

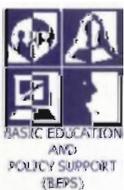


THE REPUBLIC OF UGANDA
MINISTRY OF EDUCATION AND SPORTS



GUIDANCE AND COUNSELLING FOR PRIMARY TEACHER COLLEGES

TUTOR'S GUIDE



USAID
FROM THE AMERICAN PEOPLE

Tutor's Guide

Guidance and Counselling
for
Primary Teacher Colleges



Ministry of Education and Sports

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Edited by Wirefred George Opiro
Graphis setting by Peter Corry

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Preface

The Ministry of Education and Sports (MOES) provided guidelines on Guidance and Counselling programming in schools. This was in an effort to streamline the programs and services that can be provided within the school as part of the normal learning experience of pupils and students. To ensure standardization and efficiency of Guidance and Counselling within the primary schools, it was important that teachers and other school service providers are well equipped through training and support supervision.

According to the rapid assessment conducted by the MOES (June 2004) it was found that most schools were doing all they could to provide Guidance and Counselling in their own way according to how they perceived their need. The approaches and modes of delivery varied with each school. The structures were also different. However, there had been a lot of overlapping between the roles of Guidance and Counselling and those of the disciplinary committees. This created a discrepancy in the boundaries between the two school systems and confusion of roles to the teachers who offered Guidance and Counselling.

The Guidance and Counselling manual to orient teachers to child-friendly methods of service delivery comes at a very timely moment to boost other interventions, especially PIASCY which is already operational in schools. This service will also help positively in instilling discipline in school children through addressing directly the root causes of problems that make children indisciplined.

When every teacher has been updated with knowledge, skills and positive attitudes towards Guidance and Counselling, every child will have chance to be listened to and given the most appropriate help necessary for self-development through enhancement of academic, social, mental development and discipline.

I cannot overemphasize the relevance and timeliness of this Training Guide in the betterment of the teachers' capacity to deliver better services but also for the children to benefit from every positive contact they make with their teachers.



Hon. Geraldine Namirembe Bitamazire
Minister of Education & Sports

Acknowledgment

I wish to commend the efforts and support provided by MOES partners, especially the BEPS/USAID (Uganda) Project. It is my sincere hope that the outcome of this manual will lead to sustainability of quality Guidance and Counselling services for every child in Uganda.

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General Introduction

Dear Tutor,

You are welcome to this child Guidance and Counselling training guide. Guidance and counselling is a component within the primary school curriculum to which every teacher trainees gets exposed in the course of the two years course. However, this course unit is theoretically examined and does not form part of the school practice. This has made Guidance and Counselling appear like an optional activity for the primary school teachers. This simple guide is intended to help you re-enforce the knowledge, skills, positive attitudes as well as enhance personal development for the teacher trainees to enable them appreciate its relevance to their daily teacher-pupil activities.

The emphasis in the guide will be on school-based child Guidance and Counselling emphasising the techniques of working with children and hence using child-specific theories of Guidance and Counselling. You will realise that the process of Guidance and Counselling for children is quite different from those used with adults. It is this aspect that will enrich your current Guidance and Counselling course content and practice.

This guide will emphasise concepts, suggested activities and references that will help you develop your own capacity and broaden your knowledge and skills needed to equip your teachers & trainees for effective Guidance and Counselling service delivery. For this reason, the guide will go hand-in-hand with the Teacher's handbook, which has the detailed background reading and sample practical activities. As you handle the course unit on Guidance and Counselling, you may consult both books.

Practical appreciation of the theories and principles of child Guidance and Counselling are treated in details in the Teacher's Handbook. You are required to get acquainted with units 1 - 4 therein to be able to guide your students adequately on the practical application of the theories.

Purpose Of The Guide

To enhance the ability of the Primary Teacher College Tutor in providing basic training for school-based child Guidance and Counselling.

Objectives of the guide

This guide should enable the tutor to:

- Review the child growth and developmental theories.
- Discuss advances in theories of child Guidance and Counselling.
- Relate the theoretical perspectives to practical Guidance and Counselling lesson delivery.
- Develop a mechanism for supervised practice of the pre-service teacher in school-based child Guidance and Counselling.

**General Information
to the Tutor**

Definitions

Before integrating this guide into your normal course unit on Guidance and Counselling it is important to review some of the definitions of concepts as they are used therein.

What is Guidance and Counselling in the context of primary school children?

The concepts of Guidance and Counselling will be discussed in their relationship to children. These terms have been more frequently used in post primary schools and institutions but scarcely in primary schools. This has oriented the training of pre-service primary teachers more towards adult counselling. Below is an attempt to define Guidance and Counselling in the context of children:

Guidance

Child guidance can be defined as a mental process of exposure to useful information, experiences and resources to facilitate decision making for personal and social development. The person providing guidance is well placed in knowledge and skills as well as more exposed to give meaningful direction to the one they are guiding. Hence, for school guidance, it is assumed that the teacher has the ability to provide guided exploration of options using all available resources to enable a child make useful academic and career choices.

Counselling

Child counselling on the other hand is an affective (emotional) process where the teacher plays a role of a helper who has the knowledge, skills and right attitudes to enable a child deal with underlying emotional issues that may be interfering with her/his ability to function adaptively in any given situation, within and outside of school. The role of the counsellor is to facilitate change through psychosocial support to make the child aware of their emotional problems and providing an enabling environment for expression and resolution of these issues as well as a framework to facilitate healing and enable the child adopt and practice new positive behaviour.

Guidance and counselling are two concepts and practices that work hand in hand to give a holistic approach to positive child development during the course of their stay at school and ability to adapt appropriately to the demands of the wider world after school.

The goal of the primary school Guidance and Counselling programmes

The overall goal of the primary school Guidance and Counselling program is; to use the school environment to support children to acquire self-knowledge and interpersonal skills necessary for making choices for a healthy and productive life style, sustainable throughout their life time. The school environment includes: the physical surroundings and facilities within and without the school compound, programmes available for child development in the school and the community, interpersonal relationships with caregivers and family members, teachers, fellow children, the non-teaching staff and the entire neighbourhood.

Why Guidance And Counselling for Primary Schools

Uganda, like all developing countries, is being impacted by today's rapid changes happening in developed countries. The transfer of advanced technology, new lifestyles, and products from developed countries into Uganda calls for parallel capacity to adjust. The obvious lack of capacity to handle these complex changes has affected the way pupils make their personal, social, career, and educational choices. The high rate of children graduating from school and institutions surpasses government's capacity to create jobs to absorb them. This means that educators need to put new strategies in place to help children make realistic and workable life choices early in their school life. It is necessary, therefore, to design a comprehensive Guidance and Counselling program firmly grounded on the principles of human growth and development, but also putting into consideration the current demands in the wider world beyond the school.

Is Guidance And Counselling A Special Service In Schools?

The school Guidance and Counselling programme should not be seen as a separate agenda but rather an integral part of the instructional programme if the pupils are to successfully apply the knowledge, skills and attitudes learnt from school to whatever changes that may occur in the course of their lifetime. Hence, Guidance and Counselling should not be reserved for responding to crisis-oriented situations, but rather a complementary part of the educational process, with a special content base that reflects a balance between guidance, instruction, and counselling. Every Tutor should emphasise Guidance and Counselling in their respective discipline.

- The Guidance and counselling programme is structured to correspond to and address pupils' needs at the various child developmental stages: Physical, psychosocial, socio-emotional, and behavioural development. These developmental areas will be integrated within the four guidance and counselling programme domains, namely:
 - Personal development
 - Socio- emotional development
 - Educational development
 - Career development

What are the components of Guidance and Counselling in primary schools?

There are four major components that need special emphasis for the Guidance and Counselling programmes in primary schools, and they are as follows:

1. Personal Development

This aspect focuses on child growth and development and the challenges the child faces as they adjust to, accept and learn to live with its realities within equally challenging social contexts. Issues of emphasis in personal development include:

- Personal hygiene.
- Self-identity.
- Sexual maturation.
- Self-esteem development.
- Development of initiative and assertiveness.
- Improvement of emotional stability.

2. Socio-emotional Development

This element of Guidance and Counselling focuses, mainly, on areas of socialization, self-esteem, relationships, and good citizenship. Areas of emphasis include:

- Learning of social rules and convention
- Attainment of self-control
- Establishment of positive social relationships
- Development of communication skills
- Adaptation to new situations

3. Educational Development

The focus will be on the areas of study skills, maximum utilization of resources, building academic strengths, and future educational planning. Some issues to be addressed through elected activities will include:

- Self-awareness
- Time management
- Organizational skills
- Effective study skills and learner attitudes
- Setting performance/achievement targets

4. Career /Vocational Development

This aspect focuses on the areas of career awareness, interests and skills, maximum utilization of career resources, and connecting classroom learning with future career decisions. Areas of emphasis include:

- Awareness of career options and opportunities
- Career exploration of and planning
- Importance of work and leisure

The role of Guidance and Counselling in schools

All schoolteachers should be able to play the role of counsellor to their pupils. However effective Guidance and Counselling requires that teachers are trained and grounded in the principles and practice of child counselling. The counselling programme should be able to do the following:

- **Developmental Guidance:** develop, co-ordinate, and implement various programmes that foster development of children in all areas of life as well as preventive interventions for HIV/AIDS, STIs; pregnancy, delinquency control.
- **Individual Pupil's Academic Planning and Performance:** Working hand in hand with teachers of all subjects through participation, collaboration, and consultations to provide relevant support for pupils' individual planning and development.
- **Responsive Services:** Support services should be provided to pupils in need through individual and small group Guidance and Counselling interventions, crisis intervention, parent out-reach, consultation, referral, to mention but a few.
- **Systems Support:** Put mechanisms in place for various activities that can support the aims of school's Guidance and Counselling services. Examples include conducting workshops for parents and staff, documentation through research or data collection, community outreach/ sensitisation, and program continuity.

Counsellors are also in a key mediation position with an advocacy role for pupils and the staff, families, and outside child (referral) agencies.

Lay out of the Guide

This Guide has been arranged in a way that enables the Tutor to select and only use what he/she deems relevant to the teacher trainees needs. Ultimately, it is more of a supplementary material to the already existing Guidance and Counselling course unit to enable the teachers get oriented to the knowledge, skills and attitudes needed for providing Guidance and Counselling during normal lesson and co-curricular interactions. To help the teacher and the teacher-trainee appreciate this role, the first part of the guide will take them through a quick step-by-step process of Guidance and Counselling for children. There is some information provided for the Tutor's reference as well as suggested sample practical activities for each aspect of the process.

Part 1: Theoretical perspectives to school-based Guidance and Counselling

To enable the Tutor provide a relatively practicable course, underlying theoretical views are discussed to make child Guidance and Counselling more focused.

Major theoretical aspects discussed include:

- Selected child growth and developmental theories
- Historical and current theoretical advances and practice in child guidance and counselling
- The concepts of child play, its therapeutic qualities and relevance to child Guidance and Counselling
- Brief introduction to Play therapy: theories and practice
- Application of the theories to school-based Guidance and Counselling

Part 2: The Practice of Child Guidance and Counselling

Part 2 provides the practical orientation to child Guidance and Counselling and its application to the school environment. The activities have been designed to provide individual and group Guidance and Counselling in various contexts, namely:

- During the normal classroom learning activities
- During the co-curricula activities
- Beyond the school context into families and the wider community

Part 3: Practical Application Of The Theories And Principles Of Child Guidance And Counselling

Part 3 makes reference to the practical sample activities provided in the teachers' handbook in Units 2-5, respectively. The tutor is required to do the following:

- Instruct the student teacher into integrated lesson planning activities to incorporate the Guidance and Counselling component
- Prepare and supervise the student teacher in delivering the lesson integrated with aspects of Guidance and Counselling
- Prepare and supervise the student teacher provide group and individual counselling in the various contexts of the school.

How To Use This Guide

1. Before using this Tutor's guide, read through it alongside the Teacher's handbook.
2. Clarify the role of the guidance and counseling in schools
3. Select whatever portions may be relevant to the learning needs of your students
4. Note and make cross-references with the Teacher's Handbook, where necessary

Methodology

Guidance and counselling is learnt through practical experience. Hence, as much as possible, a number of participatory methodologies have been suggested throughout the Guide. However, the teacher has the discretion of coming up with other innovations depending on the need. A few of the methodologies used are discussed below:

oBrainstorming

When introducing a new or controversial concept, brainstorming can be used to solicit a wide range of ideas that form the basis of discussion and reaching of a consensus. The Tutor introduces the topic or idea and leaves it open for generation of views from the students. There is no right or wrong answer at the point of gathering contributions. This limits restriction or feelings of fear of

failure. When the ideas have been gathered, the Tutor leads a whole class discussion to sort out similarities and differences and finally narrow down to an agreed idea or meaning. This method presupposes that the Tutor is knowledgeable about the topic under discussion to avoid being diverted or ending up with a wrong meaning.

• ***Small group discussions***

Small group discussions break the monotony of Tutor-centred lesson delivery and give chance to every student to participate and own the outcomes of the group findings. Such activities provide opportunity for equal participation and shared responsibility of the outcomes and hence, help enhance self-esteem among students who feel too shy to contribute openly, or those who over-dominate in the normal whole class discussions. Small group discussions are also helpful where there are several issues to discuss within very little time. Different groups can handle different issues and the whole class can supplement in the whole class discussions as each group presents their findings.

• ***Music, Dance and Play***

These are natural ways of child expression of emotions. In this Guide they have been used because of the dual-purpose: fun as the natural objective and as treatment or healing approaches to child Guidance and Counselling. Though these activities are in themselves approaches of helping children have fun, other issues may emerge that may indicate problems that need follow-up through Guidance and Counselling. Research suggests that music and sound stimulates the body's natural "feel good" chemicals (opiates and endorphins). This then results in improved blood flow, blood pressure, pulse rate, breathing, and posture changes. Music/sound therapy has been used to treat disorders such stress, grief, depression etc., in children among other uses.

• ***Guided Imagery or Visualization [also called Fantasy in children]***

This process involves going into a state of deep relaxation and creating a mental image of recovery and wellness, used mainly to treat depression, panic disorders, phobias and stress.

• **Poetry and music**

The rhythm and rhyme characteristic of poetry and music provide a basis for children to develop a basis for calculated moves to the beats helping them to regulate movement and emotions as well. If properly used, they can help children to calm down if agitated. However, with children who suffer from anxiety disorders, failure to follow the beats may increase their anxiety. The teacher should not punish the child for meddling up the rhythm but should instead find out what may be making the child anxious. It is also important to note that some people take so long or may never develop the capacity to follow rhythm. They should not be intimidated but understood.

• **Plenary [Whole class discussion]**

This is most ideal after presentations from small group presentations or during brainstorming sessions. They may also be useful in a question and answer evaluation of learning.

• **Role plays**

These have a duo-purpose for the student teacher:

- As a means of acquiring skills during the course of learning. The Tutor may require that the student teachers demonstrate or return demonstrate certain skills, attitudes or behaviours needed for effective Guidance and Counselling
- As an approach to skills building while working with children during actual counselling. Sometimes the counsellor needs to help the child enact a desired behaviour alone with her/him before the child can feel more confident doing it in real life.

• **Pretend Play**

This is a play therapy approach. It is different from role play in the following ways: children naturally and spontaneously engage in pretend play as a means of communicating real underlying emotional issues involving significant others or even strangers and non-living things as well. They may take on roles and 'pretend to be' someone or something but they do not rehearse first before

enactment. Role-plays are organized around scenarios depicting real or imagined situations. People then take roles and act around a given theme. In this guide student teachers have a chance to experience pretend play from the children's perspective as well as a learning approach.

- ***Modeling with clay***

All children will at one time in their lives play with mud or clay. As they model, their sculptures usually communicate their inner feelings. In this Guide, modeling with clay has been used as a method used to orient student teachers to the real world of child play and the meaning behind the various activities they engage in. In counseling children, this approach is useful to treat low self-esteem and inability to complete tasks.

- ***Drawing***

This is another approach to child communication. Children draw their current feelings and thoughts. Their pictures should never be taken for granted, neither should they be interpreted by the teacher. In this Guide, drawing has been used to help teachers appreciate the world of children's language of play.

- ***Dolls and puppets***

During children's play, a number of play materials are used including toys, dolls and puppets. Children are able to stand outside of themselves and their problems or situations and project them on other non-living things. For example, a child who has been sexually abused may use a doll to represent the abuser and act out her anger and wishes on it while she begins to experience some relief from emotional pain, which she could not express verbally. Again, this methodology has been employed in this guide to help teachers appreciate the essence of play in the healing process of child counseling.

PART

ONE

**Theoretical Perspectives To School-Based
Guidance And Counselling**

Purpose

To orient Tutors to the relevant theoretical foundations of child Guidance and Counselling in primary schools.

Objectives

The Tutor should be able to:

- Discuss selected Child Growth and Developmental Theories
- relate the Historical and Current Theoretical Advances and Practice in child Guidance and Counselling.
- Explain Concepts of Child Play, its Therapeutic Qualities and Relevance to School-based Guidance and Counselling.
- Outline A Brief Introduction to Play Therapy.
- Apply the various theories to school-based Guidance and Counselling

Selected Child Growth And Developmental Theories And Relevance To Child Guidance And Counselling In Primary Schools

It is important to acknowledge the efforts of the different theorists in attempting to document their approaches or models, processes, lessons learnt and recommended applications of their findings to the Guidance and Counselling of children. The tutor should be aware that no one model may be sufficient in itself for all children. The best approach would be for the tutor to expose her/his pupils to all the available theories and procedures and allow them to integrate aspects from a variety to enrich their practice. A broad view of the theories will be provided but the Tutor can update her/himself according to need.

Selected Child Growth and Developmental Theories

1. The concept of psychosocial development by Erik Erikson

Erik H. Erikson first suggested that human development had another dimension referred to as psychosocial development. Psychosocial development, according to him constitutes a series of decisive encounters with the environment. These encounters are characterised by interactions between a person's level of biological development, psychological capabilities and social influences. The new environmental demands consist of inner projections of positive or negative emotional components that contribute to the development of personality. The psychosocial issues are more to do with interpersonal relationships and how they impact on a person's emotions (negatively or positively). How a person perceives her/himself and how this perceptions will manifest into behaviour.

Defining psychosocial health

- Psychosocial health encompasses the mental, emotional, social and spiritual dimensions of health
- Psychosocial health is dependent on the health of the person's environment

Factors that may influence psychosocial health

The essential challenges of human beings according to the psychologist Karen Horney, is to be able to relate effectively. But when these relations are faulty, they result into a state of insecurity and uncertainty. This in turn will lead to basic anxiety. Basic anxiety, she explains, arises out of the assumption that the environment as a whole is dreaded because it is seen as unrealistic, dangerous, unappreciative and unfair. Some of the negative conditions in the environment that she explains can lead to basic anxiety include: dominance, isolation, overprotection, hostility, indifference, lack of respect and guidance or lack of encouragement and warmth. These conditions will finally form part of the ingredients that someone's personality traits may develop, and subsequently determine how a child, even as an adult, may react to threatening situations.

In the face of adverse circumstances, people develop certain defense attitudes or strategies that permit them to cope with the world and afford a certain measure of satisfaction. These strategies help to minimize feelings of anxiety and to assist us in effectively relating to others. But where they become exaggerated or inappropriate, these strivings may turn into neurotic trends or emotional difficulties - they depend on the situation and not necessarily instinctive [inborn]. They will then manifest themselves in various behavioural tendencies in children as well as adults.

The role of human relations in a person's psychological health

- a. **The importance of human relations to an individual include:**
 - Moral support, belonging, security, a source of appraisal and self-esteem
- b. **Child reactions to a faulty interpersonal relationship may include:**
 - Feelings of betrayal: expectations were not met, a lot of investments in terms of material, time, and emotions
 - Feelings of guilt: you could have done something to stop the unpleasant stand-off, or salvage the relationship
 - Other people may be held responsible for interfering and influencing the turn of events
- c. **Some of the reactions of adults to children may include:**
 - Indifference, isolation, hostility, lack of respect and remorse, defensive, defiant, etc
 - Guilty, repentant, reconciliatory, willing to negotiate
 - Passive, waiting for action from your side or others

Summary of the 8 stages of Erikson's psychosocial development

Psychosocial Stage	Characteristics	Ego strength or virtue
1. Trust versus mistrust (1 st year of life)	<p>Mode of behaviour</p> <ul style="list-style-type: none"> - Incorporative (taking in) with all senses, though primarily through the mouth - All the child's experiences around the mouth revolves around the mother or primary care giver <p>Basic psychosocial attitude to be learned</p> <ul style="list-style-type: none"> - Whether or not to trust the world - Within the womb, the baby enjoys constant automatic attention. At birth they must depend on others for their care <p>Basic principles</p> <ul style="list-style-type: none"> - Basic trust implies a perceived correlation between one's needs and one's world - The primary dilemma faced by infants is whether or not the world and its people are safe, nurturing and can be trusted to meet their needs - An appropriate balance of trust and mistrust will lead to the development of ego-strength <p>hope</p> <ul style="list-style-type: none"> - Certain frustrations are inevitable and socially meaningful - Too much of either frustration or indulgence may have negative effects 	<p>Hope</p> <ul style="list-style-type: none"> - Hope represents a persistent conviction that our wishes can be satisfied in spite of disappointment and failure - Once established, hope can maintain itself in the face of changing situations and also change those situations
2. Autonomy versus shame and doubt (2 nd and 3 rd year of life)	<p>Social modalities</p> <ul style="list-style-type: none"> - Holding on and letting go, which may have constructive or destructive effects 	<p>Will</p> <ul style="list-style-type: none"> - A natural outgrowth of autonomy, later in life will develop into 'will power' - Will is an unbroken determination to exercise freedom of choice and self-restraint - Forms the basis of our subsequent acceptance of the law

Psychosocial Stage	Characteristics	Ego strength or virtue
	<p>Basic psychosocial attitude to be learned</p> <ul style="list-style-type: none"> - The primary duality is that of control over the body and bodily activities as opposed to a tendency for shame and doubt - When the child has learnt to trust the caregiver and the world, she/he must become self-willed and must take chances with his trust to see she/he as a trustworthy individual can will 	
	<p>Basic principles</p> <ul style="list-style-type: none"> - The ego begins to establish psychosocial independence - Infants will begin to explore independently and interact with their environment - Will is the virtue that corresponds to this stage 	
3. Initiative versus guilt (3-5 years)	<ul style="list-style-type: none"> - Children are active in their environment, mastering new skills and tasks Social modalities - Intrusive mode: their bodies vigorously intrude into space and onto other people <p>Basic principles</p> <ul style="list-style-type: none"> - Having gained relative independence, as children grow, they direct their activities towards specific goals and achievements - Parental responses to the children's self initiated activities determine the successful or unsuccessful outcomes of this stage - The virtue that develops is that of purpose 	<p>Purpose</p> <ul style="list-style-type: none"> - A view of the future giving direction and focus to our efforts - Purposefulness slowly enables us to develop a sense of reality that is defined by what is attainable and is not afraid of guilt or punishment - The play activities are dramatic characterised by ambitious impersonations of victorious or evil selves, able to create using available objects and playmates. The play is usually complete with costumes
4. Industry versus inferiority (6- 11 years -Latency)	<ul style="list-style-type: none"> - Primary emotional duality - A certain residue of each side of the emotional polarities is left at each stage <p>Basic principles</p> <ul style="list-style-type: none"> - If children emerge from the preceding stages with 	<p>Competence</p> <ul style="list-style-type: none"> - Children are ready to learn and develop a sense of competence - Competence entails the ability to use one's intelligence and skill to complete tasks that are of value in one's society

Psychosocial Stage	Characteristics	Ego strength or virtue
	<p>a basic sense of trust, autonomy, and initiative, then they are ready for the industrious demands of school and work</p> <ul style="list-style-type: none"> - If their development has left heavy residue of mistrust, doubt, and guilt, they may have difficulties in performing at an optimal level - The major problem here is that feelings of inferiority and inadequacy may develop between themselves and others 	
<p>5. Ego identity versus role confusion (12-18 adolescence)</p>	<ul style="list-style-type: none"> - Formation of ego-identity, which requires a comparison between how one sees oneself with how significant others appear to expect one to be - Ego identity is awareness that there is a self-sameness and continuity to the methods used by one's ego and a continuity of one's meaning to others - Adolescents must answer the question "who am I" - Particularly crucial period, where rapid physical growth and changes and new psychological challenges occur - An adolescent who can not find a meaningful adult role is at risk of identity crisis-transitory failure to establish a stable identity - Some drop out of society temporarily - Others adopt a negative identity- one that is opposed to the dominant values of their upbringing - Negative identity may develop into social pathology, crime and expression of prejudice - Ego strength developed is fidelity 	<p>Fidelity</p> <ul style="list-style-type: none"> - The adolescent's readiness to learn to be faithful to an ideological point of view - Fidelity consists of the ability to sustain loyalties freely pledged in spite of the inevitable contradictions of values systems

2. Sigmund Freud's Psychosexual Development

Stage	Characteristics	Principles
Oral (0-1 year)	<ul style="list-style-type: none"> - Source of pleasure and conflict is the mouth, the primary organ for infants 	<p>The mouth zone becomes important primarily for two types of oral activity:</p> <ul style="list-style-type: none"> - Ingestion and biting - Oral activity may also be a source of conflict because of the restrictions placed on them
Anal (2 years)	<ul style="list-style-type: none"> - The major source of pleasure and conflict is the anus - Toilet training, usually occurs involving converting an involuntary activity into a voluntary one 	<ul style="list-style-type: none"> - An attempt to regulate instinctual impulse - A clash of wills may develop - Children obtain pain or pleasure in either retaining or expelling waste - The two modes of anal expression, retention or expulsion, will form possible future character traits
Phallic (3-6 years)	<p>Pleasurable and conflicting feelings associated with the genital organs</p> <ul style="list-style-type: none"> - The child's interest is three-fold: reproductive function, ability to give pleasure, and a means of distinguishing between sexes - Children expend considerable energy in exploring their genitalia 	<ul style="list-style-type: none"> - The pleasure of masturbation and the fantasy life sets the stage for the Oedipus and Electra complexes
Latency	<ul style="list-style-type: none"> - Period of comparative sexual calm - Psychic abilities develop to inhibit the sexual drive and narrow its direction - The libido is sublimated and channelled into nonsexual activities 	<ul style="list-style-type: none"> - Sublimation is passing from a lower stage to a higher one - The sexual impulses, which are not acceptable in their direct expression are channelled and elevated into more culturally accepted levels of activity, such as sports, intellectual interests and peer relations
Genital stage (onset of puberty)	<ul style="list-style-type: none"> - Changes set in, which transform the infantile sexual life into its adult form 	<ul style="list-style-type: none"> - The genital organs mature - There is a rebirth of sexual and aggressive desires, and the sexual drive, which was formerly aimed at gratifying one's own body is transformed into seeking gratification from genuine interaction with others.

3. Piaget's Stages Of Cognitive Development

Age	Stage	Characteristics
0-8 months	Sensorimotor	<ul style="list-style-type: none"> ● Few/limited, inbuilt mental 'reference' base. This only allows them to grasp, suck and look at objects ● Child only concerned with what is going on at the present time ● As soon as an object disappears from sight, the baby seems to forget it all together-even if the object was moved while the baby was watching and hidden behind another object, i.e., the development of object permanence has not occurred
8-12 months	Sensorimotor	<ul style="list-style-type: none"> ● Child can retrieve a hidden object, i.e., object permanence has developed ● This game will be played over and over again. The major objective, however, is not the game, but baby pays more attention to his own habitual actions rather than the position of the object, e.g., if a toy were hidden behind a pillow but moved to another place while baby was not watching, baby will search in the usual place and will show surprise if he/she did not find it.
18-24 months	Sensorimotor	<ul style="list-style-type: none"> ● End of the sensorimotor stage: infants have developed some understanding of the relationships between their muscle movements and the effects these movements have on their environment. ● They have developed a mental framework, which allows them to symbolise their world and visualise objects out of site ● They begin to produce words as they end this stage, which they combine with actions to represent and act upon their environment
2-7 years	Pre-operational	<ul style="list-style-type: none"> ■ With the development of language and memory, the child can remember more about their environment and are able to predict it better ■ Their predictions are very simple they usually over generalise, e.g., all men are "daddy" ■ The child's intellect is limited by egocentricity because he is unaware that other people may hold a different view of the world. ■ The limitation of the child's intellect arises from the way in which only one aspect of a problem can be considered at a time. This causes the lack of conservation. ■ They cannot conserve volume and numbers. If the same amount of water was poured into a tall and a short, wide glass, the child will think there is more water in the tall glass. If the same number of sweets is spread out compared to those bundled together, the child will choose the spread out for being more. ■ The pre-operational stage closes with the child beginning to conserve number and then volume

Age	Stage	Characteristics
7-11 years	Concrete Operational	<ul style="list-style-type: none"> ● The child is still dependent on the appearance of objects but is becoming able to learn the rules of conservation. ● Can use simple logic to solve problems so long as they involve real (concrete) objects. For example, they can arrange dolls or similar items in order of sizes, though they can represent the same type of problem verbally (e.g., object A is taller than object B but shorter than C: which is the tallest?)
1 to adulthood	Formal operational	<ul style="list-style-type: none"> ● Learning of more sophisticated rules, can now develop general laws and use scientific reasoning ● Thoughts are no longer tied to the concrete; children can form hypothesis and make rules about abstract thing. ● Learning of new rules does not end with the ending of childhood but continues throughout life



Hint

Theories of biological development. (commonly known as physical development) have been adequately covered in the Teachers' Handbook. However, the Tutor needs to help the students to understand that:

- All these developments happen concurrently in a person's life.
- It is their interaction that causes challenges and may lead to behavioural problems, especially at adolescence.
- In applying these theories, the student needs to analyse the normal from the abnormal development in all dimensions every time he/she is faced with a child who seems to be having problems.

Other theories that may help the student to provide adequate support or help during the school-based interactions

The subsequent discussion is intended to focus the teacher back to the educational theories, which can be useful in understanding school and learning-related challenges within or outside of the classroom. The submission below is very brief, but the Tutor can look up more information from other sources according to the demands of the course or the students.

Selection of additional theories helpful in classroom and general school interactions

Domain	Theory	Theorist	Concept
1. Physical: Addressing aspects of physical existence, aging, maturation, development and the resulting behaviour	Behaviourism: - The Law of Effect - Law of Readiness, and - The Law of exercise	Thorndike	Rewards strengthen behaviour: - When action is performed and rewarded, it is likely to be continued - When the reward stops, the action loses its strength Do not reward negative behaviour
	Behaviourism: - Operant conditioning, and - Schedules of reinforcement	Skinner	Behaviour can be reinforced: - There is a definable stimulus and response, which is then reinforced - Non reinforcement leads to extinction Do not reinforce negative behaviour
	Control Theory: Fulfilling the needs of the individual	Glasser	There are four fundamental Needs: - To belong and to love - To gain power, - To be free, and - To have fun
	Mastery Teaching	Hunter	One needs to know the proper use of lesson plans: - To guide instruction, and - Provide for excellent records
2. Mental: Addressing the mental functions, cognitive growth and cognitive development	Cognitive development	Piaget	There are four main stages of cognitive development: - Sensorimotor - Preoperations - Concrete operations - Formal operations Piaget did not address cognitive development beyond adolescence

Domain	Theory	Theorist	Concept
	Moral Reasoning	Piaget	<p>Two major levels of moral reasoning:</p> <ul style="list-style-type: none"> - Heteronomous Morality (pre-school years) - Autonomous Morality (School years)
	Sociocultural theory	Vygotsky	<p>People are products of their social and cultural worlds:</p> <ul style="list-style-type: none"> - To understand children's thinking, one must understand the social & cultural contexts in which they develop - The locus of mental development is socially situated - Mental functions are internalised social processes - There is a region of social psychological transfer of adaptive competences (the zone of proximal development) - Adult-child collaboration (with parents, teachers, etc.) is a major way of developing new competences in children
	Moral Reasoning	Kohlberg	<p>Moral reasoning progresses from the desire to avoid punishment to that of obeying the law. Three main levels each with two stages:</p> <ul style="list-style-type: none"> - Preconventional - Conventional - Postconventional
	Bloom's Taxonomy: Six levels of cognition: useful in writing lesson objectives	Bloom	<p>Levels of cognition:</p> <ul style="list-style-type: none"> - Knowledge - Comprehension - Application - Analysis - Synthesis - Evaluation

Domain	Theory	Theorist	Concept
3. Socio-emotional: Addressing the individual's interaction with the self and others	Psychoanalytical approach to development	Freud	Interaction of the id, ego and superego
	8 stages of psychosocial development (birth to death)	Erikson	- Each stage is defined by a specific developmental conflict (crisis) to be solved by the individual - Psychosocial health is goal of development and it is attainable
	Social Learning	Bandura	Social learning happens through observation and modelling Teachers should be models because children learn by observing them
	Cooperative learning	Johnson & Johnson	Cooperative learning groups foster: - Interdependence, - Individual accountability, and - Group processing of information
	Spiritual Development	Coles	- The necessary integration of the spiritual aspect of human nature with education
4. Integrative Domain: Addressing a combination of aspects from the four major domains that reflect human existence	Ecological systems Model	Bronfenbrenner	Four relationship systems of interaction between the individual and the world (from the most intimate to the remotest): - Microsystem - Mesosystem - Exosystem, - Macrosystem
	The Hierarchy of Needs	Maslow	Each need must be met before the next successive level of growth can be reached- it includes development at the levels below: - physical - cognitive - psychosocial and - spiritual

Exploring Developments in the Theoretical Views of Child Guidance and Counselling

What are the significant differences between approaches of child counselling and those for adults

It became apparent to the practicing psychologists through the last close to 50 years that children could not benefit from the same approaches used for adults because of developmental limitations. The major pre-occupation of children was to become the major entry into their world and thus provide relevant help with healing outcomes. This preoccupation is play. A brief discussion of the recognition and development of child Guidance and Counselling around play as the major medium of communication is presented below

The historical background

Counselling of any sort must have some fundamental psychological theories. When a counsellor is familiar with some of the major theories, it is easier for them to choose the most appropriate in a given situation with particular child clients.

Underlying concepts

Between 1880 and 1940 pioneers in personality psychology developed these concepts. Most of the theoretical views were initially developed for adults. There are major differences in the practical ways of counselling children as opposed to counselling adults. However, the same underlying counselling principles and approaches apply to both children and adults as agreed by most psychotherapists of different orientations. One major aspect was to separate child from adult counselling: Play

It is important at this stage to discuss a little more in detail issues of using play as a medium of counselling children before getting into the details of the approaches used.

Throughout the history of humanity, play has been used in many forms from

the spontaneous child play to the organised and rehearsed adult play. Whether child to adult play, there is one fundamental rationale: play is good for us that it has a therapeutic value.

How can play be defined?

Several people have tried to define what they think play means. As early as 1873, Spencer declared that play activity, driven by surplus energy is directed towards activities which have a prominent role in the animal's/person's life. He emphasized a close relationship between art and play saying that "art is but one kind of play."

The form that the play takes is dependent upon the level of development of the player. However, he distinguished three major categories of forms of play;

- sensory-motor play.
- games with rules.
- artistic-aesthetic play.

Another theory was by Schiller (1875) who believed that play had no real purpose other than to use up excess energy. He said "play is the aimless expenditure of exuberant energy...in children and young animals, not concerned with self preservation, have surplus energy which they expended through play." Since then, people have recognised the importance of play. Freud, Piaget and Vygotsky developed theories, which relate play to the world of children, and many others have restated the significance of play within a child's life.

Bruner (1972); *Nature and Uses of Immaturity*; identifies play as having various different functions, such as minimising the consequences of action, therefore learning in a less risky situation, and the opportunity to try combinations of behaviour that would not otherwise be tried. Others have since taken on board the therapeutic nature and the ability of play to help identify problems.

One common and contemporary definition of play is 'A physical or mental leisure activity that is undertaken purely for enjoyment or amusement and has no other objective'. However, it is important to note that there are other areas of human activity that may fit the same definition, hence the need for contextual elaboration.

For purposes of child Guidance and Counselling, 'play' may assist learning and self-development. It can be used while working with individuals or groups of children spontaneously or as part of a planned activity. There may not be any particular intervention and hence no need for specialised supervision, quality management, and code of ethics or adult training. The only concern is assurance of a physically safe environment.

Do All Children Have The Ability To Play?

Unless a child has been developmentally challenged in certain aspects of her/his life, play should be a natural activity essential for their healthy development. Children's play may differ over generations, but there is an inner need for every child that can only be adequately addressed through some form of play. For children, of all ages, gender and cultures to learn, play helps in the following ways:

- to communicate and develop their personalities, just like creative arts therapies do to adults.
- to unlock children's potential as they enhance their ability to make sense of their life experiences. The child can express their feelings without having to use words. This means that there are many uses of play. However, here below, only three uses will be discussed because of their relevance to our purpose:

1. Play

All children should be encouraged to play as frequently as is possible. Their play should be left to be spontaneous and purely for their enjoyment with no other objective. However, there is no harm in observing the behaviour of a child during their normal play activities and assessing whether they may be need to make play official as to help the child overcome whatever problems the teacher may have noticed.

2. Play Work

The term 'play work' is often associated with "Play Worker." Play work can be understood as an activity that uses play to engage or keep children busy but

safely when their parents or carers cannot be present to look after them and/or to help them to learn. The objectives of play work are not therapeutic, although some therapeutic benefit may occur as a secondary effect. The role of the provider is one of care and support. Play work may also be used in nursery or primary schools to assist the educational process. Though the initial intention for play work is not therapeutic, yet its therapeutic outcomes may be a spontaneous added benefit. Another benefit may be its contribution towards the child's development in particular areas. **Play Workers are not Play Therapists.**

3. Therapeutic Play:

As the theories of human psychology and personality applied their findings, it became evident that play may have distinctive purposes that needed more exploration. Therapeutic play differs from fully-fledged play therapy only in degree of severity of the problem handled: It can achieve the following:

- improve the emotional well being or contributes towards the positive emotional development of the child, which is accomplished through the use of play and/or the creative arts.
- prevent a minor problem becoming worse. i.e., it may be used to alleviate a mild problem related to emotional, behaviour or psychological that may be preventing the child from functioning normally.

A significant aspect of this kind of play is that no therapeutic relationship is established. However, to avoid misuse and abuse of the art, and because there is some degree of responsibility involved, supervision is important. Anyone using therapeutic play skills should be adequately trained, aware of and bound by a code of ethics, which would normally be laid down by the ministry of education or any other department.

The teacher may use therapeutic play as a method of detecting more serious problems that could be handled through referral to a play therapist, child psychologist, or other mental health specialist.

4. Play Therapy:

on the other hand is a more advanced level of using play as an approach or medium for child Guidance and Counselling. A wide variety of expressive modalities are employed to help both children and adults resolve psychological issues in a helpful, non-threatening fashion. Although most commonly used with young children, play therapy has been used with individuals of all ages.

In nutshell, it is a psychological therapy that:

- utilizes developmental stages with appropriate play materials and activities like toys, games, creativity, imagination and other common aspects of childhood expression, experience, and skills as a way to help the child resolve psychological issues that are not or cannot be resolved by using the usual adult "talking" therapy.
- uses a variety of play and creative arts methods to address chronic, mild and moderate psychological and emotional conditions in children that may be causing behavioural problems and/or are preventing children from realising their potential.
- utilises wide range of play and creative arts techniques, that directly respond to the child's wishes. This distinguishes the person practicing Play Therapy from more specialised therapists who use other therapies like Art, Music, Dance and Drama and also from those using therapeutic play skills.

For the teacher to provide play therapy, he/she must develop a short to medium term therapeutic relationship and often works with other significant people in the child's life to include: the child's peers, siblings, family, school etc. More advanced training with supervised training is needed before a person can qualify to provide play therapy.

Why Play Therapy?

Play therapy is an approach particularly appropriate for counselling children for the following reasons:

- Play comes naturally to children. Children can show how they feel about themselves and the significant persons and events in their life more effectively through manipulation of toys and other play materials, than through words.
- Most children under the age of 9 or 10 years have not yet developed the abstract reasoning skills and verbal abilities to be able to meet the counsellor in an adult manner and be articulate about their thoughts, feelings, and behaviours. Play becomes the only way to express them.
- Most young children have better developed receptive language skills than expressive language skills. This means that they can frequently comprehend concepts even when they do not know how to verbalize them. This allows the counsellor to combine play and verbalizations to communicate ideas to children.

Play therapy offers distinct advantages when working with children who cannot or will not speak about what is bothering them; for example: children from different cultural backgrounds; those with developmental disabilities, and also as a treatment of choice when working with children undergoing very difficult psychological problems that are anxiety provoking to them.

How Can We Be Sure That Play Actually Has Therapeutic Qualities?

Therapeutic outcomes of play have been proven and the practice of using play, as a therapy is a well-established discipline with strong basis of various based psychological theories. A lot of research, both qualitative and quantitative shows its effectiveness in many cases. However, this research has not been done here in Uganda and most of the theories we use in this guide have been tried in the western world.

How Does Play Work As A Therapy?

There are many different ways to use play in Guidance and Counselling of children just as there are for adults. Play therapy may be non-directive (where the child decides what to do in a session, within safe boundaries or directive (where the therapist leads the way) or eclectic (mixture of the two).

We must be aware that each of the approaches used in play therapy has unique methods of:

- conceptualising people (following the theories of personality development),
- defining the role of the counsellor, and
- interacting with clients and their parents.

The choice to strictly follow one particular theoretical approach or to apply different approaches in an eclectic manner will depend on:

- the beliefs (the teacher or person doing the counselling) has about people,
- the personality of the teacher/counsellor, and
- the characteristics of the client population.

Depending on the level of training and competence in the practice, the teacher or person carrying out play therapy should select those psychological approaches that are most fitting with their basic beliefs about people and their personalities.

In conclusion, Play therapy is an appropriate intervention approach for working with young children who lack the abstract verbal abilities to articulate their difficulties clearly enough to receive support and assistance from ordinary counsellors. This strategy seems to work with children experiencing a broad range of difficulties, for example:

How Is Play Therapy Practically Done?

The person who is carrying out play therapy takes advantage of a child's natural tendency to be playful provides the opportunity to therapeutically "play" out their psychological concerns. The role of the teacher or child psychologist is to permit and guide the child to use play in a therapeutic way that addresses those issues. This is done by playing with the child.

Play therapy seems to work best with children:

- who have issues surrounding power and control,
- with poor self-concepts and social skills, and
- who have experienced some kind of trauma.

The person using play as a form of therapy has to do the following:

- create a safe, confidential and caring environment, which allows the child to play with as few limits as possible except in instances where the safety of child or that of the teacher/counsellor may be threatened. This freedom allows healing to occur on many levels following our natural inner trend towards health. Play and creativity operate on impulses from outside our awareness - the unconscious but works inwards to cause healing. **No medication is used.**
- give the child "Special Time", an aspect which has been eroded by the so-called modernisation and the rush for economic survival, leaving no time at all for caregivers, just to play with their children.
- help the child to develop strategies to cope with difficulties they face in life but cannot change by themselves.
- help children develop a more positive view of their future life.
- Each session may last from typically 30 to 45 minutes. They may be with individual or groups of children.

How Does The Teacher As a Counsellor Be Sure Of The Appropriate Play Materials?

The teacher must carefully select toys and other play materials/ activities that will help children to express their thoughts and feelings. The arrangement of the toys and other play materials and the atmosphere in the play therapy setting must provide comfort and consistency so that children will feel safe in acting out problem situations and relationships.

It is important to note that each approach to play therapy has its own:

- philosophy and rationale for the play therapy process, and
- the selection of toys, and other play materials.

The ultimate objective every teacher who employs this method should have is that the play therapy process should help children to gain a better understanding of:

- how they view themselves, others, and the world (self-concept) and
- to learn new attitudes to replace self-defeating attitudes.

The role of the play materials like toys is to facilitate the child's self- exploration and enhance their ability to learn new ways of interacting with others.

A variety of techniques can be used according to the child's wishes and the skills of the person in the role of the "therapist". These may include:

- Storytelling
- Creative Visualisation
- Drama
- Puppets & Masks
- Music
- Dance, Movement
- Sandplay
- Painting & Drawing
- Clay, Plastacine & Playdough
- Games

What makes Play Therapy So Effective?

Since play is the natural expression of childhood, every child already has the skills needed to "play." The major advantage is that the child does not have to be taught play, which eliminates the possibility that the child may fear failing to measure up to the task. This assurance of 'no stress' is one advantage that promotes play therapy.

What makes play therapy advantageous

Play is a natural treatment choice that is especially helpful to many children. It is a nonverbal therapy suited to any child's stage of development where a child need only "show," not "tell".

Play therapy, if well done, can help a child:

- Resolve underlying emotional issues,
- Communicate better, and
- Develop better social relationships with peers, family, and school. Develop a more positive self-image
- Learn how to cope with frustration
- Become more self-accepting
- Learn self-discipline
- Experience a sense of safety and self-control Learn how to make decisions
- Reduce anxiety and anger
- Develop a sense of self-mastery
- Learn emotional release through appropriate means

Why Not Let Children Just Play?

Naturally children do just play. However, children play by themselves and with peers in order to feel well and to resolve developmental and psychological issues just as talking about problems with friends can help people to feel better. In the hands of a trained person, play may be used as a treatment and the teacher/counsellor knows which play treatment or other treatment would be best for the child. Some of the benefits include:

- Reduction in anxiety about traumatic events in the child's life
- Facilitating a child's expression of feelings
- Promoting self-confidence and a sense of competence
- Developing a sense of trust in self and others
- Creating or enhances healthy bonding in relationships
- Enhancing creativity and playfulness
- Promoting appropriate behaviour in a given society, like school, home and among peers

Are there any major approaches to the use of play therapy?

There are basically two approaches: Non-directive and directive play therapy.

1. Non-directive

play therapy is that type which is often called "child-centered" or reflective. This type is often used when children are dealing with trauma or personal safety issues. It can be used for other issues also, as when treating a disabled child or a very young child, or children whose culture of origin is different from that of their peers.

2. Directive,

or "behavioural" play therapy is often used with older children and when dealing with very specific issues, such as impulse control, behaviour disorders, emotional expression, or coping skills development. Another type of behavioural play therapy is cognitive-behavioural play therapy, which seeks to develop thinking skills, permit attitude changes, and change maladaptive behaviour.

How Would The Teacher Know That A Child Might Need Help?

Through observation, the teacher will recognise a variety of "signals" that could mean that a child needs help. Generally, the following may be the most obvious:

- behaviour, which hinders positive functioning in a given social environment (e.g., excessive anger, worry, sadness or fear)
- Loss of appetite,
- School-related problems,
- Moodiness,
- Poor social skills or lack of friends (e.g., aggressive behaviour (hurting others or self))
- Impulsivity, over-activity, or irritability,
- Excessive shyness
- Behavioural regression
- Low self esteem
- Learning or other school problems
- Sleep, eating or elimination problems (e.g., Sleep wetting,)

- Preoccupation with sexual talk and behaviour
- Difficulty adjusting to changes in social environments like family, school
e.g., separation anxiety when the child joins school
- Physical complaints/symptoms such as headaches or stomach aches that
have no medical cause
- Day dreaming with no productive activity

It is important for the teacher to always consult other professionals when in doubt.

A closer look at the various Theorists and their Approaches to Child Counselling

Early Pioneers (1880-1940)

1. Freud: How his ideas became useful to counselling children

The first of the pioneers was Sigmund Freud. He developed a psychoanalytic model. His psychoanalytic work with children developed from his discovery of unconscious processes, as well as defence mechanisms that adults who are emotionally disturbed, employ to protect themselves from effects of distressing or unbearable experiences. Freud looked at personality development through his concepts of Id, Ego and Superego. These were more emphasised through his Psychosexual Stages of Development.

It is important to understand Freud's ideas because many theorists who came after him adapted or modified them to suit their convictions. The concepts as adapted to child counselling are summarised in the table below:

Summary and Usage of Freud's Concepts

Idea	Relevance to Child Counselling	Relevance to Counsellor's Role
<p>Id, Ego and Superego:</p> <ul style="list-style-type: none"> ● Id: <ul style="list-style-type: none"> - energizing part of us, which strives to get our basic needs and drives met. - The id is innate, uncontrolled and unconscious. ● Superego: <ul style="list-style-type: none"> - Contains qualities of conscience. It is a mixture of ideas imposed by significant others, as well as those based on ideals. ● Ego: <ul style="list-style-type: none"> - Part of our personality that seeks to strike a balance between the two extremes, i.e., the selfish needs of the id and the constraining conscience of the superego. 	<ul style="list-style-type: none"> ● When a child is stressed, he/she will experience anxiety or inner conflict. This is opposition between the child's id and superego. ● While the id strives to get instinctive (irrational) and primary needs, the child may develop maladaptive behaviour. On the other hand, the superego-the moral judge will be imposing moral restrictions on the behaviours. 	<ul style="list-style-type: none"> ● Help the child to gain ego-strength so that this balance can be achieved and adaptive behaviour developed.

Idea	Relevance to Child Counselling	Relevance to counsellor's role
<p>Resistance and Free Association</p> <ul style="list-style-type: none"> ● Naturally, human beings practice free association when our thoughts progress from topic or idea to another (in a kind of continuous manner). ● When the defence mechanism, called resistance, interferes with this free association, the natural flow of thoughts and ideas becomes blocked. 	<ul style="list-style-type: none"> ● The ego will be struggling to mediate and balance this un-coordination so that all the three: id, ego and superego could amicably agree. ● Resistance prevents a child from remembering painful experiences and or talking about anxiety provoking situations. ● If a client is encouraged to talk freely, then the counsellor looks for continuity of thoughts and feelings, identify themes, and interprets the client's statements. 	<ul style="list-style-type: none"> ● Notice when blocks to free association are present (arising from resistance or other defence mechanisms). ● When a counsellor interprets these consequences to the client, it will help the client to understand why he/she feels and thinks the way he/she does in order to make sense out of current behaviour. ● Free association of children may not necessarily be through verbal communication, but through non-directive free play, e.g., imaginative pretend play. ● Recurring themes and concepts can be observed during child's play, storytelling or art.

Idea	Relevance to Child Counselling	Relevance to Counsellor's Role
<p>Unconscious Processes</p> <ul style="list-style-type: none"> ● Anxiety arises out of our unconscious processes. These include: <ul style="list-style-type: none"> - Fear of memories (conscious or unconscious), - Conflict between id and superego, e.g., the child may desire to do something which is not socially acceptable from her/his unconscious level, and if her ego fails to resolve this issue, she may become distressed. 	<ul style="list-style-type: none"> ● Such conflicts need to be identified, brought to the conscious and dealt with. 	<ul style="list-style-type: none"> ● Help the child become aware of such unconscious issues.

Freud identified his theories of play as a repetition of symbolic games, being the ego's attempt to repeat actively a traumatic event, previously experienced passively, thus allowing the child to gain mastery over the event. From this, a psychoanalytic approach to child analysis developed, which used play to interpret the child's unconscious motivation. The two people, on the whole, who were responsible for this development, are Anna Freud and Melanie Klein, through their work with neurotic children.

2. Anna Freud

A daughter to Sigmund Freud, specialised in children, unlike her father who worked mainly with adults. Her concern was the unconscious motivation behind imaginative play, drawings and paintings. She then interpreted the content of the child's play to the child. Her approach involved developing a strong attachment to the child because she believed that the child would only believe in the person she/he 'loved' and would strive to please that person by reaching some accomplishment. Anna Freud looked for the unconscious motivation behind imaginative play, drawings and paintings, dreams and daydreams. She emphasized the importance of the relationship between the therapist and the child, in particular, the initial stages. She pointed out that this relationship was problematic because the parents (the original love object) are still very much active in the child's life, thus leading to strong positive transference, but difficult negative transference and a transference neurosis does not develop.

3. Melaine Klein

Klein took Anne Freud's idea a step further and believed that behind every playful action, there is a symbolic meaning. Thus she furnished direct access to the child's unconscious. Klein believed that spontaneous play in a child was equal to free association of an adult. This theory is problematic, because it relies on an adult interpretation of a child's actions. Others have taken the view that, contrary to the psychoanalytic approach, which relies on the medium of play to indicate the source of problems, the play is the therapeutic process itself.

She worked with children in totally nondirective ways and used play as a substitute for free verbal association. She further developed Freud's object relation theory. Freud believes that as children, we attach our emotions to certain objects. As we go through the stages of growth and development, we tend to shift our emotions to other objects. These objects are called transitional objects. For example, when a child plays with a toy, they may be shifting their attention from the primary caregiver to this object. Whereas Anna Freud believed in rapport with the child before making any attempts to interpret her/his play, Klein believed that interpretation could happen as soon as there is play, not necessary with established rapport. So Klein had toys, and other objects in her counselling room as transitional objects; even the therapist was part of the transitional objects. She also did not believe that every child's behaviour with the toy necessarily had an interpretation.

Others could be plain and harmless. The nature of relationships between Anna Freud and Klein are important to note. Hence, for short-term counselling relationships, Klein's approach may suffice as opposed to Anna Freud's, which may be more meaningful in a long-term relationship.

4. Donald Winnicott

His contribution to psychoanalytic theory was that he believed that a child grows and develops through the use of transitional objects, but also through the experience of the transitional space between the mother and child. Winnicott

defines transitional space as the space in which the mother plays with the child in the process of helping the child separate from her to establish her/his own identity. Therapy with a child, therefore, parallels the transitional space. This means that for some children, the relationship with the counsellor is sufficient in itself to enable the child to work through unconscious issues. Winnicott developed an approach to working with children, which saw play as central to the therapeutic experience of children. He believed that children's play has a direct continuity with what he described as an 'intermediate area' in adult experience, such as art and religion, where the strain of managing the transition between inner and outer reality is relatively unchallenged and therefore anxiety free. Play was therefore to him, the means whereby the child manages the transition between the inner world of the psyche and outer reality. He believed this is "always on the theoretical line between the subjective and that which is objectively perceived".

Non-directive play therapy looks at play as a healing process. It gives the child the opportunity to 'play out' feelings and problems and learns about himself or herself in relation to the therapist. Play in this model is not seen as stimulation for other kinds of therapy, rather as the therapeutic intervention itself. The focus of this theory is on the healing process of play.

5. Carl Jung

Carl Jung recognised the importance of early childhood experiences as they tried to establish their identity. However, his work did not necessarily target children. The most important contribution he made in his work was his development of Freud's idea of the unconscious. He suggested a collective unconscious, which emanates from the primal motivations of human beings. Within this unconscious, Jung believed that there were symbols common to all humans. He used symbolic representation, particularly relevant in counselling children when using sand tray, clay and art.

6. Margaret Lowenfield

Much as Jung emphasised symbolic representation, yet he employed verbal communication with his clients. Margaret Lowenfield, in 1925, influenced by Jung's ideas, began working with children using symbols in a sand tray to encourage non-verbal expression, which in essence is less influenced by rational thinking. In her bid to develop her ideas better, she collected small objects, coloured sticks and shapes of paper, metal and clay, which she kept in a small box. Her young patients nicknamed this box "the wonder box". Lowenfield documents her experiences with her child-clients and asserts that this approach grew out of her desire to have her clients "talk" without using language. Hence, the sand-tray idea, which helps the child tell her/his story with or without the use of words.

7. Alfred Alder

Alfred Alder belonged initially to the group led by Sigmund Freud- the group to become the first psychoanalytic society. He however broke away in 1911 because he disagreed with Freud's psychosexual theories. He believed that as people developed as individuals, they also developed as part of a social structure. Thus, every individual is dependent upon other people. His focus on the person's interdependence with the wider society made him suggest that as a child develops, she/he is influenced by other people and the child's behaviour will arise as a response to how these people view her/him. His contribution was important because if a child is viewed within a wider context, then the consequences of her/his behaviour becomes important as well. He rejected the concepts of reward and punishment as directly influencing behaviour and instead, focused on natural and logical consequences. This approach becomes extremely useful when we want to make the child take responsibility for their own behaviour and especially through the use of worksheets and when working on social skills training.

8. Clark Moustakas

He talks about child-centred play therapy and defines the relationship needed to ensure that the therapy is a growth experience, particularly that the therapist

needs to respect and accept the child. He identifies four stages in the therapeutic process:

- the child's emotions are diffused and feelings are generally negative;
- the relationship develops and attitudes of hostility become more specific and anger is expressed against particular people/experiences. As the negative feelings are expressed and the therapist accepts them, they become less intense;
- the child becomes less negative. S/he still has anger, but is no longer ambivalent towards the people in her/his life;
- positive feelings emerge. The child sees her/himself, and the relationship with others in a more balanced way.

The levels of the process occur in individually varying sequences with some overlapping. The key elements in this method are the security of the child with the therapist.

Clark Moustakas' stages in the therapeutic process, which emphasises the security of the child, perhaps gave birth to the key conditions necessary for self actualisation. This can occur through non-directive and child-centred therapy can be characterized by three elements or core conditions;

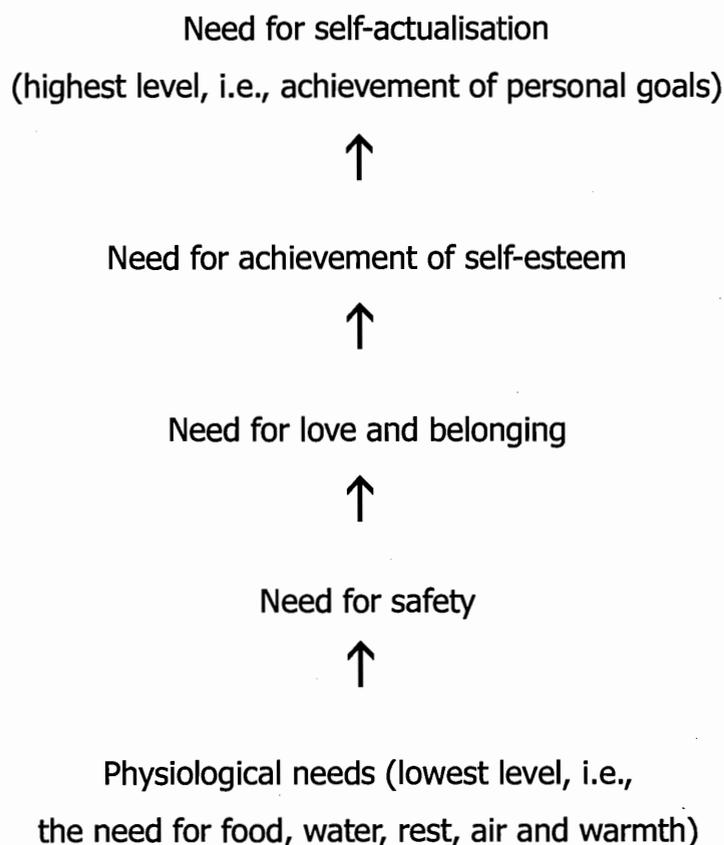
- genuineness and authenticity - that is the capacity to be real, to be themselves as opposed to adopting a role or defensive posture with the client.
- non-possessive warmth - an attitude of caring and engaged and friendly concern, without becoming overly emotionally involved or offering help for self-serving reasons.
- accurate empathy - the ability to feel with those who are seeking help, and articulate these feelings.

Further Progress in Child Counselling Theories (1920 1975)

The development of therapeutic work over the late 19th Century and throughout the 20th Century gained a lot from some theories of developmental psychology. There are a number of psychologists whose contributions cannot be ignored and some of them are discussed here below:

1. Abraham Maslow

In order to help us understand how human beings respond to unsatisfied needs, Maslow identified the hierarchy of needs. Though not specifically developed for children, it is very relevant to them. This hierarchy of needs constitutes the following levels:



Maslow suggested that if the lowest of the needs are not fulfilled, then the person cannot direct her/his energy towards meeting high level needs. So even with counselling children, it is important that lower needs are dealt with first

before we can address higher needs. However, this hierarchy does not constitute a rigid representation of the order of fulfilling these needs. It is possible to work on some high level needs before the lower levels can be considered. Also, in considering a child's growth and development, certain levels of needs may assume pre-eminence. Hence, understanding the hierarchy of needs assists the counsellor in recognising, which needs of the child have not been met and should be addressed. For example, if a child has suffered sexual abuse, then issues of safety may take centre stage during counselling, rather than issues of self-esteem and self-actualisation.

2. Erik Erikson

He believed that every individual had the potential to solve his or her own conflicts. He believed that at particular stages of development, there would be crises, but an individual's competence can only be built as he/she resolves such conflicts as they occur. Erikson recognised eight stages of psychosocial development over a person's life span. Each of these stages is represented by a personal social crisis. He believed that as the individual successfully deals with every crisis, they get the opportunity to strengthen their ego to become better adaptive in order to live more successful lives. His theories are relevant to building of self-concept and the counsellor's role is to enhance the child's capacity to gain ego-strength through the successful resolution of developmental crises. Each stage contributes to the ongoing process of the child's mastery and achievement, which must be recognised during counselling.

3. Jean Piaget and Lawrence Kohlberg

These contributed to the concept of children acquiring particular behaviours and skills throughout their developmental stages. According to Piaget, a child interacts with both human and non-human things as they try to master their environment. It is the relationship with these things, which enables the child to become progressively more adaptive in her/his behaviour.

Successful adaptive behaviour helps the child to develop higher levels of cognition leading the child to begin to understand her/his environment in a

more complex way. These cognitive and moral value developmental theories will help the counsellor become important to the client/counselee in setting norms as well as selecting activities such as games, which are governed by rules.

Kohlberg was more interested in the relationship between Piaget's theories of cognitive development and the acquisition of moral values. To him, it is important that the counsellor understands the moral developmental sequences in which children come to understand moral concepts, since a child's decision-making will largely depend on his moral understanding and expectations of specific outcomes of such decisions.

4. John Bowlby

He placed greater emphasis on the child's attachment to her/his mother. His idea was that a child's behaviour later in life would largely depend on how they were attached to their mothers. His believe was that children who securely bonded with their mothers ended up being happy and well-adjusted, whereas those whose attachments with their mothers were less secured, ended up being socially and emotionally maladjusted. Of course some controversies arose, as these theories were more cultural specific where the primary caregiver must be the mother. However, attachment theories help counsellors to understand that children with poor attachment histories with their mothers may in turn fail to form healthy relationships.

Contributions from the Humanistic/Existentialist Therapeutic Approaches developed between 1940-1980

Though initially Humanistic and Existentialist Therapeutic approaches were developed for adults, they have increasingly become relevant to child-counselling as well.

1. Carl Rogers

When Carl Rogers first came up with his client-centred approach to counselling, those within the camps of psychoanalysis thought him controversial. The psychoanalysts believed more in the therapist's analysis and interpretation of the client's state/problems, yet Rogers believed that the client had the ability to find solutions to her/his own problems if the environment is warm and the counselling relationship responsive. To him, the counselling relationship itself was a catalyst for therapeutic change; hence it was inappropriate for the counsellor to attempt to make interpretations on the client's behalf.

Rogers went as far as describing the counsellor's desirable characteristics as congruence, empathy and unconditional positive regard, where the counsellor has a non-judgemental attitude to the client and the client's behaviour. Rogers believed in the counsellor being totally non-directive, hence letting the client her/himself find own solutions. His major techniques were active listening and reflecting back to the client what the client had said to give the client chance to make own choices. Though Roger's theories were initially developed for adults, they can be particularly useful in helping the child tell the story, especially in the initial stages of counselling.

2. Virginia Axline

She borrowed some principles developed by Carl Rogers for working with adults and applied them to children as well. She believed that a child had capacity to find solutions to her/his own problems, provided the environment where the child relates to the counsellor is secure and safe. She used Roger's techniques of reflective listening, based on the counselling principles of empathy, warmth, acceptance and genuineness.

Virginia Axline has been instrumental in the development of this approach. She believed that children have within themselves the ability to solve their own problems. She emphasised the use of play therapy to allow a child to reach for independence. Non-directive therapy allows for the acceptance of the child

without judgement or pressure to change. Play is the child's natural medium for expression and in play therapy; the child can play out feelings of tension, frustration, insecurity, aggression, fear, bewilderment and confusion.

In her play therapy, she suggested eight guidelines for non-directive play therapy, where the counsellor:

- must develop a warm and friendly relationship with the child.
- accepts the child exactly as he/she is.
- establishes a feeling of permissiveness in the relationship.
- is alert in recognising the feelings the child is expressing and reflecting them back to her/him to help the child gain insight.
- maintains a deep respect for the child's ability to solve his/her own problems.
- does not attempt to direct the child's thoughts, conversation or actions in any manner.
- does not hurry the counselling relationship/activities.
- establishes openly limitations that are necessary to anchor the counselling to the world of reality.

Note: Axline's approach is very appropriate in the initial stages of therapy. However, as it progresses, the therapist may become more directive.

3. Frederick (Fritz) Perls

Frederick was the originator of the Gestalt Therapy. Although he began as a psychoanalyst, he disagreed with the psychoanalyst's emphasis on the child's past. He believed in laying emphasis on the child's current experience, where the client should take responsibility of her/his current experiences rather than blaming others for the past. He concentrated more on raising the child's awareness of current bodily sensations, emotional feelings and related thoughts.

By helping clients to work through their current experiences, in the here and now, he believed that the clients would then be able to work through their unfinished business, sort out their emotional confusion and achieve what he

called a **gestalt**, or 'Ah ha' experience and hence, feel more integrated. He modified some of Freud's principles, but also explored a number of useful principles in working with children. These include:

- giving the client immediate feedback about non-verbal behaviour as she/he observed it during counselling. This would draw the client's attention to feelings that are being suppressed or to resistance.
- inviting her/his clients to get in touch with bodily sensations and relating them to emotional feelings and thoughts.
- encouraging clients to use 'I' statements to take responsibilities of their actions.
- challenging and confronting what he called neurotic behaviour, i.e., what Freud called defence mechanisms.
- exploring polarities of the self by bringing them into awareness, so as to deal with both of them, e.g., the love-hate polarity.
- encouraging clients to role play different parts of themselves and to create a dialogue between these parts.
- introducing the concept of **top dog-underdog** and encouraging clients to role play dialogue between these parts of self.
- helping clients to explore their dreams.

4. Violet Oaklander

She combined the use of the Gestalt Principles and practice with the use of media in working with children. Her approach was to encourage child therapeutic change through the use of fantasy. She believed that the fantasy process would be the same as the child's life process. She works indirectly to bring out what is hidden or avoided. To do this, she relies more on the principle of projective process. The techniques outlined in her model of child therapy involve the following:

- encouraging the child to dialogue between two parts of the her/his picture;
- helping the child to take responsibility or own what he/she has said about the picture;

- watching for cues in the child's body posture, facial expressions, tone of voice, breathing and silence;
- moving away from the child's activity with the media to work directly on the child's life situations and unfinished business as these arise from the use of media. She does this by directly asking questions, for example, "does this directly relate to your life?"

Note: Oaklander's approach is more effective when using clay, the imaginary journey, story telling and puppets. With the Gestalt approach, on the other hand, it may not be necessary to use fantasy, but rather directly with reality.

5. Albert Ellis

The originator of the Rational Emotive Therapy (RET), originally developed for adults. This approach is more suitable with older children from about 8 years. Today, RET is referred to as Rational Emotive Behaviour Therapy. It is a Cognitive Behavioural Therapy.

Ellis believed in giving direct advice and interpretation of a client's behaviour. His methods involved confronting and challenging what he referred to as **Irrational Beliefs** and persuading the client to replace them with **Rational Beliefs**. The irrational beliefs are those beliefs, which intend to make us feel bad about ourselves, or leave us with negative and uncomfortable feelings. If not adequately dealt with, these feelings result into behaviour with negative consequences. Some child counsellors have modified the term **Irrational Beliefs** to **Self-destructive Beliefs**. Challenging these self-destructive beliefs can be useful in enhancing self-esteem when the counsellor is engaging in social skills training, or educating children with protective behaviour. This would help the child to develop appropriate problem solving and decision-making skills.

6. Richard Bandler and John Grinder

Originators of Neuro-linguistic Programming (NLP), not specifically developed for children, but there are some important elements that can be adapted to

working with children. These include:

- recognition of the different ways in which children primarily experience the world around them and
- the concept of reframing.

He believed that human beings can experience the world by using one or more of the three modes below:

- seeing
- hearing
- feeling (kinaesthetically).

Counsellors should be able to match the mode, which the child may currently be using or that is more predominantly used. Using the NLP technique of reframing can help the child to see things differently.

7. William Glasser

William Glasser is the originator of Reality Therapy, which was later known as Control Therapy and currently as Choice Therapy. This approach has been widely used in school settings as well as other institutions like detention centres, remand homes, and prisons. Reality therapy involves helping the client to willingly accept the reality of the logical and natural consequences of one's behaviour.

In Reality Therapy, the client is encouraged to take responsibility for finding ways of getting his own needs met without infringing on the rights of others. This approach is more appropriate at the point in counselling where children have gained insight into their own and other's behaviour, and looking for more adaptive ways of meeting their needs by adapting new behaviour. Reality Therapy is also a very useful approach in social skills training.

Types of Play and their uses in Child Guidance and Counselling

This section will discuss Play and the different uses in the lives of children, before relating it to the healing process.

1. Sensory/embodiment Play

Different media have a different place with each child. Tangible materials which are used by children to represent a number of things, such as the world falling in on top of you, small creatures being buried under a mound of slime. Or it can be used to regress to babyhood and messy play, touching, smearing, throwing, or representing their own bodies through the material. The child explores and experiences the world through the senses, then begins to explore objects, materials and toys outside her/himself.

2. Projective Play

The child begins to discover the external world, through the exploration of toys and objects external to her. It can take a narrative form, making up stories around the objects, but sometimes takes the form of embodiment play where the objects are used as a form of sensory experience. So a child may make a monster out of play dough and structure a story about it, or take pleasure in playing with the material, smelling, touching, hitting, poking; enjoying a bodily reaction to the material.

3. Symbolic Play

Children often represent their social world through symbolic play. Children signal that they are about to start, or change playing, by various methods such as saying "do you want to play with me," "now I'm a monster" and close the playing by negating the roles "I'm not dead any more", marking boundaries of when children enter and leave the play.

Symbolic play enables the experience of subjective realities in alternative environments, whilst also sharing this experience with others. The participants agree to create an alternative reality. Abused children find symbols or metaphors to describe their pain, thus allowing them to explore past relationships in a multi-dimensional way and make some meaning and resolution of their past.

Actual techniques of play therapy vary between schools of thought, and also between therapists within these schools. What is clear though, is that play is

crucial to the development of children. It can be significant in identifying and resolving trauma that the child may have experienced in their lives.

Toys and Play Materials

All toys and play materials do not automatically encourage children's expression or exploration of their needs, feelings, and experiences. This implies that toys should be carefully selected. Because play therapy is used for a purpose and not just as a way to pass time, or a way of engaging the child's hands while trying to get the child express her/himself verbally, careful attention should be given so as to select such materials that help in the following ways:

- Exploration of real life experiences,
- Expression of a variety of feelings,
- Testing of limits,
- Non-verbal exploration and expression and
- Success without instructions from anyone else.

How does one choose appropriate media or activity?

Media or activities can be used as a way of engaging the child and enabling the child to tell the story. Points to remember when selecting media or activity are:

- Each child is different as an individual,
- Each child is different as far as the issues and behaviour to be addressed are concerned,
- Each of the media or activity has different and particular properties and
- The media or activity must be matched with the individual child as well as the child's abilities and needs.

What factors may influence the selection of media or activity?

- The child's developmental age.
- Whether the child is being counselled as an individual or as part of a group.
- The current counselling goals of the child.

Approaches to School Guidance and Counselling

1921

1922

1923

Introduction

Play counselling involves the systematic use of play methods. It helps pupils overcome obstacles to learning and bring about improvements in the pupil's ability to perform nearer to expected/average target levels at school. Play-based interventions can be used to:

- help pupils communicate,
- help pupils build a wide range of skills,
- improve pupils' adjustment to classroom and other school environments,
- improve peer relationships,
- prevent bullying, school violence, and other serious problems,
- address the needs of at-risk pupils and
- remove emotional and behavioural obstacles to learning.

In essence, play counselling is a part of the broader field of play therapy, but tends to use the shorter-term interventions, appropriate to the education-related goals, which school counsellors work to achieve with identified pupils.

Play counselling is considered most appropriate and effective approach for several reasons:

1. Until pupils are approximately 12+ years old, their ability to use cognitive reasoning fully has not developed. They, therefore, tend to process information and develop their physical, mental, and social skills through their use of imagination and play. Although as learners, children can talk and "reason" to some extent, their primary way of understanding the world is through their playful interactions with it. Play counselling is developmentally adjusted because it takes advantage of what children naturally do at every stage of development.
2. When confronted with problems which interfere with their learning, pupils frequently become resistant, withdrawn, ashamed, oppositional, helpless, defensive, etc. Play counselling provides an excellent way to avoid or overcome these emotional obstacles to progress.
3. There is considerable research, which shows that children learn best in

hands-on, activity-based, and playful situations. Play counselling creates those types of learning opportunities in order to reach its goals.

4. Play counselling can be used in conjunction with other counselling methods, such as behaviour management, parent and/or teacher consulting, classroom guidance, outside therapy, etc.
5. Because of its developmental and learning focus, play counselling is more likely to address the root cause(s) of pupils' problems.

Forms of Play Counselling suitable for schools

There are many different types of play counselling, but it is important for school counsellors to select methods, which are relatively short-term and focused on the more specialized goals of a school guidance programme. An example of a very good approach is the dramatic play counselling- a form of behavioural rehearsal which helps students learn to behave more assertively or prosocially, as required at school or home. Play counselling should offer individual, group, and classroom formats, which are easily adapted to meet specific pupils, and school needs.

Play counselling in schools can help:

- An anxious, perfectionist pupils to take more risks towards schoolwork and improving performance, which may have resulted from excessive fear of making mistakes.
- A disruptive learner cope more effectively with her/his angry reactions to underlying problems [that may have their origin from home or past abuse] that may be causing the behaviour.
- After a school strike or violent incidents. It can help pupils to express their emotions, fears and other reactions to such events and to return to normal school environment as quickly as possible.
- The entire class to welcome their HIV/AIDS affected/infected classmate back to school without stigmatisation as well as helping unaffected/uninfected classmates explore their attitudes and beliefs about a possibility of their facing the same conditions and therefore, the need for empathy.

- Attention Deficit Disorder/Hyper Active Disordered pupils to increase attention span, stay on-task longer, and become less distractible in class.

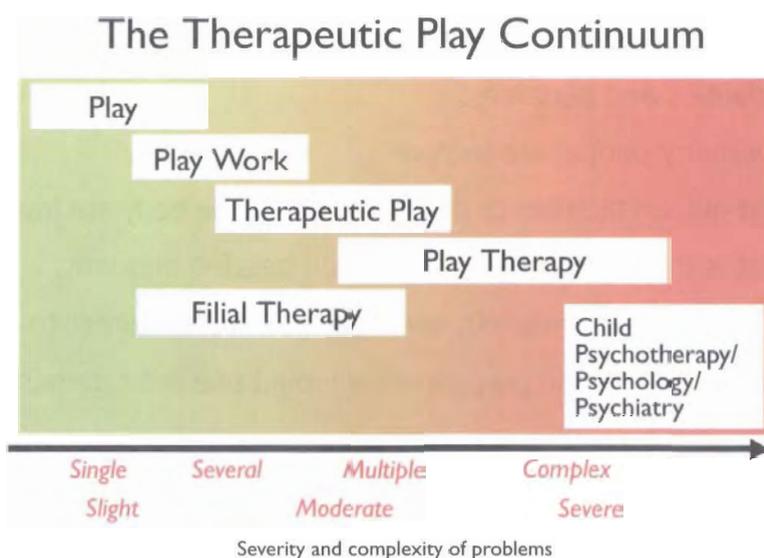
Introduction to the use of Therapeutic Play

Play has already been discussed as having recognisable benefits in the emotional development of children, i.e., it has a therapeutic value. The use of play for therapeutic purposes varies according to the severity of the problem, which dictates on the selection of the appropriate application. There are seven recognised therapeutic applications of play. However, this Guide describes four of them, directly relevant to this training, namely:

- Play,
- Play Work,
- Therapeutic Play and
- Play Therapy.

The two major applications addressed in the Guide are Therapeutic Play and Play Therapy. For you to help the teachers apply the relevant theories to appropriate conditions, you need to recognise the requirements in the level of training, grounding in the theoretical approaches, and ability to chose and apply correctly.

Below is a discussion of the therapeutic play continuum, which attempts to relate each type of application to the severity of the condition. It should be noted that there are overlaps between the different applications, to show the relationships between conditions as they deteriorate from mild to sever and that is why a continuum is the best illustration.



Adapted from: Play Therapy 2004, UK

According to the continuum, the tutor should direct his emphasis on the first three applications of therapeutic play, namely: Play, play work and therapeutic play. Play therapy may be offered at a higher level of specialization.

This Guide attempts to use the normal local plays available in the traditional Ugandan setting, to help you utilise them in the process of preparing the students in the use of play for therapeutic purposes.

The Application of Therapeutic Play

The primary school curriculum already makes use of the first two levels of play in the timetabled performing arts, games and sports. As a Tutor, you need to emphasize the importance of them in the course of training your pre-service students. However, the use of play for therapeutic purposes are here discussed from two approaches:

- For detecting any maladaptive behaviour, or
- Applying to help the child deal with a specific problem.

Exercise

- Divide participants into groups of 4-6.
- Each group compiles games and plays they have participated in, along the following guidelines:
 - Name of game/play,
 - How it is played: procedure, rules, variations, scoring modalities and penalties.
 - How many people are involve.
 - What human faculties or physical parts of the body are involved.
 - What is the degree of concentration needed and why.
- According to the data compiled, each group should attempt to describe what therapeutic purpose they would use their games/plays for.

The Therapeutic Play Process

Before the therapeutic process commences, the teacher needs to be aware of her/his role in the whole process.

What role does the teacher play as he/she offers Guidance and Counselling?

Students need to be conversant with helping skills and attitudes that can facilitate children's emotional and behavioural adjustment, within and outside of the school, in order to make appropriate choices for their lives.

What the student should do:

- Explain the functions that the teacher performs in during Guidance and Counselling of children.
- Explain the importance of providing age-appropriate and situation-specific help to the pupils.

Hint:

1. Students brainstorm the functions performed during the Guidance and Counselling activities.
2. Plenary discussion and ensure that the points below are integrated in the group's consensus:
 - Joining with the child.
 - Observation of the child.
 - Active listening.
 - Awareness raising and resolution of issues to facilitate change.
 - Dealing with child's beliefs.
 - Actively facilitating change.
 - Keeping records.
 - Termination of counselling.
3. Discussion around each of the functions mentioned to ensure that the same level of interpretation is achieved.



Play therapy is useful with children who:

- are orphaned by HIV/AIDS and or living with HIV/AIDS.
- are dealing with **parental conflict, separation or divorce.**
- have been **traumatized** (sexual, physical or emotional abuse or through armed conflict, like abductions and participation in atrocities against the community).
- have been **adopted** or are in **foster care.**
- are dealing with issues of **loss**, such as **illness or death** of a loved one.
- have been **hospitalised.**
- have **witnessed domestic violence.**
- are diagnosed with learning difficulties, including **Attention Deficit Disorder (ADD).**
- have experienced serious **accidents or disasters.**

TWO

The Practice of School-based Child Guidance and Counselling

Purpose

Enable you to provide training in Child-oriented Guidance and Counselling in Primary Schools for Primary School teachers.

Objectives

You should be able to:

- demonstrate the relevance of Child Guidance and Counselling to the normal classroom learning and the co-curricular activities
- relate the practice of Child Guidance and Counselling to the Child Study Course Unit.
- relate the practice of Child Guidance and Counselling to the families and the wider community.

What is involved in the process of Guidance and Counselling?

This Guide has attempted to present the process of Guidance and Counselling in a sequential form, for ease of practice. It should be remembered, though, that the process does not strictly follow these steps, depending on the training and expertise of the person involved in the process. Each step is presented within an orange box.

Step 1: Assessment of Needs

- The teacher obtains some information through direct observation and/or from the caregiver or other teachers. Based on this information, the most appropriate play activity is identified to aid communication as well as commence the therapeutic process.
- As much as possible, all play-based management of a child's problems should be child-centred, focusing on the individual needs of the child.
- Through the healing medium of play, children are given the opportunity to express their feelings and understand the events that have taken place around them.
- This process offers children new skills to help them deal with their circumstances, move forward and enjoy their childhood.

Activity

- Lead a brainstorm of how children show that they have difficulties in their lives
- List down all the contributions [you will discover that all of them are observable behaviours].
- Explain that behaviour is a major way that children use to communicate their underlying and unresolved emotional difficulties
- Divide participants into groups of 8-12 to discuss the aspects of the child they would assess and what methods they would use in order to identify the guidance and their counselling needs [you may consult the Tutor's notes to supplement the participants' contributions]
- Ask each individual to think of a real life story of a child in her/his school or community who is either infected or affected by HIV/AIDS, and write it down as a short case study (See example below).

Jeninah, 12 is a girl in P.4. She looks far younger than her age approximately 8 years. She has been missing school for the last four weeks. Her guardian came to report that she had been sick and admitted in hospital. Yesterday, she came back to school with a very bad skin rash and a bad cough. The children wrote a chit to you and said they do not want her in their class because she has HIV and may infect them. Jeninah has since become withdrawn, easily cries and at times, quite aggressive.

- Imagine that the child in your case study is a real child in your classroom. Carry out an observation and write your report. You may employ whatever play activity to help you in better observation if you so wish.

Notes to the Tutor

Based on the knowledge about child development and learning theories, the teacher needs to assess whether the child may need Guidance and Counselling at anyone time. Assessment of the child is not done only at the beginning of

the Guidance and Counselling relationship, but throughout the process. However, it is important to separately consider the initial assessment.

Initial Assessment

Key Method: Observation

Direct observation happens all the time a teacher is in contact with the child either in a classroom environment or on the school compound during the co-curricular activities (see sample observation checklist below).

Observation Checklist

Aspect of Observation	Characteristics
Class attendance	<ul style="list-style-type: none"> ● Check the register every end of day to find out which children may be missing classes. A pattern may be established after a period of time (probably one week).
Class performance	<ul style="list-style-type: none"> ● Irregular or deteriorating performance should be of concern to the teacher, poor attention span/absent mindedness, poor participation in classroom and co-curricular activities, poor commitment to completion of tasks/homework etc.
General physical appearance	<ul style="list-style-type: none"> ● The teacher should look out on the neatness of the uniform (dress), hygiene of all the visible body parts: hair, eyes, teeth, nai's, ears, etc.
Speech	<ul style="list-style-type: none"> ● Ease or difficulty with which the child expresses her/his verbal communication (this has nothing to do with vocabulary). Children may indicate problems if they hesitate in the way they speak, stammer or other forms of difficulty may indicate a problem.

Aspect of Observation	Characteristics
General mood	<ul style="list-style-type: none"> ● Happy/sad, isolated/lonely/withdrawn, easily irritable (and may cry easily or become aggressive towards other children), anxiety (not settled emotionally).
Facial expression and other body or non-verbal communication	<ul style="list-style-type: none"> ● For example; red eyes that may show illness or stress/lack of sleep or exhaustion, keeping a distance from the adult because of fear, suspicion or lack of confidence, etc.
Gait:	<ul style="list-style-type: none"> ● The manner of walking: with ease/difficulties, hesitation, confident/timid etc.
Social Skills	<ul style="list-style-type: none"> ● Lack of social skills that enable the child to get along with others. Some antisocial behaviour including: bullying, teasing, initiating conflict/ rebellion with authority (e.g., parents, teachers, student leadership, etc.
Conduct disorders	<ul style="list-style-type: none"> ● Personal unique negative conduct/habits: disrespect of other's property leading to uncontrolled stealing, telling lies, over dominating others, etc.

Note: During the observation, the teacher may introduce some play activities to aid the children communicate. (Refer to Background Reading on Play Therapy).

Step 2: Assumptions: Making Sense of the Assessment

Purpose:

Utilising the outcomes of the initial assessment to form a baseline of assumptions to enable the teacher begin a Guidance and Counselling session.

What the student has to do:

- Write down some conclusions from the initial assessment into assumptions.
- Develop tentative counselling goals from the conclusions.
- Use the knowledge of child development theories to begin working with the child.
- Open up a file for Guidance and Counselling for their client.



Hint

1. Observations give a clue to conclusions/suggestions about possible concerns/ problems of your child client.
2. These suggestions are then written down.
3. Any concerns from the caregiver or teacher may also be noted down.
4. Knowledge of the child development theories is applied here.
5. Clear idea of how to invite the child into a helping relationship is important, explaining the kind of interaction that would result. For example; how would you welcome the child into the relationship?
6. As interaction with the child goes on, note the new emerging issues that may be different from what was assumed [suggested at first]. These issues then form the goals for counselling (see example below):

Example

- Jeninah looks weak and dehydrated: effects of long illness.
 - She is not participating in class work because she has missed many lessons } She is withdrawn because she feels stigmatised [discriminated against].
 - She has become aggressive because she is feeling bad that others do not understand her. She has anger and bitterness against those children and her own illness.
 - She may not wish to continue with school.
7. Remember that the assumptions are not necessarily the truth, but just a baseline, from which to begin working with children. In the course of counselling the student may be surprised to find that their assumptions are completely misplaced. In other words, issues not initially identified may actually be the issues around which counselling may happen.

Step 3: Making sense of the Assumptions

After reaching tentative assumptions, it is important for the teacher to do the following:

- Taking note of emerging issues,
- Comparing emerging issues with assumptions and
- Clarifying and adjusting assumptions.

Step 4: Inviting the child to tell their story (beginning to open up)

Purpose:

Helping the teacher to consolidate her/his trusting relationship with the child to facilitate free interaction with the environment, play materials/activities and the teacher.

Hint :

1. Discuss the attitudes and behaviours needed, in establishing a trusting relationship with the child.
2. Basing on the attitudes, derive three major qualities that teachers should have in order to sustain a trusting and helping relationship with the child.
3. In groups of 6-8 people the following can be practiced:
 - setting up a child-friendly counselling place,
 - the attitudes and behaviours needed to establish a trusting relationship with the child and
 - methods they would use to invite the child to tell their story.



Tutor's Notes

What makes a Guidance and counselling setting/place friendly to the child

- It should not be closed in to give the child a feeling of insecurity, i.e., if in a room, leave the door open.
- The child should be assured of safety while with the teacher counsellor as well as the safety of the counsellor.
- There should be some play materials handy in a specialized counselling room. Where no room is available, the teacher should find a place, which is spacious enough for the child to move freely for any type of play.
- Welcome the child and let her/him feel comfortable to take whatever position (sitting, lying down, kneeling etc.) as you observe their behaviour in your presence. The teacher may have to assume the same posture to create a friendly atmosphere for the child.
- Putting yourself at the same level with the child in the way they see their own world and interpret issues around their experiences. If there are play materials, welcome the child to pick any and feel free to interact with her/his environment in their own way.
- Let the child lead the play activities and the interpretation of the outcomes of their activity (for example; drawing, moulding, art, etc.).
- Pick out recurring themes out of the child's play, non-verbal and verbal communication.

Qualities of the teacher to be able to provide Guidance and Counselling:

- **Emotionally detached i.e To avoid:**
 - the child's desire to be controlled by the relationship and may not want to risk losing such a relationship by behaving in ways that may attract disapproval or sympathy,
 - transference and counter-transference and
 - additional pain on the child at seeing counsellor hurt where the child

will believe that the counsellor is overwhelmed by what has been shared, and the child might actually withdraw from further sharing. Children find it hard to cope with crying counsellors.

- **Ability to be in touch with own inner child:** allows for empathy, i.e., the teacher's ability to enter and experience the child's world, the way the child's experiences it. Provide opportunities for the child to experience their feelings and perceptions fully.
- **Accepting:** Do not impose personal expectations on to the child. Do not withdraw or come closer in response to how the child-client behaves during the counselling sessions and not overwhelmed by the child's behaviour.
- **Integrated/balanced:** the teacher should be emotionally well balanced, socially exemplary, and mentally well adjusted, i.e., in total control of herself/himself.

Step 5: Establishing and Maintaining the Trusting relationship

What Skills and Attitudes can help the child continue telling their story?

1. Attending Skills: Being there for the child

Purpose:

To review skills that reassures the child of the teacher's undivided attention during the Guidance and Counselling process.

What the Student should do

- Explain the meaning of 'attending' to someone.
- Describe the attending skills and attitudes used in Child Guidance and Counselling.
- Practice the behaviours that show the attending skills and attitudes to a child.

What the Student needs:

- Profiled client,
- Newsprint,
- Markers,
- VIPP cards/small pieces of paper.

Hint:

Guide the students through the following:

1. to imagine they have gone to one of those very popular food joints in their area.
2. On small cards or pieces of paper, to describe one major action they would expect a professional waiter/waitress to show towards them to indicate that they are welcome for their services.
3. Reshuffle the cards, redistribute and let five volunteers read what their cards have.
4. tally by consensus about similarities in contributions.
5. Summarise the list of actions and compare them with the Tutor's notes.
6. In 4 groups, to act out teacher's behaviours that promote one of the components of active listening and then present in a role play.
7. Group presentation of their role plays for plenary discussions.
8. Refer to Tutor's Notes below.

**Tutor's Notes****Attitudes for developing a trusting relationship with the child**

A trusting relationship with the child can be described as a meaningful link between the child's world and that of the counsellor. The counsellor needs the following attitudes:

- non-judgemental,
- non-affirmative and
- non-condemning.

If the counsellor becomes judgemental, affirmative or condemning, the child will try as much as possible to fit with the counsellors' perception in order to be recognised and accepted. The counsellor should help the child to stay with

own values, beliefs and attitudes and should, in no way, influence them towards her/his own.

Skills of setting the climate for Child Guidance and Counselling

Characteristics and corresponding behaviours of a trusting relationship

Characteristic	Behaviours
1. Exclusive	<ul style="list-style-type: none"> ▪ Give the child opportunity to feel unique by not allowing crowding of parents/caregivers or any significant others. ▪ Avoid going behind the child to get information about her from other people and allowing it to influence your relationship.
2. Safe	<ul style="list-style-type: none"> ▪ Allow the child the freedom to play and master own emotions. ▪ Reassure the child of your support when she/he discloses.
3. Genuine	<ul style="list-style-type: none"> ▪ Be honest and real: do not act simply because you are taking on a role of a counsellor. ▪ Be consistent in words and behaviour, to assure the child that you are reliable. ▪ Allow the relationship to flow naturally and freely and do not suppress or abuse the child's innocence or disclosed material.
4. Confidential	<ul style="list-style-type: none"> ▪ Assure the child that you will not share her story with anyone else (failure to do so makes the child feel betrayed and doubtful of the intentions of the counsellor or other adults). ▪ Allow the child to share every private thoughts and emotions. ▪ If there is need for shared confidentiality, consult with the child first about: <ul style="list-style-type: none"> - When the child is emotionally ready to share, - How (by her/himself or in your presence), and -Whom she/he wishes to share with (parent/caregiver, another significant person, health provider etc?). ▪ After consultations with the child, accept and respect the child's final decision to share or not to share
5. Non-intrusive	<ul style="list-style-type: none"> ▪ Limit closed questions; children hate it when adults ask endless questions. They may shut down for fear of disclosing private or frightening information, if you behave like an 'interrogator'. ▪ Do not quote information concerning the child from any other sources, even if you have it. If you do, the child will feel threatened, exposed, vulnerable and wondered how much you know and whether it is worth her/his sharing any more with you.
6. Purposeful	<ul style="list-style-type: none"> ▪ Do not force a child into a Guidance and Counselling relationship. Children will only co-operate if there is a purpose.

Attending Skills help the child to know that we are willing to enter into their world and to respect their view of that world. One major way we can do that is through Active Listening.

What is Active Listening?

This involves: Listening to child play, words and non-verbal cues (very important aspects of Guidance and Counselling). The Chinese concept describes the act of listening as involving:

- Ears: listening to sounds and the words of the child's conversation
- Eyes: listening through what we see; non-verbal communication, i.e., the meaning behind those unspoken words and gestures.
- Heart: listening to the emotions and silences and meanings behind them.
- Other senses: smell, touch and taste [though cautiously used].

How do we apply active listening in a counselling session?

Through four major ways, which are basic components of active listening:

- matching body language,
- the use of minimal responses,
- the use of reflection and
- the use of summarising.

a. Matching Body Language

- **Posture:** - for example, if a child moves from a table to sit on the mat, and draws on the ground, counsellor should sit on the mat besides the child and try to mirror the child's posture. However, this should be natural and comfortable not to look artificial or make the child unsettled if behaviour appears unrelated.
- **Speed of talking and tone of voice:** when the child talks rapidly, respond similarly, and when the child slows up, do the same. After a while, the situation can be reversed, i.e., after counsellor has matched the child for a while, the child is likely to follow the counsellor in any significant change, for example, The teacher may

match an agitated child's speed of speaking, tone of voice and rate of breathing and when she/he slows down her breathing, speaking speed and sit more comfortably the child will follow and start to relax as well. However, it should not appear like adult mimicking or sneering.

- **Levels of eye contact:** (important in establishing rapport with children): The amount of eye contact should vary with what each child finds comfortable. So it is important to observe a child's behaviour and respond appropriately. If unsure, use very sparingly. Some children would not keep eye contact at all but would be more comfortable to talk as they engage in some activity

b. The use of minimal [in very small doses] responses

This means that as much as possible, the teacher or counsellor needs to show as less or none of any usual gestures of approval, disapproval, etc.

How can we minimise responses?

- Use them at appropriate spaced intervals. If used too frequently, they become intrusive and distracting.
- Use them just to acknowledge that the child is being heard.

Caution

Minimal responses should be used with care to avoid:

- behaviour that show either approval or disapproval;
- verbal interjections because these conclusions may:
 - Inhibit the child's communication,
 - Influence the child towards the teacher's approval and
 - Make the child act to avoid the counsellor's disapproval.
- non-verbal responses (however minimal) because they may be perceived to be expressions of judgement about the content of what the child may be saying.

c. The use of reflection

Matching and minimal responses set the climate that reassures the child that the counsellor is joined with her/him, and is attending to them. Reflection increases this reassurance, and there are two types of reflection:

- Reflection of content (sometimes called paraphrasing) and
- Reflection of feelings.

The two types of reflection can actually be combined at any one point during the counselling sessions.

How is reflection of content (Paraphrasing) applied?

This does not mean repeating of word-for-word, but rather:

- Pick out most important content details and re-express in a clearer way (in your own words and not those of the child).
- Part of conversation, and also during observation and child play.

Example 1

Child: My dad had two homes. He only used to come to our mother's home on weekends. My mother used to stay out long, every day looking for money to feed us.

Teacher: sounds like you were always left on your own.

Example 2: With the doll

Child: This baby...ah! (Slaps doll). I am tired of cleaning your clothes all the time. You think I never get tired?

Teacher: It seems like mother doesn't like baby to wet clothes.

What are the benefits of paraphrasing?

- assures the child that he/she has been heard.
- reflection of content helps the child become aware and own what he/she has just said to help sort out confusions, and move forward with the relationship.

How is reflection of feelings (Paraphrasing) applied?

- Relaying back to the child the information about emotional feelings, which the child may be experiencing, whether in play or conversation:
 - **In play**, reflection of feelings related to emotional feelings as attributed to imaginary people, symbols, or toy animals involved in their play.
 - key skills in making the child aware of own feelings, and deal with them rather than avoid them.

d. The use of summarising

- This is reflecting back information from a number of statements, which a child has made over a period of several minutes.
- Drawing together main points from content, and feelings. Clarifies the child's information and puts it into organised format to help the child gain a clear picture and be more focused.
- More useful when wishing to move towards terminating an individual counselling session.

What may hinder Active Listening?

- If the teacher has her/his own unresolved issues, which may be similar to what the child is going through, it may affect her/his interaction with the child;
- Applying some of the skills for adult counselling which may be distractive to child communication;
- Lack of adequate time to help the child;
- Pre-occupation with own problems;
- Distraction from the place of counselling;
- Judgmental or biased views about the child and
- Interjecting the child's communication (whether verbal or non-verbal).

Step 6: Setting Guidance and Counselling Goals

Purpose:

To enhance the teachers' abilities to proceed with the process of Guidance and Counselling through goal setting.

What the student has to do:

- Describe the four types of goals that may influence the process of Guidance and Counselling children.
- Explain how to define the child's goals for Guidance and Counselling.
- Practice goal setting in Guidance and Counselling children.

Hint

- 
1. Pick up from the previous step.
 2. In groups of 6-8 people, [using one of the profiled clients] a role play on setting goals for the session can be performed to show the following:
 - Clarifying goals from the emerging issues, as you interact with the child.
 - Setting goals relating to actual issues that need to be addressed.
 - Choosing activities to address the emerging issues and fulfil identified goals.
 - Assessing progress.
 3. Groups present their role plays for plenary discussion:
 - Were the goals in line with the emerging issues?
 - Could the goals be achievable?

What improvements would you make if you were the counsellor? Why?

Tutor's Notes

Example of counselling goal setting:

Using the Jeninah assessment and conclusions, the counselling goals for your sessions may be:

- Build self-esteem;
- Deal with destructive beliefs or
- Realise the personal benefits of education.

Setting Guidance and Counselling goals

The recurring themes from the child's interaction with play materials and through the teacher's observation of non-verbal expressions, as well as directly from verbal communication, form the basis of goals for counselling children.

There are four types of goals, which the counsellor must be aware of during child counselling:

- i. **The overall goal** of empowering children with life skills to survive and thrive fully within their environments
- ii. **The caregiver's goal:** Caregivers may include parents/guardians, class or subject teachers, child agencies working with children, orphanages, etc. whose judgement of the child's behaviour is from their own point of view and may not be the actual problem of the child.
- iii. **The Counsellor's goals:** counselors may have their own goals, especially from their assumptions, which in many ways may not be accurate. The counsellor's agenda should never be used in child counselling.
- iv. **The child's goals:** as the child interacts with the teacher in the Guidance and Counselling sessions, the emerging issues will become the real needs of the child and therefore, the agenda for counselling.

How to facilitate change through raising awareness of issues in the child's life that need to be resolved.

We have just been looking at some skills that enhance communication with a child in a counselling session. There are more skills that sustain the conversation

as well as help the child work through their painful experiences. One major role of the teacher is to bring the child to personal awareness of her/his unresolved issues, and then take her/him through the process of dealing with them. Here is one way to do this:

Asking Questions

Purpose:

To appreciate the importance of limited questioning for effective communication with children.

What the student should do:

- Explain the major aim of using questions in working with children.
- Mention the two major types of questioning and their purposes in child counselling.
- Describe the most appropriate way of using questioning in guiding and counselling children.
- Practice questioning techniques in working with children.

What the students need

- Profiled clients,
- Selected play materials/activities.

Hint:

1. Invite one volunteer to review the previous session to provide continuity.
2. Introduce the scenario below for volunteers to act out.

Scenario showing some examples of questioning techniques

Teacher: You have drawn a picture, which I guess you can best interpret. Could you please explain what this picture means?

Pupil: This is a house where we used to live with my mother and my sisters and brothers.

Teacher: It seems like you no longer stay with your family. Could you please tell me a little more about your family?

Pupil: I stay alone in the house every night when grandma goes back to her hut also. *[Pause]. No more communication.*

Teacher: You seem to hurt when talking about your family. What might be the problem?

Pupil: *[Begins to sob, while he points at the numerous rectangular structures just behind the house]:* I fear ghosts. My father and my mother and my sisters where put in the ground there *[points to the graves].* I don't sleep at night.

Teacher: It looks like you have a lot of fear for the house. Is that so?

Pupil: Yes, I want to run away all the time. Sometimes I go to stay with my friends in their homes, but grandma always brings me back here. I hate her

Teacher: You are angry with your grandma. Has she ever explained to you why you must stay alone in the house?

Pupils: Yes. *[Pause].* That I must always remove grass and plant flowers where they put my mother, father and sisters.

3. Invite two volunteers to the front of the class to act this scene while others watch.
4. Plenary discussion of the presentation to identify the following:
 - What was the nature of questions used (closed or open)?
 - What purposes do these questions fulfil during Guidance and Counselling?
 - How were most of the questions introduced? What technique is that called? *[a statement]*
 - What do you learn about asking children questions?
5. In groups, let students use one of their client profiles and practice with questioning until each person has had a chance to do so (should take about 30 minutes 1 hour if possible)
6. Plenary discussion of personal experiences and lessons learnt from the exercise.



Questioning plays a major role of raising awareness in the child, about their own unresolved emotional issues and at the same time enables them to see possibilities of resolving them. However, questions should be asked with caution. Children are threatened by adult's closed questions. They always suspect that there must be a correct and wrong answer. **Closed questioning** becomes intrusive in the child's life and they easily feel the adult may be trying to find fault. These questions may be limited to issues of name, school etc., which do not raise suspicion. The open questioning is most desirable when working with children.

Use of Questions

There are two types of questions:

- Open questions: for freedom of expression, wide range of answers, uncensored information, allows for only those issues of interest to the child.
- Closed questions: for specific answers.

Remember

- ask only those questions which are needed.
- if you must, then use open questions in preference to closed ones.
- avoid "why" questions unless there is good reason to do so.
- never ask questions just to satisfy your own curiosity.

Use of Statements

- Statements made by the counsellor can help the child stay on track:
 - with her/his story and
 - with important issues and associated emotions.

When can you use statements?

Statements can be used to:

- give permission to the child to feel and express a particular emotion, e.g., you might say, "When I am angry, I speak with a loud voice". This might give the child permission to get in touch with her/his own anger

and express it.

- To propose ideas about what the child might be going through at a particular moment, e.g., you might suspect the child to be feeling embarrassed and say, "If I were a child, I would be feeling embarrassed."
 - Affirm a child's strength, e.g., "you must be brave to have done that!"
 - Highlight significant events during an activity, e.g., the child might be finding it difficult choosing play objects and you might say: " *You seem to have a hard time choosing objects...*" This is one way of giving feedback to the child about the difficulty they may be finding in making choices. This becomes an opportunity for the child to realise this aspect (decision making) of her behaviour
- *Give non-judgemental feed back about what the child is doing, e.g., you may say, "I see like you have made a cave with the clay" This is also reflecting content of the play activity. This kind of feedback 'invites' the child to talk about what she/he has done.*
 - *Raise the child's awareness of some hidden elements/aspects of her/his play activity, and /or to float the idea which the counsellor has about the child's issue, e.g., if playing with miniature animals, and the mouse went into hiding at the sight of a cat, the counsellor might say: "that mouse is hiding, I wonder if it is afraid of being caught?"*

When do you use the open-ended questions?

Open-ended questions can be used for the following purposes;

- Probing; finding out a little bit more concerning an issue.
- Clarifying; making the child's communication clearer to enable progress of the session. The children are normally not consistent in their communication and may have a lot of information mixed up. The reason for using questioning is to help the child refocus and find direction of the counselling process.
- Recall; to help the child recall an event, situation or persons in their stories or in the past.
- Interpretive; when the counsellor asks a question which has attached meaning to the child's communication.

Step 7: Selecting Appropriate Play and other Media

How do play and other media come into the counselling sessions?

Purpose:

To appreciate the practical value of play to child interaction and the need for developing the skills of using it for facilitating positive change in the pupils.

What the student should do:

- Explain the functions of Play as media for Child Guidance and Counselling.
- Describe the role of the teacher in the course of using Play with the children.

What the student needs:

- All available play materials,
- Newsprint,
- Markers,
- Pens/pencils etc.

Hint:

1. Review activities already done with play therapy and let participants share their opinions about them.
2. Plenary discussion of the importance of purposive selection and use of play as a medium of Guidance and Counselling.
3. On cards or pieces of paper, each student writes one function of play as a medium of counselling [Tutor may use the Acronym **FROCARD** for easy recall of the 7 major functions of play].
4. Plenary discussion to cluster cards to re-organise the ideas to fit into the **FROCARD**.
5. Give notes on **FROCARD** to supplement outcomes of the discussions.
6. Brainstorm on the roles of the teacher in ensuring those functions of play are achieved in her/his interactions with the child.
7. In groups of 6-8 people, discuss and internalise the **FROCARD** and prepare a demonstration of at least one of the functions in a role play.
8. Plenary presentation and discussion of the role plays.

Tutor's Notes

The Skill of using Play Media for Child Counselling

All other child-counselling skills are interdependent with the use of media to help children communicate, as well as raise child's awareness to the current issues and the long standing unresolved issues. Play provides the child with a familiar media of communication to hold his/her interest as well as keep her/him focused. The Acronym **FROCARD** can be used to remember the functions of media for the children during the Guidance and Counselling activities. Media helps the children to:

- **Focus** on opposites or omissions unusually shown through pleasant and exciting actions, or silences. Often, it is easier for children to share the happy experiences in their lives. Once they have done so, then they can often talk about the sad ones.
- **Recognise** the association between the story they are telling through play, and their real life story.
- **Open up:**
 - **directly:** by talking directly about troubling issues (as they play).
 - **indirectly:** by projecting aspects of her/his story on to the media
- **Connect** with her/his emotions and/or aid her/him to express these emotions.
 - Initially, you may talk with the child about how it feels to use a particular play material as you also focus on what the child is doing with the media.
 - Later in the counselling process, your focus will move from discussion of how the child is getting involved with the play materials to real life situations and unfinished business in the child's life.
- **Act out** real emotions as they work with their materials. At this point, the teacher might ask directly, concerning her/his observations e.g., "*does this fit in with your life?*" or, "*Does this sound like something that might be happening to you?*"
- **Recall** something they have, which relates in some ways to their present life.

- Deal with contradictory feelings related to their memories. They may become puzzled, troubled or confused by a variety of different feelings expressed. This will be seen in the way they react to their play materials/ activities. This may be your opportunity to help them sort out the confusion.

How does the counsellor put meaning into Child Play?

Purpose:

To help teachers appreciate the role of play in School Guidance and Counselling.

What the Student should do:

- Use play as a medium of communicating with children.
- Explain the purpose for use of selected play materials or activities.
- Practice with some of the play materials.

Materials:

- Natural clay or Plastacine (artificial clay),
- News print or any plain paper,
- Pens, crayons, coloured pencils,
- Dolls and toys (could be made locally and before activity).

Hints:

1. Divide participants into small groups of 4-6 people.
2. Ask them to close their eyes for 3 minutes and imagine they have gone back to 10 years of age.
3. Allocate different examples of materials for particular media/activity with specific guidelines.
4. After all the groups have finished their activities, lead plenary discussion as follows:
 - How did you feel going back to age 10 years?
 - How did you feel while you worked with your play material?
 - What thoughts went through your mind as your colleagues guessed what you have made with your play material?
 - How did you feel when you finally had to interpret your own product?
 - How would you relate this activity to child counselling?

Here are some few examples of working with and interpreting the Meaning Behind Child Play

Working with clay

Hint:

- Give each student a piece of clay [Artificial clay (plastercine) or real clay if available].
- Individually and without any discussion, students model an image which shows how they are feeling presently.
- In groups, members attempt to interpret what their colleague has modelled.
- Each Student should have a turn to have the meaning behind their finished work guessed, person by person until all members are through.
- Where the meaning has not been interpreted right, the owner gives the meaning behind her/his work of art.



Drawing with crayons, pencils etc.

Hint :

- Distribute a piece of paper and crayons or pencils to every group member.
- Individually and without any discussion, each person draws a picture which shows what they like most about their school.
- When everybody has finished, members of the group will attempt to interpret what their colleague has drawn.
- The person should then let the group members know if they have guessed right. If not, he/she should then tell them. This should be done for all the members, until everybody's drawing has been interpreted.



Pretend Play



Hint:

- Ask the group members to recall a situation at home, which made them feel bad.
- Individually and without any discussion, each person thinks of a way they would react to treatment from their significant others.
- When all members are ready, one by one will act out before the others, their reactions to the rest of the group as they try to guess the meaning behind the action.
- The person should then let the group members know if they have guessed right. If not, he/she should then tell them. This should be done for all the members until everybody's actions have been interpreted.

Playing with dolls/puppets



Hint:

- The group members imagine they have been sexually abused by their male teacher who has been telling them that they are too big for the class.
- Using dolls or puppets (whichever is available), each group member will act out the way they feel about this experience.
- After each person concludes their actions, the rest of the group would guess the meaning or feelings behind the actions.
- The person should then let the group members know if they have guessed right. If not, he/she should then tell them. This should be done for all the members until everybody's actions have been interpreted.

How can a teacher choose appropriate play material?

Purpose:

To orient teachers to the importance of choosing age-appropriate and problem specific play materials that can facilitate healing/change in the child.

What the student should do:

- Mention purposes for selecting types of play materials.
- Practice selecting materials for specific purposes.

Hint:

1. In groups of 10-12 people, students discuss a sample local child play from the Therapeutic Play Handbook following the guidelines below and come up with a scenario where the selected material/activity can be used.
 - Type of material/activity,
 - Age at which it is most appropriate,
 - Purposes for which it may be used,
 - Examples of children in school with problems that might be 'treated' through this material/activity, etc.
2. Groups present their findings in plenary, followed by discussions and comments from the rest of the participants.
3. You may use additional materials/activities in the Tutors' Notes on the next page.



Tutor's Notes

1. Medium/Activity: Clay

Materials needed:

- Large block of clay,
- Ground sheet,
- Plastic apron,
- Wire for cutting clay,
- Sculpting tools,
- A bowl of water and sponge,
- Access to water for cleaning up.

Suitability and appropriate age:

- 6 + years.
- The child must have ability to abstract and symbolise.
- Used for individuals and family/groups.
- Open ended and expansive, allowing for manipulation, change and control at will.
- Stimulates the senses and allows the child to come into contact with feelings and emotions' i.e., suitable for children blocked emotionally-enables for accessing and expressing emotions in acceptable limits, e.g. angry children can punch and bash the clay.

Goals to achieve:

a. When working with individuals and in groups

- Illustrate elements of story.
- To project inwardly contained feelings on the clay so as to recognise and own them.
- To recognise and deal with underlying issues.
- To explore relationships and develop insight into these relationships.
- To experience success and satisfaction in competing a creative task.

b. Working in a group

- To gain insight and understanding of others.
- Increase child's sense of belonging to a group.
- Help children discover consequences of their behaviour when in a group.

How to use:**Starting [Violet Oaklander]**

- Roll the clay,
- Flatten it,
- Punch it,
- Pull it to pieces,
- Gather it together and roll again,
- Poke a hole in it with one finger and
- Tear the piece of and make any object.

When to use:

- Feelings in the current.
- Past [baby].
- After loss of parent/significant other.
- Visited a significant other.

Terminating

- No more to be said.
- Let child make decision about what to do with moulds: break it up or store away for reference in the next session
- May dismantle and add to bigger lump.
- Process is important to the child, it represents a part of the child.

In groups:

- Make figure to let others know how you feel now.
- Invite others to find out others' feelings.
- Encourage interactive conversation.

2. Medium/activity: Imaginative Pretend play

Materials needed:

a. Furniture and associated items

- Toy store
- Toy Kitchen
- Toy wash basin
- Child's table and chair
- Doll's bed
- Doll's pram
- Baby doll's bath

b. Dolls, soft toys and associated items

- Rag dolls to represent adults and children
- Baby dolls
- Variety of soft toys
- Doll's clothes
- Feeding utensils
- Doll's nappies
- All items in a households

Goals to achieve:

- achieve cathartic relief from emotional pain.
- enable child experience being powerful through physical expression of emotion to gain mastery over past issues and events.
- provide opportunity to develop insight into current and past events.
- help the child to take risks in developing new behaviours.
- help the child practice new behaviours and prepare for particular situations.
- give the child opportunity to build self-concept and self-esteem.
- help the child to improve communication skills.

How to use:

- Invite child(ren) to select and play as desired.

Suitability by age: 5-7+ years

3. Medium/Activity: Drawing/Painting

Materials needed:

a. Drawing

- Sheets of white and coloured drawing paper of various sizes,
- Pencils,
- Coloured felt pens,
- Pastels,
- Crayons,

b. Painting with brushes

- Large sheets of butcher's or art paper,
- Paints,
- Large hair brushes,
- A plastic apron to protect clothing,
- Horizontal working surface,
- Access to water.

Goals to achieve:

- to gain mastery over issues and events, i.e.,
- to re-experience past events or traumas of concern through re-enacting/ acting out or re-explaining them.
- need to imagine how he/she could have changed his/her role in the event to have felt more comfortable.
- engage in an activity in his/her new role, to enable for experience through imagination (the effect of the changed role).
- stimulate an event which will allow him/her to experience the feelings of power and/or control not previously experienced.

How to use:

- to help child transform pictures that depict traumatic events, into those where the child may depict self as powerful or in control.

Suitability by age: 3+

4. Medium/Activity: Puppets and Soft Toys

Materials needed:

Goals to achieve:

- gain mastery over issues and events.
- be powerful through physical expression.
- develop problem-solving and decision-making skills.
- develop social skills.
- improve communication skills.
- develop insight.

How to use:

- Allow child to use puppets spontaneously.
- Invite the child to create and direct a puppet show.
- Combine use of puppets with well-known fairy stories and fables.
- Use puppets in dialogue with counsellor.

Suitability by age and use:

- Pre-school and primary school children.
- Some adolescents.
- Ideal for individual counselling.
- Can also be used with groups.
- Allows for child to explore and expand thinking.
- Encourages interactive and adventurous thinking.
- Used to convey moral messages and to educate.

5. Medium/Activity: Games

Materials needed:

- Games involving physical and motor skills.
- Games involving strategy.
- Games of chance.

Goals to achieve:

- Build counselling relationship with resistant and reluctant child.
- Provide opportunity for a child to discover strength and weaknesses regarding fine and gross motor skills, and/or visual perceptual skills.
- Provide opportunity to explore ability to attend, concentrate and persevere with tasks.
- Help to practice social skills like co-operation and collaboration, to practice appropriate responses to disappointment, discouragement, failure and success.
- Help child to practice problem-solving and decision making.
- Provide opportunity to learn about relevant issues or life events, e.g., domestic violence, sexual abuse and stranger danger.

How to use: Depends on goal**Suitability of age and use:**

- Individually or in groups.
- Primary school children to adolescence.

Remember: Children about 8 years may have problems being consistent with rules.

6. Medium/activity: Books and Stories**Materials needed:****Books with various themes**

- Making friends
- Families
- Rejection
- Magic
- Monsters
- Fairy tales
- fables

Goals to achieve:

- help children recognise own anxiety or distress, by identifying with characters in situations or stories.
- To help the child discover themes and related emotions which recur in own life from time to time, e.g, fear of being left alone, fear of betrayal, etc.
- To help the child explore alternative solutions to problems, by changing stories to have different outcomes.

How to use:

- Children do not enjoy writing, but they can tell stories.
- Better to employ mutual story telling/reading.
- Can record electronically or written for play back.
- Another way is to present a vague picture and let the child create a story around what she/he sees.

Suitability of medium:

- From children of pre-school age throughout adolescence.
- Books and stories for individual counselling.
- Open and expansive thinking.
- Promotes creative thinking.

What does the teacher do while the child works with Play Materials?

- **Watch** out for:
 - cues in the child's voice, tone, body posture and body expression, breathing and silence. These offer a lot of information, e.g., the child may be censoring, remembering, thinking, repressing anxieties or fears, or becoming aware of something new. You may use these as your entry points to break the silence or to proceed. For example; a child may sigh while telling their story. You may say, *"I noticed that you just gave a big sigh, what is like when you let out all that air out at once?"*

- **Focus** on contact functioning to encourage the child to put feelings into words:
 - as a way of helping children with emotional difficulties, which may negatively affect their “contact” functioning. The tools for contact are looking, touching, listening, moving, talking, smelling, and tasting.
 - to help the child get in touch with bodily feelings and sensations, in order to connect with current emotional feelings e.g., *“watching you move around quickly and being very busy makes me feel exhausted and dizzy. I imagine you must be feeling very tired and dizzy being so busy”*.

How does the teacher fit into the play world of the child?

Throughout the child therapy, the teacher does the following:

- Helps the child to relate current experiences in the sessions to the present and past.
- Encourages the child to:
 - explore important unresolved issues,
 - talk about their current activities in each session,
 - experience fully, and express emotional feelings,
 - explore opposites and absences in the child’s story,
 - give permission to deal with contradictory feelings,
 - focus on contact functions that help the child access suppressed emotions and
 - give child affirmation (where needed like in skills building).

How does the teacher facilitate the process of Healing Adjustment in children?

Purpose:

To appreciate that there are visible outcomes of play, if used appropriately and carefully.

What the Student should do

- Mention the expected outcomes of successful use of Play for Guidance and Counselling.
- Practice some of the approaches to bring about healing adjustment in children.

Hint:

1. Students brainstorm on what they expect at the end of their 'playful' interaction with their pupils.
2. Generate contributions and discuss to reach a consensus on the most important outcomes of Play Therapy. These may include empowering the child to:
 - deal with self-destructive beliefs,
 - make options and choices, and
 - rehearse for action or behaviour change.
3. In three groups students practice with each of those outcomes of Play Therapy with children.

Group 1: dealing with self-destructive beliefs.

- Mention the destructive belief (could be personal, social, educational etc).
- Show how you would help the child to deal with this belief, using the selection of the play activities.

Group 2: making options and choices (could be personal, social, educational etc).

- Show how you would help the child to make options and choices, using the selection of the play activities.

Group 3: rehearsing for behavioural change

- Show how you would help the children to rehearse for behaviour change using the selection of the play activities.

4. Plenary presentation and discussion of role plays.



Step 8: Sustaining Interaction to Facilitate Change

What challenges might be faced during Guidance and Counselling of children

Purpose:

To prepare teachers to come to terms with some of the undesirable emotional realisations that may arise during their helping interaction with their pupils, especially on a one-on-one basis.

What Students Should Do:

- Identify some of the likely emotional reactions that might arise inside them, during their helping interactions with their pupils.
- Explain possible ways they would deal with their emotional reactions if they arose.
- Practice behaviours that would show appropriate response to their own emotional reactions.

Hint:

1. In buzz groups of three, students imagine involving interpersonal relationships that might arise out of emotional deprivation or difficulties that the children in various circumstances may face. Let them discuss the following:
 - How are children likely to re-direct these emotional deficiencies in helping relationships?
 - What are the likely temptations the teacher is bound to face as they respond to the children's emotional reactions?
 - What destructive outcomes might arise out of the teachers responses?
 - How best could the teacher handle the children's reactions?
2. Plenary discussions of the buzz group outcomes and consensus should be reached to discuss just a few of the identified reactions, e.g., transference, projection, displacement, etc..
3. In groups, students role play the possible approaches they would use to manage the emotional reactions of children, if they arose during the Guidance and Counselling relationships.
4. Plenary presentations of the group findings with discussions to supplement their efforts.
5. Refer to Tutor's Notes.



Tutor's Notes

Some of the challenging emotional reactions of children during Guidance and Counselling

Because children are still developing in all aspects of their lives, they have certain ways of interpreting relationships and situations. This tendency, to view people and their surroundings from a seemingly innocent view brings, challenges that come with it. These may take several forms. However, the first and commonest is **transference**.

How does transference affect the Counselling relationship?

Transference happens when a child begins to believe and behave like the counsellor were a significant person in the child's life, e.g., a mother. This can take on two forms: negative (negative transference) or positive (positive transference).

- The counsellor may end up behaving according to the child's wishes. This is called "Counter- transference", which happens if the child's desire reminds the counsellor of her/his own unresolved issues or fantasies from own past.
- If transference and counter-transference occur, then it must be recognised, accepted and dealt with appropriately and objectively, to stop it from becoming a barrier to meaningful interaction. If not effectively handled, the quality of the outcomes of Guidance and Counselling may be poor.

Step 9: Involving other systems

How can other systems be involved to back-up to the Healing Process?

Purpose:

To explore all available support systems in the life of the child that can help sustain change in the child.

What the Student Should do:

- Identify support systems that may provide back-up support for the child.
- Describe how they would work with the available systems, to sustain change.
- Mention some of the challenges they may face in involving other systems.
- Practice the methods they would use to ensure the other systems are supportive.

Hint:

1. Brainstorm on support systems that a teacher may work with to sustain change.
2. Generate contributions and discuss the timing and relevance for involvement in the course of Guidance and Counselling. You may use the table below (prepared, if possible, on newsprint):



Support system	Who to involve	Why?	When?
School	Subject teachers/school administration	Support to new behaviour	
Home	Parents/siblings/guardians	Support to new behaviour	
Other Professionals	Specialist in area of interest	Referral	
Peers	Peers at school	Support to new behaviour	

3. In groups, students discuss, prepare and present role-plays on pre-cautions, challenges and involving their system.

Tutor's Notes

Involving parents/family if appropriate

When planning to involve parents or family members, we should take the following into consideration:

- The child's environment, the most important of which is usually the family.
- If we worked with child alone, our achievements may be reversed by "circular process" which occur within families.
- Occasionally when change occurs, there may be resistance from other family members. These may include:
 - The child experiencing periods of set backs and regression, so family members need to be prepared for these with understanding.
 - Other family members either intentionally or unintentionally trying to sabotage newly acquired behaviour.
 - Involving family members to help individual members express their feelings and emotions regarding the process of change.

Giving feedback to referral sources

There are many systems and persons that may have referred the child for Guidance and Counselling. These may include:

- The school administration/disciplinary committee,
- Probation and social welfare department,
- Child rehabilitation centres and
- Other child support organisations like TASO, CCF, etc.

As the child resolves issues and becomes more empowered in some ways, the teacher may incorporate the healing efforts into these referral sources. However, this should be done with permission from caregivers.

How to feedback to referral sources

- Provide general feedback, which does not break confidentiality by revealing specific information which is private.
- Get assured that the child will benefit from appreciation and support to new behaviour by significant others.
- Ascertain that the system will give opportunity to the child to continue practising new behaviour.

Involving Peers

You may find it desirable to address specific generic/basic issues, e.g., safety and relationships. This may require education work, which is often best done in groups. Group work reduces stigma, and makes it easier for the child to integrate new ideas into her/his wider environment at school and home.

Step 10: Reviewing Outcomes (Final Evaluation), Case Closure and ending the Helping Relationship

Purpose:

To understand child-empowerment as the ultimate goal for counselling, to reduce dependency on the teachers.

What the Student should do

- Discuss reasons for the final assessment of child progress with Guidance and Counselling.
- Explain factors that may influence termination of the helping relationship.
- Mention the skills for termination of the helping relationship.
- Practice the behaviours that would lead to termination of a helping relationship and case closure.

**Hint:**

1. Students brainstorm on what to do in the final assessment and evaluation of the helping relationship with the child.
2. Generate and discuss contributions to reach some determinant issues, such as:
 - To gauge if family/caregiver/teacher, have noticed desired change in the behaviour of the child.
 - To confirm whether further work may be or may not be required.
 - To review the appropriateness of the timing for continuation if required.
 - To evaluate the effectiveness of the work done and make recommendations and referrals.
3. Plenary discussions of possible outcomes of the final review and how they would influence the termination of the relationship with the child [see Tutor's Notes].
4. In groups of 6-8, to practice and present role-plays depicting termination of a Counselling relationship in view of one aspect/outcome of the final review discussed earlier.

Tutor's Notes

Final Assessment and Evaluation

- To gauge if family/caregiver/teacher have noticed desired change in the behaviour of the child.
- To confirm whether further work may or may not be required.
- To review the appropriateness of the timing for continuation if required.
- To evaluate the effectiveness of the work done and make recommendations and referrals.

Case Closure

After the final assessment and evaluation, counselling can be terminated and case closed.

Some of the reasons for termination of a Counselling Relationship

There are many reasons why a teacher may end a helping relationship with a pupil. Some of them are listed below:

- When there is no significant progress in the desired behaviour.
- If there is need to refer for specialised or further management, e.g., with health related problems or psychological problems, beyond the teacher's training.
- If the child exhibits reactions of blocked emotions, for example, the child may stop participating meaningfully and become distractive instead or may become so irritable, aggressive or stop communicating at all.
- The child may regress into a behaviour previously mastered either before or during the helping relationship [e.g., thumb sucking, bed-wetting, missing lessons, deteriorated performance, etc.].
- There may be evidence of transference and/or counter-transference, which may be more harmful than useful if the relationship continues.
- The child may have developed over dependence on the helping relationship that new behaviour has not been successfully developed.

How to terminate the Helping Relationship

It is important to note that termination does not necessarily happen at the very end of the relationship without prior warning. Otherwise, the outcomes may not be positive. Positive termination happens at these stages:

During the contracting phase

When the teacher first enters the helping relationship with the child, her/his behaviour should show the temporal nature of this engagement through:

- The freedom they give the child to explore aspects of their own lives during selection of posture, play materials (if available) and use of space without over dominating control from the teacher.

During the helping process

Each session should be terminated by:

- Agreeing on the length of contact. For example, the teacher may say, "*this session will last us 30 minutes*" and then we can plan for the next one together.
- Taking joint-decisions on what to do with outcomes of play activities, e.g, moulds, drawings etc. The decision might be to arrange them in one corner so that next session "*we can begin where we ended today*".
- Talking of shared confidentiality when it becomes necessary, e.g, in cases of sexual and other abuse.
- Reducing frequency of contact. For example, if initial contact sessions were weekly, the teacher may reduce to fortnightly, then once a month and so on, to let condition the child to a possibility of ending the relationship. This helps the child to become self-supporting as she/he practices new behaviour as well.

At the end of the helping relationship

Prior to the very last session, the teacher should have prepared the child emotionally: *"next Tuesday will be our last day together on this issue. I am glad you can now do...better than before and leaving you on your own will make you even better. You can always pass by to say hello. Wish you well, bye."*

Step 11: Keeping records of the process

how the process of Guidance and Counselling is recorded

From the very start of the process, information is recorded to ensure a coherent procedure of all the interaction between the counsellor and the child is adequately captured. It is important to note, however, that no writing happens during the actual session as the teacher interacts with the child. All that transpires in the session is recorded after the child has left.

What kind of records are kept for Guidance and Counselling process?

The following records are kept:

1. The Clients' Register: This could be an ordinary book where entries are made as and when a new pupil client comes in;
2. The Clients' Card and
3. The Client's File.

The samples are shown in the subsequent pages.

Clients Card

CLIENTS CARD

Class

Village/Location/Parish

NameAge..... Sex

Client's Number[No...../Date.....Month...../Year.....]

Orphan Status[Single/Double.....]

If single, surviving parent [...Mother/.....Father]

School

Name of caregiver:

Relationship

Physical address of caregiver

Special Remarks:

FILE COVER

Client's Code

Date opened

Date Closed

Name of Teacher/Counsellor

Signature

Initial Assessment Report form

Client Code:

Date:

Clients' background information

Initial assessment

Assumptions

Initial procedure

Course of action for Comments

Subsequent session Record Sheet

Session Report Form

Session: (e.g., 1,2, etc)

.....

Client's Code:

Date:

Emerging issues:

Assumptions:

Procedure:

Course of action or Comments

Record sheet for Emerging Issues and Counselling Goals

Emerging Issues	Counselling goals

CLIENTS REFERRAL CARD

[To be filled in duplicate]

Name of pupil:

Age:

Referred to: [Name of organisation/Health unit or persons (e.g.,
subject teacher, Social worker etc.)

.....

.....

Reasons for referral

.....

.....

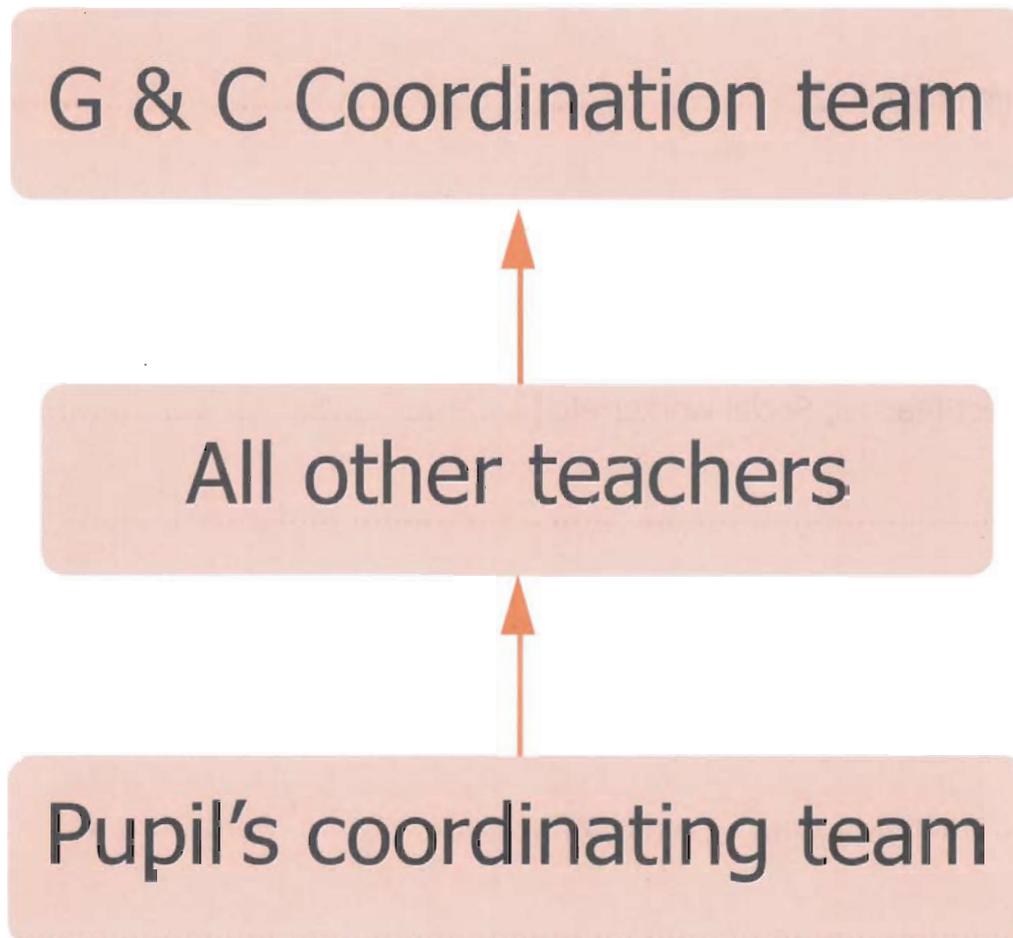
Name of referrer

.....

Signature

.....

Suggested School-Based Guidance and Counselling Structure



List of Contributors

- | | | | |
|-----|---------------------------------|---|--------------------------------|
| 1. | Ms. Joy E. Oguttu | - | Consultant - PATCH CONSULT |
| 2. | Mr. Martin Omagor Loican | - | Ministry of Education & Sports |
| 3. | Hajati Nalumansi M.R.T. | - | Ministry of Education & Sports |
| 4. | Mr. George W. Opiro | - | Ministry of Education & Sports |
| 5. | Ms. Harriet M. Ajilong | - | Ministry of Education & Sports |
| 6. | Mr. Odwilo Simon | - | Soroti Core PTC |
| 7. | Mr. Mugisha Patrick | - | Bishop Stuart Core PTC |
| 8. | Mr. Enyutu Samuel | - | Nakaseke Core PTC |
| 9. | Mr. Okwi Simon Charles | - | Canon Apollo Core PTC |
| 10. | Mr. Kyaligonza Edward | - | Bulera Core PTC |
| 11. | Mr. Abraham Were | - | Loro Core PTC |
| 12. | Ms. Jane Serubogo | - | Nakaseke Core PTC |
| 13. | Mr. Enock Bongyeirwe Gumisiriza | - | Ministry of Education & Sports |
| 14. | Ms. Pillay Renuka | - | BEPS/SUPER PROJECT |
| 15. | Mr. Martin Opolot | - | BEPS/SUPER PROJECT |
| 16. | Mr. Patrick Bananuka | - | BEPS/SUPER PROJECT |

Child Guidance and Counselling for Primary Teacher Colleges is a completely new resource book in Uganda for teacher trainers. It synthesizes knowledge of both the physical developmental stages and psychological/emotional development of children; in empowering carers help children deal with issues that affect their normal functioning, psychologically.

Primary Teacher Colleges offer an ideal place for equipping all primary teachers, especially through the pre-service programmes, with this important aspect of care and support for children.

Although it is designed for use by teacher trainer, this Guide is invaluable for all those conducting training for Child Care and Support Programmes.



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BASIC EDUCATION
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