you have to face unavoidable stress. There are seven areas for you to consider:

1. Diet
2. Exercise
3. Smoking
4. Alcohol
5. Sleep
6. Drugs
7. Body Maintenance Assistance



First, measure how well you are doing at present, and then decide on what you are going to do to improve your coping skills. Be as honest as you can possibly be when completing the following activity.

Activity 12

Diet

Which aspects of your overall diet (food intake) are healthy and help you to maintain a healthy body?

Which are unhealthy and detract from maintaining a healthy body?

Exercise

Which aspects of your overall exercise programme help you to maintain a healthy body?

Which aspects detract from maintaining a healthy body?

Smoking

If you smoke, what problems does it causes for you?

Alcohol

The positive side to my drinking is:

(continued on next page)

The negative side to my drinking is:

Sleep

I take sleep seriously because:

I experience sleep disturbances because:

Drugs

I use “hard” or “soft” drugs, medicines, or tablets frequently because:

I avoid excessive use of drugs because:

Body Maintenance Assistance

I use the assistance of professionals to help me maintain the well-being of my body. Please tick the items below that apply to your situation.

- Visits to health professionals when something does not seem right.
- Regular visits to clinics for skin, feet, teeth, eyes, and so forth.
- Visits to traditional healers.
- Annual medical check-ups.

Appendix A contains a self-assessment checklist designed to help identify areas where you think you could improve your lifestyle.



Coping Strategies for Your Mind

To cope positively with stress, Mr. Phiri now employs a number of mental strategies, including:

1. Inner dialogue. The purpose of inner dialogue is to keep calm in crisis situations. When Mr. Phiri realises that he has set up a stress response or is about to do so, he switches his negative emotions and feelings to positive ones. He does this to control his stress response, knowing it is potentially dangerous to his personal well-being. Since stress can have cumulative effects, he tries to address each stressful situation as it arises.
2. Relaxation. The purpose of relaxation is to help him feel calm and to recharge his batteries. Relaxation helps him maintain his inner dialogue.
3. Home and work boundaries. The purpose of home and work boundaries is to ensure that work does not invade or take over his home life, social life, and hobbies, thereby disrupting his life priorities. As much as possible, he should leave his work-related problems at work. To ensure that he is ready for work the next day and that he is physically and mentally refreshed, he must set boundaries between home and work.
4. Support systems. The purpose of support systems is to ensure a positive attitude towards life, and to plan and prepare for stressful times. Support systems provide a check on the perceptions of other people.

If inner dialogue is to be successful, there are difficult questions that must be addressed. Mr. Phiri knew he had to find answers to such questions as:

- “How can I stop myself from getting angry when I face unpleasant situations?”
- “How can I stop the resentment I feel when I escort children?”
- “How can I stop the dread I feel as I go to work, thinking of the awful day ahead of me?”
- “How can I stop the frustration I feel on the way home after a bad day at work?”

- “How can I stop worrying about upcoming deadlines that I might not be able to meet?”

Remember that it is important to deal, head on, with your stress response *as it occurs*. Inner dialogue (what we say to ourselves, how we reason with ourselves, and how we put things into perspective mentally) plays a vital role in changing our perception of stressful situations.

Appendix B contains several coping strategies which you should try in order to reduce your stress. You can rate their effectiveness. The ideas include:

- Staying calm
- Reasoning with yourself
- Removing yourself mentally
- Using humour
- Taking action



Activity 13

This activity will help you determine how relaxation strategies work for you. Circle the word (Good / Average / Poor) that best reflects your use of (and ability to use) strategies to cope with stress.

Coping Strategies:

1. Releasing my tension on the way home from work.
Good / Average / Poor
2. Relaxing before a difficult class or situation.
Good / Average / Poor
3. Relaxing before a difficult meeting. Good / Average / Poor
4. Relaxing after a difficult class. Good / Average / Poor
5. Relaxing before a presentation. Good / Average / Poor
6. Switching off my stress response before going to sleep.
Good / Average / Poor

Describe the relaxation and tension control techniques that you use.

(continued on next page)

Activity 13 (continued)

In what situations would you like to be able to use these techniques? Explain why.

Hobbies

How important are hobbies to relaxation? Give reasons.

What hobbies and activities do you participate in during the evening? How many weekday evenings, on average, are you involved in hobbies or similar activities?

What hobbies/activities do you participate in during the weekend?

Could you increase the time you spend on hobbies and activities?

What hobbies and activities have you stopped doing? Why?

What hobbies and activities would you like to try?

Should you be more actively involved in your hobbies? What improvements can you make in the future?

(continued on next page)

Socialising

For each statement below, circle the word (Good / Average / Poor) that best describes your use of socialising to cope with stress.

I have lots of friends. Good / Average / Poor

I like to meet new people. Good / Average / Poor

I have an active social life. Good / Average / Poor

I maintain my friendships. Good / Average / Poor

In an average month, describe the type and amount of socialising you do. Are you happy with the amount and quality of socialising?

**Short-term Strategies**

Short-term strategies are the ongoing monitoring part of stress management. They look at dealing with stress on a daily basis. They also help you to choose longer-term strategies. You need to pay attention to the following:

- What triggers you personally? How do these triggers affect your behaviour, thoughts, and feelings, as well as your body?
- What helps you, personally, to reduce or deal with these consequences of stress?
- Under what conditions do you feel comfortable with stress? When is stress uncomfortable for you?

Once you have identified your signs of stress and the conditions under which stress is uncomfortable for you, you need to act:

- In advance, to support yourself, if you know something is going to be stressful.
- In the present moment, by stepping back from the situation and looking at it with “new” eyes.
- At the next available opportunity, by taking five minutes or

half an hour to calm down, taking a step back from what is stressful, clearing your mind, and making a decision about what you need to do. Do you need to make some tea or take a lunch break out of the building? Do you need to remember to link your current short-term strategy with your longer term strategy?

It is helpful to link what you choose to do with how you are being affected. For example:

- If your adrenaline levels are high, then you need to do something physical.
- If you cannot concentrate, then you need to do something that clears your mind.

Long-term Strategies

When you apply long-term strategies to manage stress, you must think more strategically. You must decide what activities you could build into your week, or what changes you need to make over the long term. You need to consider more than just your reaction to an individual trigger.

You must take time to:

1. Identify and think about patterns in what causes you stress, and how these affect you personally.
2. Know what your “baseline” of tension is, in order to feel comfortable and function effectively. You need to recognise when you have gone beyond your baseline and are feeling uncomfortable.
3. Identify ways of reducing stress that work for you personally. Depending on what has triggered your stress response, you may need to employ a short or long-term strategy. Try some of these stress reduction methods:
 - Build things into your week, on an ongoing basis, that relax you and lower your overall stress levels. For example, you might want to take more time for yourself. You might want to take a long bath, become more active in sports, or spend more time with friends and colleagues.
 - Think about what you could do to give yourself a greater

sense of control. Do you need more information about taking control, or do you need to learn any new skills?

- Practise “relaxing while you are active.”
- Take up yoga, meditation, or similar activities / techniques that can help manage stress.

Lifestyle

This part of stress management addresses the kind of lifestyle we choose to lead and our attitudes about what is important to us. Also included are the roles we have and the goals, aims, and ambitions we set ourselves.

When we review our lifestyle, we may be able to identify a particular part of our lifestyle that we could change or adapt, in order to reduce or manage stress better. This may not be a very easy task!



Activity 14

The part of my lifestyle I want to change to manage stress better is

The part of my lifestyle I want to adapt to reduce stress is

The difficulties I may encounter in putting this into practise are

I intend to resolve any difficulties by



Relaxing While Active

What does it mean? With careful observation, you can see excess tension in people around you every day. There are those who wave their

arms around unnecessarily, frown too often, or move about in a way that is obviously “full of tension.” To relax while being active requires the individual to use the minimum of tension in the muscles required for carrying out any task. All other muscles not required for that task should be relaxed.

A person who remains excited during daily activities will not readily relax, so tension will build up over time. Learning to relax in stressful situations can also improve your performance and increase your confidence. You should learn to relax when active as well as when lying down.

In order to learn more about relaxing while being active, you need to learn to distinguish between primary and secondary activity. Consider the following situation: You are holding a pen in one hand and keeping the paper still with the other. You are perched on the edge of your chair and hunched over the coffee table. Your legs are crossed. In this scenario you can find examples of primary and secondary activity.

- *Primary activity* is essential to a task. In the example, the primary activities are the muscles that contract to hold the pen and the hand that steadies the paper.
- *Secondary activities* are the extra activities; they are not necessary. We tend to do them to dispel excess tension, but they also create tension in themselves. They do not help you do the job any better, will use up your energy, and cause you unnecessary tension. In this case, your hunched back and crossed legs are good examples.

If you want to relax while being active, use the minimum number of muscles required to do any job. You should:

- Check that you are doing primary activities only as much as necessary. For example, are you holding your pen too tightly? Could you use a taller table than a coffee table?
- Note all your secondary activities, such as smoking, crossing legs, clenching your teeth, or fiddling with your hair. When are they triggered? Why are you doing any of these things? What are you thinking as you do them? Try to reduce the number of secondary activities that you do.

Below are two ways of focusing on relaxing while active. You may want to try them.

- Pick an activity that you do regularly such as walking the dog, washing dishes, or watching television. Work out the primary activity necessary to do the job and the secondary activities that you do as well. Each time you do that activity, concentrate on doing it in the most relaxed way possible. Eliminate all the secondary activities. For example, don't allow yourself to plan tomorrow's meals while you're walking the dog. Enjoy being out with your dog. Enjoy the moment. Once you have managed to focus on one primary activity, learn to focus on another activity.
- Pick your most peaceful hour of the day. Perhaps it's after supper when the children are in bed. Within that hour, do everything in the most relaxed way possible. Do one task at a time. Do not perform any secondary activities. Once you have managed to do this for an hour, try to do the same during a more pressured hour, and so on.

Once you begin to consciously apply these principles in your daily life, you will find yourself breaking old habits and feeling less fatigued.

Lesson Five



Coping Strategies for Children

Stressors for Children

It is likely that pressures of modern life are forcing children to grow up too soon and making their childhoods too stressful. Many of today's children are expected to succeed in school, to compete in sports, and to meet parents' emotional needs. They are pressured by adults and peers to act in certain ways. Children are exposed to many adult problems on television and in real life, before they have mastered the problems of childhood. They know about sex and violence, and they often must shoulder adult responsibilities (refer to Unit 7). Many children move frequently and have to change homes and schools as a result. They leave old friends behind. The tightly scheduled pace of life can also be stressful. Yet children are not adults. They feel and think like children, and they need the years of childhood for healthy development. This is why you must help them.



Activity 15

Identify stressors or situations that cause stress in most children under your care.

How can you help children to identify stress in their lives?



Coping Strategies for Children

Some strategies mentioned in this unit can be used to teach children how to manage stressful events. In children, stress is a response to the physical and psychological demands upon them. Stressful events, or stressors, are part of childhood, and most young people learn to cope.

As is the case for adults, stress that becomes overwhelming can lead to psychological problems. Experiences such as being abused or watching your parents die of HIV/AIDS are likely to have long-term effects on children's physical and psychological well-being.

In order to help children cope with stress, you can provide individual counselling in which you meet with a child one-on-one to help the child gain insights into his or her personality and relationships. You begin by trying to interpret the child's feelings and behaviour. Such treatment may be helpful at a time of stress, such as experiencing the loss of a pet, death of a parent, or parental divorce. Even when a child has not shown signs of stress, counselling may be helpful. Child counselling is usually more effective when combined with counselling for the parents or guardians.

In family counselling, you see the whole family together, or it might be a child with his or her guardian. You are able to see how family members interact, and point out both growth-producing and growth-inhibiting or destructive patterns of family functioning. Sometimes the child whose problem brings the family into a counselling session is actually the healthiest member of the family. This child is responding openly to a troubled family situation. Counselling can help parents or guardians confront their own conflicts and begin to resolve them. This is often the first step toward resolving the child's problems as well.

When children have limited verbal and conceptual skills, or have suffered emotional trauma, you may need to use the art, drama, play and writing counselling techniques that you learned in Units 1 and 3.



Activity 16

What are your experiences with conducting individual and family counselling related to behaviour caused by stress? What were the difficulties and successes?



How Caregivers Can Help Children Cope with Stress

After you have helped children identify signs of stress in their lives, you can:

- Encourage children to share their concerns with peers and adults they feel close to.
- Teach assertiveness skills, such as saying “No” and using “I” messages (refer to Unit 2).
- Encourage children to talk with their caregivers about worries they have.
- Teach children the importance of a healthy diet and adequate sleep.
- Emphasise the need to avoid abusing drugs, such as alcohol, tobacco, or coffee.
- Promote regular exercise.
- Teach the importance of managing time efficiently.
- Teach the use of effective work habits and study skills.
- Help children understand and learn how to function effectively in their home situations.
- Encourage children to cooperate with their peers, in order to learn most effectively.

We encourage you to use the knowledge, skills, and strategies you have learned while working on this unit to:

- Influence members within your centre or group home to develop a policy on stress management for children.
- Design a programme to teach children stress management strategies.
- Design an evaluation form, which you can use when monitoring and evaluating how children manage their stress.



Summary



If I were exposed to the information on stress in this unit, I would not have suffered as I did. Of course, having information on stress is not very helpful unless it's applied.

Mr. Phiri summarises this unit very well in the above picture. We hope you are encouraged to help yourself and the children under your care deal effectively with stress. You are too valuable a resource to your community to lose your soul and mind to the effects of stress. In this unit, we provided you with tools that will help you manage your personal and professional levels of stress. If you handle stress effectively, not only will you benefit, but those around you will also benefit. You are encouraged to pass on basic stress management techniques to children under your care.



Self-Assessment Exercise

How could you use what you have learned about stress management in each of the situations below? (Don't hesitate to look back through the unit to find the best answers.)

Question 1

Your friend hears about research that suggests a high stress level increases the risk of heart attacks and diabetes. Because he knows you are taking this course, your friend asks you to tell him about the connection between stress and the body. What would you tell him?

Question 2

Wanjiru has been looking very tired for the last few days. You know that she has been staying up late to study for exams. When you suggest to her that she try to get more sleep, she says that even when she goes to bed, she lies awake worrying about her exams. What could you suggest to help her?

Question 3

Lately your co-worker has been impatient and forgetful at work. One day she confides that her sister is dying and her husband has lost his job. What could you suggest and/or do to help her look after herself in this difficult time?

Question 4

If you could give someone just three pieces of advice about managing stress in his/her life, what would the advice be?



Suggested Answers to Self-Assessment Exercise

Question 1

When a person feels threatened (stressed), the brain prepares his/her body to fight or run away. The brain sends a message to the adrenal glands, which release adrenaline into the bloodstream. When the adrenaline reaches the heart, lungs, muscles, and other organs, it makes changes to help them prepare your body to run or fight. These changes may produce symptoms such as:

- Visual disturbances
- Dry mouth, shallow breathing
- Faster heartbeat
- Unsettled stomach
- Need to go to the toilet
- Sweating
- Pale skin
- Muscle aches, shaking, “pins and needles” sensation

Question 2

There are a number of things that might help Wanjiru to sleep. Talking with you about her problem may be helpful. Making sure that she eats healthily and getting enough exercise will also help. She may need assistance in setting up a study schedule and reviewing her lessons so that she feels as well prepared as possible. Relaxation techniques can also be useful.

Question 3

Your co-worker is dealing with two very difficult situations. Being able to talk about her worries—to you or to a counsellor—will be helpful. Taking time to exercise, eat healthily, get enough sleep, and relax (listen to music or read a book) are things that she might find difficult under the circumstances but which will help her cope.

Question 4

Your advice could include:

- Learn to recognise signs of stress.
- Build a network of supportive friends and family members.
- Engage in regular physical exercise.
- Get enough sleep.
- Don't use drugs or alcohol to try to cope with stress.



References

Mills, S. (1995). *Stress management for the individual teacher*. London: Framework Press.

Additional Sources of Information

In addition to this unit, you are advised to consult widely on stress management. You may find individuals and agencies in your community who would be good sources of information. The following references are also useful.

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Hornby, G., Hall, C., & Hall, E. (2003). *Counselling pupils in schools: Skills and strategies for teachers*. London: Routledge Falmer.

Lutomia, G.A. & Sikolia, L.W. (1999). *Guiding and counselling in schools and colleges*. Nairobi: Uzima Press.

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Glossary

Adrenal glands: Two glands above the kidneys which secrete adrenaline.

Adrenaline: A hormone produced by the adrenal glands, affecting circulation and muscular action and causing excitement and stimulation.

Behavioural: Relating to the way we conduct ourselves, including what we do and say and how we do and say things.

Coping strategies: Actions or thoughts that help one to reduce unpleasant feelings and manage stress.

Endorphines: A group of peptide neurotransmitters occurring naturally in the brain and having pain-relieving properties.

Inner dialogue: The things that we say to ourselves in our minds.

Psychological: Having to do with mental characteristics or attitude.

Stress: The tension or pressure we feel in our bodies as we respond to everyday events or events that make us feel uncomfortable.

Appendix: Improving Your Lifestyle

A



Select areas where you think you need help. Tick items below that you will try in order to make improvements in your lifestyle. Note that this appendix includes statements about diet, exercise, smoking, alcohol, sleep, drugs, and body maintenance assistance.

Diet

- I will list all that I eat each day for one week. At the end of the week, I will see how balanced my diet is.
- For one week, I will record when, and why, I eat sweet foods and snacks. These foods are nice to have, but they are not good for me. I will substitute healthier snacks at least 50% of the time.
- I will eat less fatty foods and more fruit and vegetables.
- I will grill more foods, rather than fry them.
- I will cut down on salt, as this is bad for my blood pressure.
- I will reduce the use of sugar in drinks.
- I will reduce my intake of caffeine. I will substitute at least 25% of my intake of tea and coffee with hot water or herbal/fruit teas.
- I will eat more fish and white meat, rather than red meat.
- I will drink eight glasses of water per day to improve my digestion.
- I will discuss issues of diet with my family, as it is a vital lifestyle issue.
- I will make an action plan to improve my diet.
- I will identify sources of help and support in this area.

Exercise

- I know that I do not exercise enough. I am determined to change this situation.
- I have enjoyed activities in my past. However, due to work, age, or lack of fitness, I have stopped exercising. I will exercise more.

- Once I get home, I don't want to go out again. I could arrange to do regular exercise after work and before I return home.
- I find it difficult to motivate myself to exercise. I could exercise with other people. They would notice if I am missing and encourage me to attend.
- I am very unfit and accept that I must build up my fitness slowly.
- I am not very sporty. But I could take brisk walks because they are good exercise.
- I need not go outside for regular exercise. I could design a fitness programme in my home. I don't need expensive equipment to work out.
- I can exercise more at work by using stairs instead of lifts, walking to see someone instead of phoning, and by taking a walk at breaks and lunchtimes.
- I will use exercise as a way of giving me energy, rather than seeing it as a drain on my energy. Instead of talking about exercise, I will do it.
- I will make an action plan to keep active.
- I will identify sources of help and support in this area.

Smoking

- I am determined to stop smoking because I know I would feel, look, and smell better. I would get more work done as I wouldn't need to take long breaks.
- I will set a date within the next two weeks to give up smoking. I will tell everyone that I am going to give up and ask them for their support.
- I will take advantage of devices that can help me to stop smoking. For example, I could use nicotine patches, chewing gums and tablets, hypnosis, or acupuncture.
- When I no longer smoke, I will continue to "spend" cigarette money on a daily basis by placing it in a "well done" kitty for one month. I will then treat myself to a personal reward, such as a piece of furniture, new clothes, or some other personal reward that I will look at and say, "I deserved that!"

- I intend to give up smoking but feel that my life is too stressful. Yet I want to do something positive. Therefore, I will aim to give up slowly and by degrees. I will record, on paper, the number of cigarettes I smoke and when, every day for a week. I will make these charts visible. Each week, I will target a lower daily figure. For example:
 - Week 1, 25 per day
 - Week 2, 20 per day
- You might want to consider the following guidelines, if you decide to give up smoking gradually:
 - Reduce by five each week, if the total is high, and two each week, if the total is fairly low.
 - Never “borrow” from the next day. Instead, look forward to the next “legal” cigarette.
 - Never use “spares” from previous days!
- I will make an action plan to reduce my smoking.
- I will identify sources of help and support in this area.

Alcohol

- I know I drink more alcohol than I should. I am determined to address this situation.
- My favourite alcoholic drink is wine. I will restrict my intake to 10 glasses per week.
- My favourite alcoholic drink is spirits. I will restrict my intake to 10 single measures per week.
- My favourite alcoholic drink is beer. I will restrict my intake to 5 litres per week.
- I will discuss the issue of alcohol intake with my family.
- My excessive drinking causes problems in my home. I am determined to change this situation.
- My excessive drinking causes problems at work. I am determined to change this situation.
- I need further help with my excessive drinking, and will talk to a doctor or nurse about it.
- I will make an action plan to reduce my drinking.
- I will identify sources of help and support in this area.

Sleep

- I recognise that sleep is an important part of stress management. I know that quality of sleep is more important than quantity.
- I have a bed that is big and comfortable enough for my partner and me.
- I do not “clock watch”. If I cannot sleep, I get up. I read, listen to music, talk, or walk to ensure that I am ready to sleep.
- I try not to exercise just before bedtime.
- I avoid coffee and food near bedtime. If I eat or drink, my stomach will have to work and this will keep me awake.
- Before I go to bed, I do something relaxing. I never embark on work activities just before going to bed.
- I have learned and mastered some relaxation activities that will help me to switch off my overly active mind.
- I will make an action plan to sleep better.
- I will identify sources of help and support in this area.

Drugs

- “Hard” drugs destroy my mind as well as my body. I will seek professional help because I do not want to become a drug addict.
- “Soft” drugs are very useful in alleviating my stress. However, I may soon need to use hard drugs to achieve the same effect soft drugs once produced. I will seek professional help to avoid this move to hard drugs.
- I am becoming dependent on medicines and tablets from my doctor for what I now know are stress-related ailments. I will talk to my doctor about my stress, rather than my ailments.
- I plan to reduce the amount of drugs and chemicals that I feed my body. I will talk to my doctor or nurse about stress and my constant visits to him/her for alleviation of my stress-related illnesses.

Note that you should not, under ANY circumstances, refrain from medical treatment without discussing it first with your doctor.

- I will make an action plan to reduce my use of drugs.
- I will identify sources of help and support in this area.

Body Maintenance Assistance

- I have an annual physical check-up. This keeps my doctor and me aware of my physical health and highlights problems at an early stage.
- I attend clinics regularly to test for early warning signs of physical problems. Thus, I am able to respond quickly to changes in my body.
- I have a regular massage from a masseur or remedial therapist to relax me and help rid my bloodstream and muscles of toxins created by the stress response.
- I am prepared to spend time, effort, and money, if necessary, to achieve healthy body maintenance.
- I will make an action plan to get the assistance I need with body maintenance.
- I will identify sources of help and support in this area.

Summary

Looking back through all seven key areas, select five things that you are going to do, starting today.

Appendix:

B



Coping Strategies

Each of the ideas noted on the next few pages has been used successfully. Read each idea and rate its usefulness (to you) by placing a circle around the appropriate score. Use the following scoring guideline.

3: Very useful—I will definitely use this device.

2: Quite useful—I will consider using this.

1: Not useful—I would find this device difficult to learn and use and therefore will not try to use this suggestion.

Stay Calm

- Repeat to yourself, “calm down, calm down.” At the same time, make a conscious effort to relax your muscles, especially those around your eyes and mouth. 3 2 1
- Count backwards from 10 to 1, telling yourself that at each number, you will be calmer and more relaxed. 3 2 1
- Ask yourself, “Why am I getting so upset? Do I enjoy feeling like this? I’d feel better if I remained calm and in control.” 3 2 1
- Breathe in deeply and say to yourself, “Peace and calm in.” Breathe out deeply and say to yourself, “Problems and tension gone.” 3 2 1
- Say to yourself, “People who lose their cool look stupid and regret it afterward. I’m not going to do that; I have my pride to think about.” 3 2 1
- Say to yourself, “This is my job. Dealing with this situation effectively is what I am paid to do. I must do the right thing rather than what I would like to do. So, stay calm and *do it well.*” 3 2 1

Reason with Yourself

- Tell yourself that this is not the life crisis you are making it out to be. It is temporary and it is minor, compared to what could happen. 3 2 1

- Imagine that you have 100 stress responses left. Ask yourself, “Is it worth it to spend a stress response on this person, situation, or emotion?” 3 2 1
- Remember that the person who really suffers when you feel a negative emotion is *you*. Ask yourself, “Am I going to let this person or situation cause *me* harm?” 3 2 1
- Look at the person/people causing your negative feeling. Ask yourself, “Who’s got the problem? Me, or him/her/them? Why should I pay for their behavioural problem?” 3 2 1
- Change your anger to compassion or gratitude by saying to yourself, “Thank goodness I’m not like him/her/them. It must be awful to be like them.” 3 2 1
- Be tough on yourself. Tell yourself to snap out of this feeling. It’s doing you harm, and you’re almost guaranteeing that you’ll handle the situation badly because you are not in full control. 3 2 1
- Take pride in your ability to stay in control of your own mind. Move your concentration away from your own feelings and toward the person or situation. Look for reasons by asking yourself, “*Why* is he/she/them acting this way? *Why* is this happening?” Concentrate on their stress, not yours. Try to solve the problem rather than letting it continue. 3 2 1
- Say to yourself, “Life’s short and I’ll be a long time dead. Do I want to spend my life feeling like this?” 3 2 1
- Say to yourself, “The life I’m living now is not a rehearsal. This is it! So, make the most of it. Do it right and don’t let these hiccups distract me from the priorities in my life.” 3 2 1

Remove Yourself Mentally

- Mentally step outside a circle, leaving the problem and the people inside. Look at it all from a distance and look at your own participation in it. Ask yourself, “Am I handling it well? How do I look? What must they think of me? Do I like/respect myself?” 3 2 1
- When a problem worries you but you can’t immediately solve it, mentally place the problem in a box. Close the lid and walk away. Promise yourself that you will return to this problem when you can do something about it. 3 2 1

- Create a mental “worry room.” Place all worries in this room. Set aside some time in your day to “visit” this room and see what you can do about any of your worries. Your visit must be short and very positive. 3 2 1
- Give your mind a brief respite from the problem by focusing on the nicer parts of your life. Ask yourself, “What am I going to do tonight/this weekend? What preparations do I need to make for dinner/decorating/shopping/gardening?” 3 2 1
- Visualise a place where you would love to be. Imagine yourself there, and experience the enjoyment. Ask yourself, “What would I do? What would I feel? How would I rate the situation I’m in now?” 3 2 1
- Mentally “visit” other people: family members, friends, or colleagues. What are they doing now? What would they think about this situation? 3 2 1
- Imagine yourself as an actor in a play. Ask yourself, “How would X (a famous actor) play this part?” 3 2 1

Use Humour

- Talk seriously, but wear a grin. Say, “If you don’t stop doing that, I’ll pull your ears off.” 3 2 1
- Say to yourself, “I could have been a brain surgeon/a diplomat in the Seychelles. Why did I choose this job?” 3 2 1
- Revert to childish behaviour. Pull faces, make silly noises, etc., but make sure there are no witnesses. 3 2 1
- Imagine something ridiculous happening to the person/room/desk/object/building that is causing you a problem; for example, blowing up, turning a different colour, or disappearing into the floor. 3 2 1

Take Action

- When you realise that you are losing control of your feelings, plan to address the problem later. Suggest to the other person that you both “take a break,” and resume the conversation later. Meanwhile, use the time to calm down and prepare yourself to handle the situation effectively. 3 2 1

- Feign pain when you think an injection of humour might relieve the increasing tension. Appear to be deeply hurt by a remark or someone's behaviour. Hold your hand to your brow and say, "Susan/Barry/Mr. X, I'm devastated by that remark!" 3 2 1
- Be assertive when you think humour will not be received well. Say, "Mr. X, I do appreciate/understand/sympathise with how you are feeling/must feel/why you are doing this. However, it's not solving the problem. Can we discuss this and solve the problem that obviously exists?" 3 2 1
- Before you say or do anything, picture the following two words in your mind and decide which one is the best choice for managing your stress positively and healthily:
 1. *React*—This is spontaneous, and involves no rational thought or concern for consequences and outcomes. It is a typical and widely used negative coping device, because it vents our tension and makes us feel better in the short term.
 2. *Respond*—This practise allows you a chance to pause for thought—to engage your brain before putting your mouth into action. Ask yourself, "What do I want the outcome to be here? What do I want to achieve here? What should I say/do? Never mind what I *want* to say/do. What *must* I say/do to solve the problem?" 3 2 1
- Take your worries for a walk. Exercise (which removes stress chemicals from your body), fresh air, and a change of scenery will help you to cope with the problem(s) on your mind. This can be done at home or work, even if it is only for five minutes at a time. 3 2 1
- Use the "D/S/W" technique. This has been widely used in the field of psychology and involves three personal requests:
 1. *Determination*—Let me have the determination to work toward changing things that are wrong and that can be changed for the better with effort.
 2. *Serenity*—Let me have the serenity to accept those things that are wrong but cannot be changed, no matter how hard I might try.
 3. *Wisdom*—Let me have the wisdom to know the difference between the two. 3 2 1

- Consider the “Perfection/Excellence” technique. *Perfection* is rarely achievable. There is always something that could be improved upon by doing it better, more neatly, more quickly, with less waste, etc. Those who strive for perfection are constantly in a “failure” situation, which causes further stress. Ask yourself, “Why struggle for *perfection*, when *excellence* will do?” 3 2 1
- Never get locked into disagreements. They have a tendency to spiral and draw you into arguments unrelated to the problem at hand. We get side-tracked, drawn down back alleys and taken off on tangents. Say to yourself and the other person, “That’s a fair comment. However, it’s not the issue here. Let’s get back to the real issue here, which is.../Let’s not lose sight of the real issue which is...” 3 2 1
- A Hindu remedy for dwelling, worry, grief, and other similar feelings is to accept them as “Karma” —a little bit like saying “That’s life,” but deeper. Say to yourself, “Can I alter what has happened? Can I put the clock back? What’s the point of feeling like this?” Say to yourself, “I must accept it because I cannot change it.” 3 2 1
- When you begin to feel a negative emotion, imagine it as a monster creeping up on you, determined to do you harm. Say to yourself, “Ooh no, I’m not joining you yet, Trimble! I know all about stress and the damage it can cause. But I also know that the inner dialogue I am using now will put you off for a little longer. Go away, Trimble! I have a life to live and enjoy!” 3 2 1