

**Note: This training presentation is continually being evaluated and updated to reflect current needs and best practices. It should be viewed as work in progress.**

**Any person, organization, or institution making use of these materials must acknowledge that they were developed by the Tanzania Institute of Social Work, Jane Addams College of Social Work, and Midwest AIDS Training and Education Center with support from the US President's Emergency Plan for AIDS Relief (PEPFAR), USAID/Tanzania, and the HIV/AIDS Twinning Center.**

# Learning to Work with Orphans and Vulnerable Children

**A Project of the Social Work HIV/AIDS Partnership for Orphans  
Vulnerable Children in Tanzania**

Engaging OVC and their Families  
Day 3

*Required*

# Engaging Clients: Issues in Communicating and Interviewing with Families

Portions adapted from Catholic AIDS Action,  
Psychosocial Support Training Curriculum,  
Namibia

*Skip– Resource  
Only*

# Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV

- 1. Outreach and Identification**
- 2. Engagement of Orphans and Families**
- 3. Assessing Needs and Strengths**

*Required refer  
to step 2*

# Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV

- 4. Developing a Plan of Care: Networking and Identifying and Referral to Other Resources**
- 5. Providing Support and Services within the context of your organization**
  - **Helping HIV Affected Orphans and Vulnerable Children**
  - **Counseling OVC and Their Families**
  - **Developing Support Structures for OVC and their Families**
- 6. Ongoing case management, Advocacy and Followup**

*Skip– Resource  
Info Only*

# Engaging families and children

Engagement is the process of helping people overcome obstacles to using services or getting help.

These obstacles can be concrete, such as lack of information about what is available or not having a way to get to the services.

These obstacles can also be internal to the person, such as reluctance to ask for help or not thinking that services would be beneficial.

*Required  
Brainstorm*

# BASIC ENGAGEMENT TECHNIQUES

## **1. Start where the client is --**

- How does the person see the problem?
- How would he or she like your help or someone else's help?
- Where does he or she want to start?

*Required*

## 2. Empathy

**Empathy** is the ability of one person to step into the inner world of another person and to step out of it again.”

Empathy is to feel ‘WITH’

Sympathy is to feel ‘LIKE’

Pity is to feel ‘FOR’

*Required*

## 2. Empathy

When empathizing, we help the client become aware of their feelings and help them to express these feelings. But be sure to “own” your statements by starting sentences with phrases like “I think..” or “I’m wondering if...”

***Basic empathy:***

***I think you feel ..... (Name feeling)***

***Because ..... (give reason for feeling)***

***I think you feel sad because you just heard your friend is in hospital.***

*Required*

# 3. Questioning

This is the primary technique that we use to obtain information, to let the client know we are interested, and to help the client think about the problem or need.

**Open ended questions** allow the client to open up, while retaining control of the flow of information given. Open-ended questions often start with words like “how” or “what”.

**Closed questions** can be answered with one or two words, e.g. “yes”, “tomorrow”, “10 years”. Closed questions often start with words like “did” or “do”.

*Required*

# Questioning (cont.)

## Open-ended

Who....else knows?

When....did it begin?

Where....did it begin?

What....would you like to do about it?

How....do you think this will help?  
help.

How....will you do that?

## Closed-ended

Does....any one else know?

Did....it start recently?

Has....it always been a  
problem?

Do....you want to do anything  
about it?

Do....you think this will

Will....you be able to do that?

Be careful not to use leading questions, e.g. "You would like to do that, *wouldn't you?*"

*Required*

*Brainstorm examples*

# Questioning (cont).

- Both types of questions have their uses.

Closed questions are necessary to obtain specific information or help a shy person talk. Closed questions, however, may also feel like interrogation.

Open-ended questions make room for the person to talk and help you gather information about the problem from their perspective.

*Required*

## 4. Good Responding Skills

- Listen as accurately as possible to all the counselee's feelings.
- Hold off your response until you think you understand the thought and feeling. For example, 'I have a feeling that you are very lonely. Is that right?'
- Don't interrupt a positive, significant silence.

*Required*

*Brainstorm*

# Good Responding Skills

- Use head nods and 'mm' to encourage the counselee, or repeat the last few words
- Avoid offering advice or making judgments.
- Avoid interrupting or changing to unrelated topics.

*Required*

*Brainstorm*

# Good Responding Skills

- Don't speak too soon, too often, or for too long. Don't lecture!
- Observe any reaction in the counselee to your response.
- Sum up what you have heard and how things fit together.

*Required*

*Brainstorm*

## 5. Other ways to listen

- **Commenting on the process or your observation –**
  - Many times a client can become quiet, or laugh, then the para-social worker can say “You look very sad, like you are about to cry?”
  - State what you see/observe, for example ‘you look like you want to laugh’. Don’t judge.

*Required*

# Other ways to listen

- **Paraphrasing (restating) —**
  - Repeating in short what the client has said, but bring out the main or key issue of what was said.
    - this helps clarify,
    - helps the person tell the story, and
    - shows that you have been listening.
  - Allow client to correct you.

*Required*

# Other ways to listen

- **Summarizing**--repeating in short what the client told you, pulling out the main points of their story to sum up the client's concerns or issues discussed so far.
- A summary is used:
  - To check that you have understood client's story
  - When changing topics
  - When closing discussion or clarifying something
  - To collect thoughts when stuck
  - To each person present to show them that you have heard and acknowledge their point of view

*Required*

# Communication Qualities

- **Knowledge and appropriate skills** to work with people
- **Self confident** - do not doubt yourself
- **Keep it simple** especially when working with children
- **A good listener**
- **Empathic**
- **Approachable**

*If possible. Brainstorm*

# Communication Qualities

- **Patient** - problem might have been there for a very long time and will need time to resolve
- **Accepts people** as they are
- **Treats all information as confidential**
- **Honest with integrity**
- **Non-judgmental**

*If possible  
Brainstorm*

# Basic Assumptions of the Strengths Approach

- All persons possess strengths that can be used to improve the quality of life.
- We should recognize these strengths and respect the client to allow them to go in the direction they wish.
- The client's motivation is increased by a consistent emphasis on strengths as the client defines them.

*If possible*

*Brainstorm*

# Basic Assumptions of the Strengths Approach

- Discovering strengths requires a process of cooperative exploration between client and para-social worker
- The para-social worker does not have the final say on what the client needs to do to improve their lives or how they should do it.
- Focusing on strengths of the client turns the para-social worker away from the tendency to judge or to blame the client for their difficulties and toward discovering how the client has managed to survive, even in the most difficult circumstances.

*If possible*

*Brainstorm*

# Basic assumptions of the Strengths Approach

- All environments—even the most poor—contains resources.
- It's more efficient to learn from successes than from failures.

*If possible*

*Brainstorm*

# Issues in Communicating with Children

*Skip– Resource/Title Page Only*

# Guides for Communicating with Young Children

- Get your head physically on the same level as the child's.
- Make eye contact.
- Use a gentle touch.
- Speak with firmness, not anger, pleading, or whining.

*Required---Brainstorm*

# Guides for Communicating with Young Children

- Give clear and consistent instructions.
- Avoid confusing contradictions or mixed messages.
- Don't give too many instructions at once.
- Allow children to make choices appropriate to their age level.

*Required; Brainstorm*

# Guides for Communicating with Young Children

- Affection is often shown non-verbally. Be sure to hold a child for comfort and share smiles and hugs.
- State things in terms of how a child's behavior is affecting you.
- Notice your body language.
- Don't try to trick children.

*If possible*

# *Use positive direction instead of negative statements*

- Instead of: “Don’t rock your chair!”
  - Try: “Sit on your chair”.
- Instead of: “Don’t touch anything, you’re all dirty!”
  - Try: “Wipe your hands on this towel”.

*Required*

*Brainstorm reasons for using positive direction*

# *Use positive direction instead of negative statements*

- Instead of: “Don’t be so loud!”
  - Try: “Talk in a quiet voice”.
- Instead of: “No you can’t play outside, we have to go to the shop”.
  - Try: “Yes, you may play outside when we get back from the shop.”

*Required*

*Brainstorm*

# What is “Good Listening”?

“Good Listening” to a child who is distressed is actively taking in what is being said.

- Act as a receiver, a holder of the child’s feeling, so that the emotional tension in the child can be released in a constructive way.

*Required*

# What is “Good Listening”?

- Increase understanding and knowledge of what children experience—as seen through the child’s own eyes. This will enable you to give some help to the child immediately – comfort, relief of guilty feelings and understanding of why the event happened, and what it meant.

*Skip/resource info only*

# What is “Good Listening”?

- Give the child the feeling of having been heard and having her/his feelings recognized and understood. Maybe the child will not feel so alone anymore.
- Act as a model for important people in the child’s life, who may not have realized the child’s needs for being heard, for being comforted
- Listen with a loving, caring attitude.

*Required*

# SOME POINTS TO CONSIDER

**Introducing yourself:** How are you going to introduce yourself so that the child understands who you are and why you are talking to him/her?

**Simple language is important.**

**Time:** Be careful to plan enough time for the conversation so that you can leave the child in control of his/her feelings.

If time is short, avoid eliciting strong emotions in the child.

*If possible--Brainstorm*

# SOME POINTS TO CONSIDER

**Positive Support:** Give the child positive support for the efforts he/she is making to overcome traumatic experiences, and the inevitable daily life difficulties which follow.

Encourage the child to talk about what is helping in this process.

**Privacy:** Be sure that where the conversation with the child/family will take place is as private as possible.

*If possible*

*Brainstorm*

# SOME POINTS TO CONSIDER

## **Who should be present?**

- Ask children who they want to be present, when appropriate
- It is important to have some adult with the child who the child knows and trusts, and who can follow up with the child afterwards (parents, relatives, a trusted teacher, or a responsible community member).

## **Sitting? Standing?:**

- Different cultures have different customs relating to how adults and children should behave when talking together.
- Try to be near the child so you can touch him/her if necessary.

*If possible*

*Brainstorm*

# SOME POINTS TO CONSIDER

## **Be sensitive to the child's state:**

- Children can be exhausted, hungry, ill, frightened, cold and all these states of course will affect your relationship with the child.
- Never press the child to tell things she/he does not want to nor let anybody else do this. Then, the whole point of the conversation will be lost. The child will not trust you, and will feel anxious.
- If there is something you see that is worrying the child, you can say: "I think the question I asked you is difficult for you to talk about."

*Required*

# Communicating with Children

**Never leave children with a sense of failure** because they have not or cannot answer your questions.

**Record** conversations with children. It may be necessary to write down the conversation one is having with a child. It is important that children are given our full attention under such circumstances.

*Required*

# Communicating with Children

## **Clarify – don't interrupt:**

Interrupting a child will often bring the child to silence and cause the child to doubt whether he/she is saying the right things.

Wait until the child has a natural pause, and clarify points you want to understand more clearly; 'is that what you meant?' 'what happened next?'

*If possible*

# Communicating with Children

## **Simple language:**

Keep your language simple,

Your questions short,

Your explanations also short and simple.

## **Confidentiality:**

The child must know that his/her identity will not be revealed, that secrets will be kept, as well as exceptions to confidentiality.

*Required*

# Other ways to help children talk

## **Measuring the problem–**

Ask a question about how serious the problem is.

With children you can use hands or numbers, e.g. “last time you said you were this angry, show me how angry you are today?”

*Skip/resource info only*

# Other ways to help children talk

## **Empty Chair:**

The empty chair is used to represent anyone important who is not present in the session, e.g. grandmother, father, teacher, etc.

The counselor can ask “If your teacher was seated in that chair next to you, what would you say to her about not going to school?”

With children the missing member may be represented by a puppet or doll.

*Skip/resource info only*

# Other ways to help children talk

## **Play—**

Play is very useful with children.

This helps them feel relaxed,  
welcomed and respected.

Use dolls, toys, drawings, puppets to  
help child talk about their concerns.

*Skip/resource info only*

# Life of the Child II

## Addressing Crisis and Impact of Trauma in OVC

*Required*

# Addressing Crisis in OVC

*Required*

# What is a Crisis?

- At some point in our life we, or someone near us, will be experiencing a crisis
- It is an unstable or crucial time of loss, change, or stress that takes people out of their comfort zones and/or normal coping pattern

*Required*

# What is a Crisis?

- Precipitated by
  - an unusual outside event OR by a change in the person's ability to cope with illness, previous events, or current life stresses. Sometimes a seemingly small thing can be the “last straw”.
  - A turning point in life that can't be avoided – retirement, the empty nest time, death of a parent, death of a spouse.

*Required*

# Types of Crises

- **Developmental Crises**
  - Normal, expected
  - Transition from one developmental stage to another
  - Transition from one stage of family life cycle to another
  
- **Situational Crises**
  - Unplanned, unexpected, uncommon and extraordinary events
  - Sudden onset, unexpected, emergency quality, potential impact on community

*Required*

# Crisis as Danger and Opportunity

- Opportunity
  - Successful coping, the individual survives the crisis with increased coping skills, emotional growth, and resources which prepare him for future stressors.
- Danger
  - Unsuccessful coping, the individual may return to a lowered level of functioning or remain nonfunctional via suicide, homicide or psychosis.

*Required*

# Process of Crisis Formation

- Precipitating Event Occurs
- Perception of event leads to subjective distress
- Subjective distress leads to impairment in functioning
- Coping skills fail to improve functioning

*Required*

# Effective Coping Behavior

- Actively exploring reality issues and searching for information
- Freely expressing both positive and negative feelings and tolerating frustration
- Actively invoking help from others
- Breaking problems down into manageable bits and working through them one at a time.

*Required*

# Effective Coping Behavior

- Being aware of fatigue and pacing coping efforts while maintaining control in as many areas of functioning as possible
- Mastering feelings where possible, being flexible and willing to change
- Trusting in oneself and others and having a basic optimism about the outcome.

*Required*

# Ineffective Coping

- Individual becomes so upset by a distressing event that her/his coping methods fail and ability to function is reduced.
- State of disequilibrium ensues for 4-6 weeks.
- Inadequate support is offered and no intervention/help is sought.
- Individual is unable to realistically and effectively respond to the event and functions at a lowered level.
- Individual is left unprepared emotionally to cope with future stressors and easily enters into crisis states when faced with potential distressing events.

*Required*

# Formula to increase functioning

- Alter/change perception of the precipitating event and offer coping strategies
- Subjective distress will be lowered
- Functioning level returns to previous level or higher

*Required*

# Intervention

- Act immediately to help the person cope
  - Relieve anxiety
  - Prevent further disorientation
  - Ensure sufferers do not harm selves

*Required*

# Intervention

- Take control
  - Be clear about what and whom you are attempting to control
  - Appear stable, supportive and able to establish structure
  - Be clear in introductory statements
  - Do not promise anything that might not happen
  - Guide sufferer

*Required*

# ABC Model of Crisis Intervention

## A. Developing and Maintaining Contact

- Basic attending skills used throughout interview
- **Attending Behavior**
  - Eye contact, warmth, body posture, vocal style
  - Verbal following, overall empathy (focus on client)
- **Questioning**
  - Open-ended, closed
- **Paraphrasing**
  - Restating, clarifying
- **Reflection**
  - Positive, painful, ambivalent, and nonverbal feelings
- **Summarizing**
  - Tying together feelings and facts
  - Tying together precipitating events, subjective distress, meanings

*Skip/resource information only*

# ABC Model of Crisis Intervention

## **B. Identifying the Problem and Therapeutic Interaction**

- Identifying the precipitating event, explore meanings and perceptions about it, assess subjective distress, current and previous functioning socially, behaviorally, academically, and occupationally.
- Suicide assessment, substance abuse issues
- Therapeutic interaction: Educational, empowerment, support, and reframing statements.

*Skip/resource information only*

# ABC Model of Crisis Intervention

## **C. Coping**

- Encourage client to think of ways to cope.
  
- Offer alternative coping strategies: groups, legal/medical referral, bibliotherapy, agencies
  
- Follow-up

# Reference

- Kanel, K. (2003). *A guide to crisis intervention*, 2nd ed. Pacific Grove, CA: Brooks/Cole.

# Addressing Issues of Trauma

*Required*

# Trauma

- A psychologically distressing event that is outside the range of usual human experience.
- Involves
  - Sense of intense fear
  - Terror
  - helplessness

*Required*

# Childhood trauma

- Increases risks in adulthood
  - Emotional
  - Social
  - Cognitive
  - Physiological

*Required*

**Traumatic  
Event**



**Prolonged  
Alarm  
Reaction**

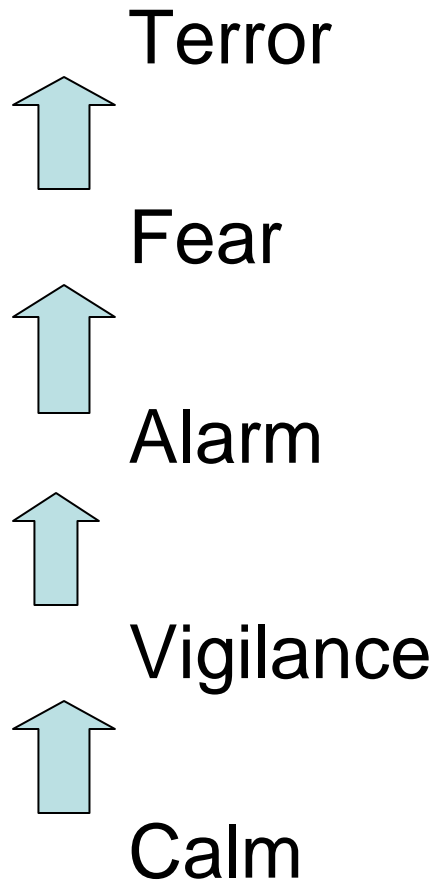


**Altered  
Neural  
Systems**

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*Skip- Resource Information Only*

# Response to Trauma Continuum



*Optional*

# Reactions to Threat

- Hyperarousal: Fight or Flight
- Dissociation: Freeze and Surrender

*Required*

# Factors that Influence Response

- Dissociation
  - Younger children
  - Females
  - Trauma involves pain
  - Inability to escape

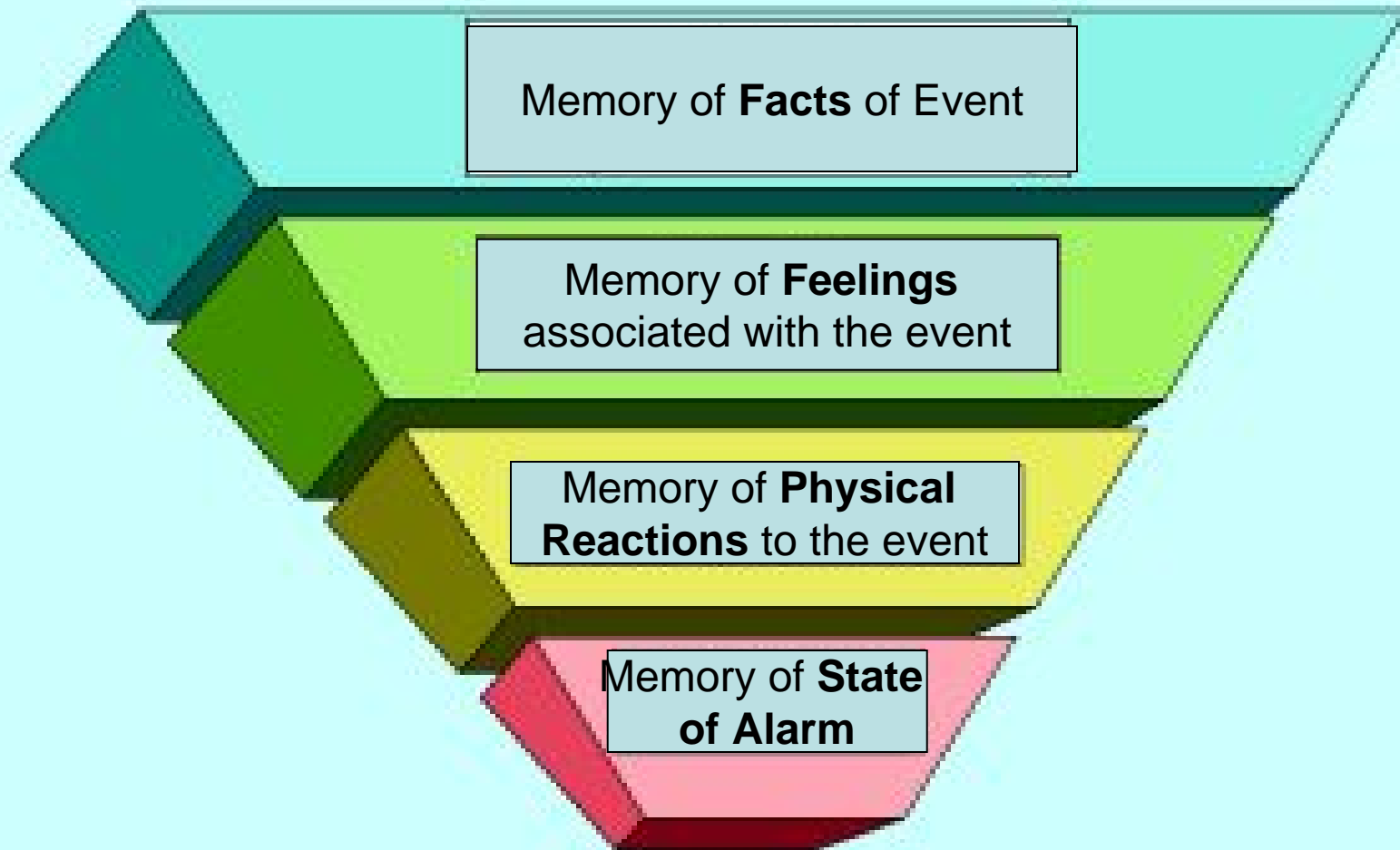
*Required*

# Factors that influence response

- Hyperarousal
  - Older children
  - Males
  - Trauma involves witnessing event
  - Trauma involves playing an active role in event

*Required*

# Memory of Trauma



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*Required*

# Post-Traumatic Stress Disorder (PTSD)

- Symptoms last longer than one month
- Recurring intrusive recollection of the traumatic event
- Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness
- Persistent symptoms of increased arousal – physiological hyper-reactivity

*Required*

# Symptoms

- Behaviorally impulsive
- Hypervigilant
- Hyperactive
- Withdrawn
- Depressed
- Sleep difficulties
- Anxiety
- Loss of previous functioning
- Persistent physiological hyper-reactivity

*Required*

# Who develops PTSD

- The more life-threatening the event
- The more the event disrupts the child's normal family or social experience
- An intact, supportive, and nurturing family is a relative protective factor

*Required*

# Hallmark Symptoms of PTSD

- **RE-ENACTMENT**
  - Play, Drawing
  - Nightmares
  - Intrusive thoughts
- **AVOIDANCE**
  - Withdrawn
  - Off in own world
  - Avoiding other children
- **PHYSIOLOGICAL Reactions**
  - Anxiety
  - Sleep problems
  - Hypervigilance
  - Impulsive Behavior

*Required*

# Treatment Helps!!

- Treatment usually incorporates
  - Review and recollection of traumatic experience
  - Information about the normal and expected processes of post-traumatic functioning
  - Focus on specific symptoms

*Required*

# How to Help the Caregiver: What to do

- Don't be afraid to talk about the traumatic event
- Provide a consistent, predictable pattern for the day
- Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context
- Discuss your expectations and your style of discipline with the child

*Required*

# What to do

- Avoid physical discipline
- Listen to the child
- Talk with the child
- Watch closely for signs of reenactment, avoidance, daydreaming, and physiological hyper-reactivity, anxiety, sleep problems, behavioral impulsivity

*Required*

# What to do

- Protect the child
- Give choices and some sense of control
- If questions, ask for help!!

*Required*

# Reference

- Child Trauma Academy. (2007). Bonding and attachment in maltreated children. [www.ChildTraumaAcademy.com](http://www.ChildTraumaAcademy.com).  
Downloaded March, 20, 2007.

# Large Group Exercise

- Count off by 10 into groups of 5 – 6.
- During the break think about the children you have worked with in the age group assigned to your group and try to identify one who might have suffered trauma.
- After the break, meet in your group and select a recorder and reporter for your group.
- Select one of the children you have identified to focus upon in the group.
- Drawing upon the material presented last week and the information presented today answer the following questions:
  - What traumatic events has this child experienced? (that you know about)
  - What symptoms of trauma does this child present?
  - What age appropriate interventions would you include in your service plan to address the trauma?

*Optional: if time*

# Group Exercise Age Assignments

- Groups 1 and 2 – preschool age child
- Groups 3 and 4 – primary school age child
- Groups 5 and 6 – secondary school age
- Groups 7 and 8 – college age youth
- Groups 9 and 10 – adult (caregiver)

*Optional: if time*