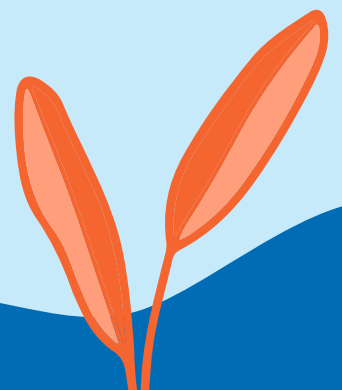


# #CounsellorSpeaks



Psychosocial support provided to children living in the red-light areas who are exposed to violence, and the role of counsellor in behavior modification.



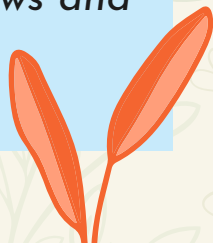
Prerana runs its Night Care Centre in the red-light areas of Mumbai and Navi Mumbai.

Prerana's Educational Support Program (ESP) is an intervention that caters to the educational needs of children - curricular, co-curricular, or extracurricular. The program offers study classes during the evening hours wherein teachers provide support to school/college-going students in their studies and project work. Prerana also provides educational scholarships for students who want to pursue vocational training, advanced or professional degrees, and to those students who have to pay school/tuition/extra coaching fees. This program is deployed at the Prerana NCCs through a dedicated team of social workers, teachers, and other resource persons.

Ms. Shruti Chatterjee, a counsellor in the NCC, meets the children once a week individually to address their concerns related to their family, peers and academics.

Psychosocial support provided by a counsellor helps children modify their thoughts and behavior and to respond to their needs appropriately. Arman, now a 10-year-old boy, has been a participant of Prerana's NCC and is also supported by the services under ESP. He was accompanied to the NCC and the study classes by his elder sister who is currently studying in the 10th grade. In the year 2013 when Arman was 2 years old, he was admitted to the NCC. As a toddler, he was jovial, active and enjoyed playing with peers. He would seek connection from his peers and staff at the center by playing with his peers and engaging in conversations with staff. His mother Asma, who is in the sex trade, lives in the 11th lane of Kamathipura red light area, Mumbai. Asma's regular customer (Aadmi) also lived with her in the same brothel. Arman witnessed the violent environment of the brothel, he also saw his mother being beaten everyday by her Aadmi. To the extent that he had normalized this behavior and had formed a mental schema of relationships to be abusive.

As Arman started coming to the NCC and started forming peer relationships, it was observed that his idea of play was different from that of his peers. He would involve himself in rough activities like playing with large bamboos lying on the streets of Kamathipura, climbing windows and breaking objects.



He was less cautious of hurting himself or others in the process. While he seemed to enjoy the rough play, his peers found it uncomfortable to play with him. They would either avoid playing with him or if they played with him, they would complain about injuries they had suffered. As time passed, he started being known as a 'problem child'. The NCC staff tried to explain to him the consequences of his actions and his mother resorted to beating him for his conduct. Arman started noticing that his peers, staff members and mother would blame him for every wrong thing happening around him. While he was at a tender age to understand the consequences of his behavior, others were also finding it difficult to interpret his actions. In the process of self-preservation, he started defending himself. As a young child, he found this phase confusing and therefore would act violently with anyone who he felt was threatening his self-esteem.



The counsellor met Arman when he was 6 years old. By then, he had started to behave as a child who would not oblige to others' requests or suggestions and would show anger at everyone around him. To vent his age-appropriate energy, he continued with his rough play. Since Arman was seeking connection and understanding, he and the counsellor instantly built a rapport. The counsellor resorted to sensitive communication with Arman, he was made to feel that he was in a safe space where he would not be judged and would be accepted for what he is. During the counselling sessions, the counsellor observed that he found it difficult to be seated in one place. He would squirm in his seat and after attempting to be seated, he would move in the entire room, climb chairs and touch or throw objects around. This observation was shared with the staff, and in return the staff shared similar observations and feedback.

The counsellor during the session initially focused on Arman's behavior, and noticed that Arman would understand instructions. However, it was difficult for him to follow them. His attention would quickly divert from one thing to another and in the process, he would miss out on any instruction given to him. Therefore, although he was able to comprehend information, he found it increasingly difficult to retain the information given to him. The counsellor further talked about his behavior with his mother. During the discussion, his mother shared that during her pregnancy with Arman, she was exposed to violence and trauma. She would also chew tobacco during pregnancy. Compiling the data from the mother and staff, and her own observation of the child's behavior, the counsellor suggested that he be evaluated for Attention Deficit Hyperactivity Disorder (ADHD)\*.



While he was being assessed for ADHD at the assessment center, in the counselling room, the counsellor helped Arman with his inability to concentrate using games and art. In the sessions, the counsellor gave him a competitive game and guided him through it. She also gave him symbolic rewards after he achieved milestones in the game. The competitive game initially helped him realize that he was having trouble concentrating. He would verbalize his challenge often in the sessions.

*\*Attention Deficit Hyperactivity Disorder(ADHD) is neurobehavioral disorder diagnosed in childhood which lasts into adulthood as well. Children in this disorder have trouble paying attention and controlling impulsive behavior. They appear extremely active and often cause malfunction in social, academics and interpersonal life.*



Gradually, he asked for help as he understood that it was beyond his control to concentrate. He found it hard to focus on any given task. He was diagnosed with ADHD and was prescribed psychopharmacological treatment.

His caseworker helped him and his mother in the process of finding a psychiatrist and also would ensure regular follow ups (The social caseworkers at Prerana ensure children receive mental health treatment with the recommendation of a counsellor. Prerana is associated with a psychiatrist in Mumbai, who takes up cases of children referred by caseworkers). He was also psycho educated about the disorder during the sessions, where he was sensitively made aware of his behavioral and cognitive limitations. With age-appropriate language and pictures he was explained how functions of the brain plays an important role determining his thoughts and behaviors. He gradually gained insight towards the disorder.

*During one of the sessions, he drew a disturbed looking child with torn clothes, who looked disheveled. While describing the drawing, he shared that this child was not loved and was admitted to a mental asylum. He further described the child as angry towards the world and abandoned. In a follow up session, it was reflected that he may have drawn himself. He agreed and shared that he is called mad in school and at the NCC. He added that he would be eventually put in an asylum and would be later electrocuted. He also felt sorry for himself and was hopeless.*

*The counsellor and Arman worked together to understand his thought process and emotions. In the beginning, he was helped in understanding the emotions he felt and was introduced to his own personal thoughts. This was done through paraphrasing and empathetic listening. Arman was given emotion recognition exercises (child is shown animated pictures with different expressions and is asked to guess the emotions behind the expressions) to help him use appropriate words to express his feelings. Arman was also asked to relate the expressions shown to him, and give personal life examples. This helped him to name his emotions appropriately instead of using abusive or inappropriate words. While exploring his thoughts, he verbalized feeling low self-esteem and shame. He also expressed his feeling of being angry towards his family for not loving him. He pictured himself to be an unlovable and awful person. With the help of interpersonal and cognitive technique, the counselling sessions focused on helping Arman understand the need to change his perspective of himself*

There are some children from the red light areas who often see a dynamic life. They are often taken to their native places by their family members in the middle of the year experiencing a break from their routine. This also results in them being irregular to counselling sessions. So was the case with Arman; who was taken by his mother to visit his native place and came back after a couple of months. This proved to be a limitation in his counselling process. Arman however also noticed the effect of psychopharmacological medicines. He insisted on continuing with his medications as it was helping him focus and made him more mindful about his actions.

The counselling sessions helped Arman to be vocal about his feelings, and he would use the emotion vocabulary to communicate them at the session. The counsellor and his mother worked together to understand effective ways of responding to Arman. His mother is a victim of conditioning, and took some time to understand the effects of her reaction (hitting) on Arman. Her approach towards Arman changed slightly and Arman in turn was more reciprocal towards this relationship. He insisted on living with his mother and regularly attending study class.

Prerana believes in working with a totalitarian approach, and therefore while focusing on child's behavior and their primary caregiver responses, it also focuses on the responses by the social workers. The counsellor and the social worker had frequent discussions and took part in capacity building activities to learn to sensitively respond to the child and also to understand the pathology the child may be suffering from. This approach helped the staff to respond to Arman in a non-judgmental and objective manner. In addition to that, intermittent follow ups with Arman and his peer group were done and it was reiterated how an individual's actions are different from the individual itself. Caution was taken to not focus Arman alone in such discussions, avoid labelling and encourage learning through discussions. Through the help of group counselling sessions, children along with Arman were exposed to the concept of different kinds of boundaries and the importance of maintaining them. Through such sessions, Arman learnt the concept of physical space and his rough play reduced significantly with other children.

Today (in 2022) Arman is 10 years old and takes regular medications that have helped him gain control on his hyperactivity. He intermittently seeks counselling to manage his peer relationships. Children up to a certain age like to explore and are unaware of their boundaries.

However if this gets challenging for a child, it becomes crucial for them to be assessed. Having said that, not every child needs medications. Behavioral concerns can be addressed by a counsellor. In Prerana, we believe in working for the child through all domains, hence, staff discussions, mother meetings and group discussions with children help the child address their concerns in a larger setting.





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