

Note: This training material is continually being evaluated and updated to reflect current needs and best practices therefore 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 the Midwest AIDS Training and Education Center with support from the US President's Emergency Plan for AIDS Relief (PEPFAR), USAID/Tanzania, and the American International Health Alliance's HIV/AIDS Twinning Center.

Day 3:

Engaging Clients — Issues in Interviewing and Communicating with Children and Families

Recap — Review of previous day and overview of coming day

Review of Social Work Process for Working with Most Vulnerable Children and their Families and Location of this Day's Activities (Slides 3-4)

1. Identifying Vulnerable Children and their Families
2. Engaging Vulnerable Children and Families
3. Assessing the Strengths and Needs of Vulnerable Children and their Families
4. Developing a Plan of Services for Vulnerable Children and their Families
5. Implementing the Plan of Services
 - Identifying and Referral to Other Resources
 - Providing direct services: problem solving, support and coordination
 - Empowering and supporting caregivers
 - Addressing HIV related prevention and care concerns
6. Evaluating Progress, Revising Service Plan and Following Up Through Ongoing Case Management, Family Support and Advocacy

Objectives for the Day (Slide 5)

At the end of this day, Para Social Workers will be able to:

- Define engagement and its purpose with vulnerable children and families
- Describe the attitudes and values that are necessary to establish effective worker-client relationships
- Identify the qualities of effective communication
- Develop basic skills in effective communication
- Identify engagement and communication skills that are developmentally appropriate for children
- Define crisis, types of crisis, and the process of crisis formation

- State indicators of successful and unsuccessful coping with crisis situations
- Describe and explain a model of crisis intervention
- Demonstrate skills in intervening with vulnerable children and their families related to crisis

Engaging Families and Children

Learning Activities:

- Presentation
- Brainstorming
- Small group/dyadic activities
- Q & A/Discussion

Instructions for Learning Activities:

- Introduce participants to roles of the Para Social Worker with most vulnerable children
- Emphasize what Para Social Workers do NOT do with MVCs
- Present and discuss basic principles of engagement
- Ask participants to brainstorm how the Para Social Worker relationship is different than personal relationship
- Present characteristics of successful Para Social Worker relationship with clients
- Ask participants to turn to person next to them and share ideas about the qualities of someone in whom they would confide; have participants share their ideas with the larger group
- Present qualities and attitudes of a successful Para Social Worker
- Introduce basic engagement approaches starting where the client is (empathy questioning)
- Present and discuss engagement approaches
- Ask participants to work in pairs to practice demonstrating empathy and to practice using targeted questions; have participants share what they learned with the larger group
- Ask participants to brainstorm in large group about skills for responding to children and families
- Present and discuss additional listening skills
- Summarize basic engagement techniques and communication qualities and skills
- Brainstorm and summarize special considerations when engaging children
- Present and discuss communication skills with children and adolescents

Topic Outline (Slides 6-7)

1. Roles of the Para Social Worker
 - Listen and provide support
 - Assess needs and strengths
 - Plan services with the family
 - Assist in problem solving
 - Refer to resources
 - Link with district social welfare officer
 - Provide information
 - Provide crisis support

Note: Children and families with ineffective coping in crisis should be referred to professional social workers or other providers

A Para Social Worker Does NOT

- Provide in-depth counseling or therapy
- Provide medical or health-related services
- Deal with complex emotional problems elsewhere
- Have to solve all the child's problems!!!

2. Engaging Families and Children

a. What is engagement? (Slide 9)

- The process of helping people overcome obstacles to using services or getting help
- 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
- Successful engagement depends upon the worker's ability to build a positive relationship with individuals, families, groups, and/or communities

b. Basic Principles of Engagement (Slide 10-19)

- Build the communication and rapport between the family and the Para Social Worker
- Build understanding of the kind of help available from a Para Social Worker
 - Characteristics of successful worker relationships
 - Within Boundaries
 - Goal Oriented
 - Time limited
 - Guided by professional ethics and values
 - Shaped by attitudes that embrace human dignity and promote respect
 - Qualities
 - Guided by professional ethics and values:
 - Shaped by attitudes that embrace human dignity and promote respect
 - Empathy - the ability of one person to step into the inner world of another person and to step out of it again.
 - Difference between empathy, sympathy, and pity
 - Non-judgmental - the ability of a person to set aside personal values and judgments in an interaction and to listen and respond with neutrality
 - Unconditional Positive Regard - the ability to value the person regardless of their behavior or characteristics.
 - Feeling Focus - the ability to help the person identify and experience their emotions while providing support and maintaining control of self

3. Key Principles of Para Social Work Safety for Home and Community Visits (Slide 11)

- Tell people where you are going to be, when and for how long
- Always have immediate access to a cell phone
- Never visit in a household in which violence is a real possibility
- If there are safety concerns go with a colleague

4. Basic Engagement Approaches (Slides 21-39)

a. Start where the client is

b. Communication Qualities: acceptance, non-judgmental, confidentiality, honesty, trust and empathy

- c. Empathy - the ability of one person to perceive the situation from another person's perspective
- d. Use effective communication such as active listening, appropriate questioning and responding technique.

Questioning is the primary technique that we use to obtain information, to let those we are working with know we are interested, and to help them think about the problem or need.

- e. Questions
 - 1) Open ended questions
 - allow the person to open up, while letting them have some control of information flow
 - often start with words like "how" or "what." Examples: Who else knows? When did it begin?
 - 2) Closed questions
 - can be answered with one or two words, e.g. "yes", "tomorrow", "10 years".
 - often start with words like "did" or "do" or "how often." Examples: Does anyone else know? Did it begin recently?
 - 3) **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.

Learning Activity:

Brainstorm – ask the trainees to give examples of closed-ended questions and then give examples of open-ended questions.

5. Good Responding Skills

- Listen to and observe the feelings being expressed
- 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
- Use head nods and 'mm' for encouragement or repeat the last few words
- Avoid offering advice or making judgments; interrupting or changing the subject to unrelated topics; speaking too soon, too often, or for too long. Don't lecture!
- Allow the child or family member to control the flow, content and context of the conversation
- Observe the physical, facial or social responses to the conversation, paying close attention to non verbal communication (body language)
- Sum up what you have heard and how things fit together and ask if your interpretation is accurate
- Try to get the child or family member to suggest the next step

6. Other ways to listen

- a. Commenting on the process or your observation:
 - If a client becomes quiet, then the Para Social Worker might say. “You look very sad. Can you tell me what that is about?”
 - State what you see/observe, for example, “You look like you want to laugh.”
 - Don’t judge.
- b. Paraphrasing (restating): Repeat in short what the person has said, but bring out the main or key issue of what was said.
- c. Summarizing: Repeat a short version of 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.

7. Summary of Basic Engagement Techniques

- a. Start where the client is
- b. Use empathy to let the person know that you are trying to understand their situation and their feelings—you are with them
- c. Use appropriate and respectful questioning to establish the details of the case
 - a. open ended and close ended questions each have a purpose
- d. Use active responding skills to indicate active listening
- e. Establish mutual understanding through paraphrasing and summary

Trainer Tip:

- Before going over this slide, ask the trainees to summarize the key points in this section about engagement.

8. Communication Qualities

- Be composed, self-assured, respectful and approachable
- Keep it simple especially when working with children
- Make the language of the discussion fit the capacity of the listener
- Be a good listener
- Be empathic
- Establish the ground rules of and maintain confidentiality

9. Special Issues in Engaging with Children (Slides 40-60)

- a. Engagement with Children
 - a. The culturally appropriate customs and policies about communicating between an unfamiliar adult and a child must be known, honored and observed before direct work with a child is possible
 - b. When working with children, approaching adults involved in their care generally is needed before communicating with the child directly unless the situation is an emergency. This includes: parents or other caregivers, community leaders protecting the child, older sibling or extended family members protecting the child
 - c. Communicating with Children in a Cultural Context
 - Be aware of the community customs regarding communication with children
 - Some cultures discourage children from looking to or responding to adults directly

- There are often gender differences in the communication process.
- Getting support about communication techniques from people already working in the cultural context might be helpful
- Communication barriers often are bridge through the development of ongoing trust OVER TIME

Learning Activity:

- Brainstorm: What are some of the customs in your community relating to talking with children?
 - Discuss how this affects how the Para Social Worker communicates with child and family members.
- d. Guides for Communicating with Young Children
- Make eye contact and be on the same level as the child
 - Use a gentle touch.
 - Speak with firmness, not anger, pleading, or whining.
 - 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.
 - Use Positive Communication (tell them what to do, rather than what not to do (e.g. Try: "Sit still on your chair" instead of: "Don't rock your chair!")
- e. What is "Good Listening"?
- Increasing understanding and knowledge of what a child is experiencing— as seen through the child's own eyes.
 - Good listening skills will enable the Para Social Worker to give some help to the child immediately – comfort, relief of guilty feelings and gain an understanding of what happened, why it happened and what it means to the child.
 - "Good Listening" to a child who is distressed is actively taking in what is being said and may 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.
 - "Good Listening" may 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
- f. SOME POINTS TO CONSIDER:
- Listen with a loving, caring attitude
 - How can you introduce yourself so that the child understands who you are and why you are talking to him/her?
 - Simple language is important
 - 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
 - Make sure that the child knows they have your undivided attention

- Positive Support: Encourage the child to talk about what is helping or how they are being successful
 - Privacy for the interview
 - Who should be present? Ask children who they want to be present, when appropriate
 - Have some adult with the child who the child knows and trusts, and who can follow up with the child afterwards
 - Children can be exhausted, hungry, ill, frightened, or cold and all these states will, of course, 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 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.”
- g. Communicating with Children
- Never leave children with a sense of failure because they have not or cannot answer your questions
 - When taking notes, it is also important that children are given our full attention
 - Clarify – don’t interrupt: 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?’
 - Use Simple language: Keep any explanations short and simple
 - Establish and maintain confidentiality
 - 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?”
 - An empty chair can be used to represent anyone important who is not present in the session, e.g. grandmother, father, teacher, etc. The worker 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 relative may be represented by a puppet or doll.
 - Play is very useful with children. It helps them feel relaxed, welcomed and respected. As you play with the child ask gentle leading questions about feelings, using a doll, or drawing or other toy as a “proxy” for the feelings and the experience of the child
- h. Communication with Adolescents
- As children become older, increasingly complex information can be conveyed
 - Emotional difficulties which interfere with communication may be hidden by the teenager, who doesn’t want you to know how hurt or frighten he/she is
 - Communication can be fostered by establishing trust and rapport about related issues:
 - Talk about school, hobbies, music, sports, friends
 - Talk with respect, openness, honest and patience
 - Establish trust and long term connections
 - Elicit the opinions, thoughts and hopes, dream and plans of the teen

Life of the Child II: Addressing Crisis and Impact of Trauma with Most Vulnerable Children

Learning Activities:

- Lecture/discussion
- Brainstorm
- Small group activity

Instructions for Learning Activities:

- Ask participants to discuss in large group their feelings and coping during a crisis
- Present and discuss definition of crisis and effective/ineffective coping in crisis
- Review Para Social Worker's role in crisis intervention
- Present 3-step model of crisis intervention
- Conduct small group activity on crisis intervention using case of "Mariam"
- Present and discuss concept and process of trauma
- Present definition and symptoms of PTSD
- Ask participants to brainstorm how PSW can help children and families who have experienced trauma
- Summarize discussion and main points

Topic Outline

1. What is a Crisis? (Slides 64-66)

Learning Activity:

- Ask the trainees to think about the following questions for a few minutes
 - Have you ever experienced a crisis?
 - If so, what were your feelings at the time of the event? How long did that last? How did you feel afterwards?
 - What kinds of things did people say or do that helped you cope with the crisis?
- Have a large group discussion for 2-3 minutes answering the question "what is a crisis?"
 - a. What is 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 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 feel like a huge problem because the person has experience so many other problems that they now are in a crisis state
 - A turning point in life that can't be avoided – a child leaves the home, death of a parent, death of a spouse, etc.

2. Process of Crisis Formation (Slides 67-74)

a. Types of Crises

- Developmental Crises
 - Normal, expected
 - Change (transition) from one developmental stage to another
- Situational Crises
 - Unplanned, unexpected, uncommon and extraordinary events
 - Sudden onset, unexpected, emergency quality, potential impact on community

b. 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, for instance through, homicide, psychosis or even suicide.

c. Process of Crisis Formation

- 1) Precipitating Event Occurs: illness, disaster, death, extreme economic need
- 2) Perception of event leads to feelings of subjective distress. The event leads to feeling extreme upset, grief, loss, emotional abandonment
- 3) Subjective distress leads to reduced functioning. The person in crisis cannot stop crying or thinking about the problem, cannot enjoy anything, might stop eating, might stop caring for ordinary hygiene or sleeping or taking care of the daily needs of the family
- 4) Coping skills fail to improve functioning. Ordinary efforts to overcome the crisis do not provide comfort. Distractions, family support, daily needs do not overcome the emotions caused by the crisis

d. Effective Coping Behavior

- Actively exploring and searching for information
- Freely expressing both positive and negative feelings and tolerating frustration
- Actively seeking help from others
- Breaking problems down into manageable bits; working through them one by one
- Being aware of fatigue and take time to allow coping efforts to be helpful
- Trying to maintain control in as many areas as possible
- Mastering feelings where possible
- Being flexible and willing to change
- Trusting in oneself and others and maintaining hope about the outcome

e. 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 may last for at least 4-6 weeks depending on the problem and the person
- Inadequate support is offered and/or no additional 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 may easily enter into crisis states when faced with potential distressing events

Learning Activities:

- Ask each participant to write down at least two examples of “effective coping” and two examples of “ineffective coping;” allow 2 minutes for this
- Individuals may share what they recorded with a neighbor; allow 2 minutes for this
- Get group feedback of 1-2 minutes

3. Intervention (Slides 75-77)

- a. Act immediately to help the person cope
 - Relieve anxiety
 - Prevent further disorientation
 - Ensure sufferers do not harm selves
- b. Para Social Worker takes control in providing support, as the family members are not able to do so in a crisis time
 - Be clear about how you are trying to help — 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
- c. How to Help People Increase Functioning
 - Help people in crisis look to the future in positive terms
 - Focus toward small, practical steps
 - Active listening to help people express emotion and grief in an appropriate setting with comfort and support
 - Practical support for the activities of daily living (e.g. help provide meals, help with practical aspects of the crisis, help to mobilize community support for the immediate needs of the family)
- d. Three Step Model of Crisis Intervention (Slides 78-80)
 - 1) Developing and Maintaining Contact
 - 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

2) 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.
- Risk assessment for substance abuse issues - is the person likely to try to hurt him/herself?
- Supportive assistance: Educational, empowerment, support, and reframing statements

3) Encourage Coping

- Encourage client to think of ways to cope
- Offer alternative coping strategies: groups, legal/medical referral, referral to other service programs
- Follow-up

e. How Does a Para Social Worker Help with Crisis? (Slides 81-82)

- Help make connections to support groups or people who have coping skills to provide advice and examples
- Develop the child or family member's usual coping strategies; encourage routine to provide a structure to the time, working as usual, childcare and house work as usual
- Help the Client put the problem in perspective: How this fits with the rest of their life and other difficulties they have experienced
- Help the client support others with similar problems
- Encourage exercise and recreation: exercise releases brain chemicals that are calming

f. In-Class Group Activity: Crisis Intervention (Slides 82-83)

Learning Activities:

- Divide into groups of three and prepare to do a role play of an initial crisis intervention interview based upon the case description on the next slide.
- Assign one of three roles to each group member: Para Social, Mariam, Observer
- In the role play Mariam has a chance to ask for help, but she is crying and upset. The Para Social Worker will help her express her concern and begin develop a plan to deal with the crisis
- After the role play has been conducted, the group will have 5 minutes for the observer to provide feedback and to reflect on lessons learned during the exercise
- Each group will report back to the entire class the 2 or 3 most important things they learned through the exercise
- Case example: Mariam is a 25-year-old woman who has referred to the Para Social Worker by a neighbor. The Para Social Worker meets her and she is in a very upset state. She has been working in a local pub selling local beer to support the family, which includes Asha, her 5-year-old girl and the grandmother. The grandmother has been taking care of the daughter while Mariam is working. Now the grandmother is terminally ill with a lot of health complications. Mariam

feels she cannot stop her business because the family needs her income and she has no one to care for either Asha or the grandmother.

4. Addressing Issues of Trauma (Slides 85-94)

- What is Trauma? A psychologically distressing event that is outside the range of usual human experience that involves a sense of intense fear, terror, and/or helplessness
- a. Childhood trauma: when a child has experienced significant trauma, this leads to increased risk for problems in coping in adulthood and may cause problems
 - Emotionally – feelings and mental health
 - Socially – interaction with others
 - Cognitively – thinking and reasoning
 - Physiologically – growth and development
- b. Response to Trauma Continuum
 - Terror – Person is extremely fearful and is unable to function
 - Fear – Person is afraid of the situation
 - Alarm – Beginning to react—very concerned
 - Vigilance – Aware of traumatic event
 - Calm – Not worried about the event
- c. Reactions to Threat
 - Hyper-arousal: Fight or Flight
 - Dissociation: Freeze and Surrender
- d. Factors that Influence Response
 - Dissociation (freezing) is likely when the child is younger, is a girl, when the trauma involves pain, when there is no way to escape
 - Hyper-arousal (fighting or trying to escape) is more likely when the child is older or if the child is a boy, if the trauma involves witnessing event, the child is directly involved, or has an active role in the traumatic event
- e. Memories and Trauma
 - Trauma produces memories that stay with a child through adulthood
 - These memories may produce feelings or difficulties in problem-solving or relationships over time
 - This situation is called post-traumatic stress and can affect coping over the child's life
 - Helping the child to address the loss and grief produced by the trauma may improve future coping

6. Post-Traumatic Stress Disorder - PTSD (Slides 95-98)

- a. Symptoms last longer than one month
- b. Recurring upsetting recollection of the traumatic event
- c. Continues to avoid things that remind the child about the trauma, may try to avoid the feelings or “not feel” the feelings; may not respond to others
- d. Persistent symptoms of increased arousal; may appear overactive (physiological hyper-reactivity)

- e. Symptoms
 - Behaviorally impulsive; does things without thinking
 - Hyper-vigilant or over-cautious
 - Hyperactive
 - Withdrawn or depressed
 - Sleep difficulties
 - Anxiety
 - Loss of previous functioning
 - Overreacts to situations (persistent physiological hyper-reactivity)
 - Re-enactment:
 - child may re-experience (re-enact) the traumatic situation over and over which may occur in play/drawing, dreams/nightmares, intrusive thoughts; the child cannot stop thinking about the experience
 - A child who is given physical punishment may re-experience the trauma
- f. It is more likely the child will experience PTSD if:
 - S/he has experienced other life-threatening events
 - The event disrupts the child's normal family or social experience
 - There is a lack of an intact, supportive, and nurturing family

7. How can the Para Social Worker Help Children and Families Who have Experienced Trauma? (Slides 99-103)

- a. Children who have experienced *significant* trauma should be referred to professional social workers or medical or mental health experts, but the Para Social Worker can:
 - Listen attentively as the child expresses their feelings or memories
 - Watch closely for signs of reenactment, avoidance, daydreaming, and physiological hyper-reactivity, anxiety, sleep problems, impulsive behavior
 - Avoid physical discipline
 - Protect the child
 - Give choices and some sense of control
 - **NOTE:** If you have questions, ask for help from supervisor or other resources!
- b. Para Social Workers Can Help Caregivers by encouraging them to:
 - Not be afraid to talk about the traumatic event with the child
 - Provide the child with a consistent, predictable pattern for the day
 - Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context
 - Discuss their expectations and style of discipline with the child

Skills Building Workshop: Engaging Children and Families

Purpose of Activity:

- Demonstrate the application of concepts and skills covered in training

Equipment Needed:

- Flipchart and markers
- Instructions for exercise
- Cases for discussion/roleplay

Learning Activities:

- Small group discussion
- Skill simulation or role play

Instructions for Learning Activities:

- Introduce topic and use of skills building activities
- Review instructions for each activity
- Provide case information and assign one case to each small group
- Facilitate division of large group into small groups for activities
- Assign a facilitator to each small group who will:
 - Participate in exercise as participant and/or observer
 - Provide feedback
 - Assist in preparing for presentation at recap
- Facilitate recap/report back from small group discussions

Small Group Skills Building Workshop Instructions:

Engaging Children and Families (Slide 104)

- Separate into same small groups as on Day 2
- Appoint a secretary who will report tomorrow on the main ideas learned
- Referring to the child and family assigned to your group (John, Rehema, Koku, Amani), discuss some techniques to engage this child and family (10 minutes)
- Work in threes and practice communication skills (introduction, demonstrating empathy, asking questions, making clients comfortable)
 - One as the Para Social Worker
 - Second as the child or family member
 - Third as an observer to give positive and constructive feedback
- Each mini-group decides if they want to interview a child or a family member and switch roles at least once or twice
- Whole group gets together and discuss what they have learned with secretary taking notes for recap the next day

Recap of Day 3 & Preview of Day 4