PRACTICES AND PROBLEMS OF CHILD COUNSELING SERVICES IN COMMUNITY BASED CORRECTION CENTERS OF ADDIS ABABA

BY

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Acronyms/Abbreviations

CBCC	Community Based Correction Center
CBCP	Community Based Correction Program
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
FSCE	Forum on Straight Children Ethiopia
G O	Governmental Organization
MOH	Ministry of Health
NGO	Non Governmental Organization
TVET	Technical and Vocational Education and Training
VCT	Voluntary Testing and Counseling

Abstract

The purpose of this study was to assess practices and problems of child counseling services in CBCCs of Addis Ababa which were established by FSCE in cooperation with Addis Ababa Police Commission. All the ten CBCCs that are found in Addis Ababa City administration were included in the study. 114 children, 13volunteers, 2 counselors, the project manger and 42 parents/guardians participated in the study. All in all there were 172 respondents. Instruments used for data collection were questionnaire, interview, focus group discussion and observation. From the results of the study the majority of child respondents indicated that consultation with parents, establishment of conductive counseling relationship, assessing information about problems of children, learning future problem solving skills, reviewing plans and actions at the end of the counseling sessions and follow up arrangement after termination of counseling sessions in general and orientation about the role of counseling and group counseling in particular were most frequently practiced counseling services in CBCCs. But majority of child respondents indicated that consultation with teachers and individual counseling were not adequately practiced in CBCCs. Information obtained from counselors and the project manager also revealed that lack of referral sources for specialized help, absence of supervision and evaluation of counseling services are the problems of the counseling offered in CBCCs. Even though, most respondent groups agreed that the counseling service rendered in CBCCs is relatively effective in changing the behaviors of children, it had also problems related to coverage of counseling services and provision of physical facility. Based on the findings and discussion, it is generally recommended that major counseling services should be adequately practiced and physical facilities should also be sufficiently provided in CBCCs.

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1. Background of the Problem

Counseling can prevent "normal" behaviors from becoming more serious and resulting in delinquency, school failure and emotional disturbance. Counseling can also help children's who are in trouble through individual or group counseling, parent or teacher consultation, or environmental change to solve their behavioral problems. Roker (1996) stated that counselors should work to create healthy environment, to help children to cope up with stress and conflict of their development and relationship with others. Prout and Brown (2004) also indicated that children are effective problem solvers and decision makers when they get the opportunity to be listened to and guided in not threatening counseling atmosphere.

In Ethiopia, counseling approach of working with children and young people other than school setting is starting to develop, as more young offenders and abused children have been coming to the attention of organizations such as Forum on Street Children Ethiopia (FSCE), which offers counseling services to children in conflict with the law by establishing community based correction centers (CBCCs) in collaboration with Addis Ababa Police Commission. Prout & Brown(2004) indicated that, the rate of child involvement in illegal activities increases due to lack of rules or family structure, lack of parental supervision and involvement, modeling parental acting out behavior, drug and alcohol abuse, violence in movies, emotional disturbance, poor self esteem and gang activities. Roker (1996) stated that risk behaviors amongst children are increasing; for they are adopting patterns of risk at an earlier age, and in choosing such life styles may appear neglectful of the health consequences such as participating in illegal activities.

Child in conflict with the law is common in many parts of Ethiopia. However, the case is not usually reported to the police. Instead, the victim child or parents for fear of social stigma hold it as a secret. FSCE (2003) indicated that despite the shortage of information on the problem of juvenile delinquency in Ethiopia, information from the police indicates that the problem is increasing at alarming rate from time to time.

Children face problems of delinquency, vandalism, rape, drug abuse, alcoholism. According to Loeber (1996) during the elementary school period, more concealing problem behaviors may emerge, such as truancy, theft, and association with deviant peers.

Child counseling is a corner stone for early access to prevent as well as care and support services for children with mild and serious behavioral problems to understand and clarify their views of life space and to learn to reach their self determined goals through meaningful well-informed choice and through resolution of problems of emotional or interpersonal nature. As to Schmidt (2003) the purpose of child counseling includes facilitating the child's entrance in to the school, helping his/her family find some kind of stability in their lives and assist the child in overcoming excessive fears through meaningful and well informed choice.

Accordingly, through research is very important to improve the counseling practice in CBCCs. However, the practices and problems of child counseling services is relatively untouched area in Ethiopia including Addis Ababa. Then, this study is designed to assess child counseling services rendered by FSCE in Child Based Correction Centers (CBCCs) in Addis Ababa and it is hoped to draw valid conclusions regarding practices and problems of counseling services offered in CBCCs in the city, and recommend on points for improving qualities of counseling services offered in CBCCs for children in conflict with law. Shulman (2006, p.596) points out the importance of research on counseling services as follows, "research helps

counselors to evaluate their practice and provide quality services to their clients". FDRE MOH (2007) also indicated that the government of Ethiopia promote and encourage research to improve quality of counseling service delivery.

1.2. Statement of the Problem

The psychological treatment of children's problems is the focus of variety of professionals and is carried out in variety of settings and situations. However, children are not simply "little adults", their treatment can be viewed as scaled down adult counseling their developmental stages, environments, reasons for entering counseling and other relevant factors necessitate a different approach to counseling. Prout and Brown (2004) stated that child counselors must have an expanded knowledge and understanding of child conditions and different perspectives of what constitutes child counseling.

There are two aspects to the question of what makes a good counseling service. The first is related to the provision and the second to the quality of the counseling services. Nevertheless, the delivery of a quality service may well depend on the resource available (Bell, 1996). Geldard & Geldard (2005) also indicated that in order to qualify as a counselor, a person needs to complete an accredited course of study and training, have on going supervision, and need to have knowledge in the area of psychology, human development and attendance at counseling related workshops. Muro and Kottman (1995) also indicated that every effort should be made to keep the counseling office as bright and cheerful as possible children react well to such a room where every thing says 'welcome'. Seleshi (2000) also indicated that counselors need adequate office for counseling services to ensure the client's privacy.

Another important factor that should be given due attention in child counseling is participating parents/guardians in the counseling process. By having parents/guardians counsel

together, they can be guided towards solutions that will improve functioning with in the family. Problem with children can be more effectively addressed in the context of parents/guardians discussions. Children and parents/guardians can do better when they express their ideas to counselors in a friendly and cooperative atmosphere. In parents/guardians counseling, parents/guardians can learn together and gain hope for the future through successful verbal interaction with the counselor and their children. According to Howe (2005) children are particularly responsive to changes in care giving by their families therefore involving their families in the counseling process is likely to have long lasting impact on children psychological development. Prout and Brown(2004) also indicated that in child counseling parent/guardian counseling will be structured to address the most pressing, problematic issues that parents may identify together with their children but children may have also their own 'alone time' with the counselor.

The powerful effect of including parents/guardians in a child counseling process is also strongly asserted by Prout and Brown (2004) as, for long-lasting young people behavioral change the entire family may need to change.

While, research on child counseling services is important to find out the problems that hinder the services effectiveness and improve practice accordingly. Many researchers have focused on high school, TVET and HIV/AIDS counseling services (Tsegaye, 2006; Yohannaes, 2007; Seleshi, 2000; Tariku, 2006).

1.3. Basic Research Questions

This study attempts to answer the following basic research questions:

- What types of counseling services are practiced in CBCCs?
- What are the major problems that impede counseling practice in CBCCs?

- What are the actions that promote child counseling services in CBCCs?

1.4. Significance of the Study

Child counseling has many roles in the treatment of children's psychological, social and educational problems. Thus, it is vital to assess the practices and problems of counseling services delivered in CBCCs of Addis Ababa. Consequently, this study is expected to have the following contributions:-

- It tries to highlight the extent to which counseling services are practiced.
- It investigates the major problems encountered in the provision of counseling services in CBCCs and suggest as to how the services will be more effectively implemented. These will benefit volunteers, counselors and the organization in general to improve the quality of counseling services offered. As a result, children will get appropriate counseling services.
- It will serve as one of the vital attempts to enhance the quality of counseling services in CBCCs.
- It serves as a starting point for interested group for further and in-depth studies on the problem to come up better and viable solutions.

1.5. Delimitation of the Study

The study was delimited on the investigation of counseling services practiced, counselors training, and provision of physical facilities related to counseling in community based correction centers. To make the study manageable and investigate the problem deeply, this study is geographically delimited to CBCCs in Addis Ababa City Administrative Region. The region was

particularly selected because there are relatively large number of CBCCs and children getting counseling services compared to other regions.

1.6. Limitations of the Study

One of the limitations was shortage of reference materials, especially local related to the study. Thus, the researcher is forced to rely on certain foreign sources. Another problem which is facing the researcher was inability of some parents to fill the questionnaires by themselves because of their educational background. In spite of these, the researcher attempted to use all the necessary efforts to make the study as complete as possible.

1.7. Definitions of Terms

Children: In this study children refers to young people from ages of 9-18.

Community Based Correction Center (CBCC): It is a center that serves as an alternative to prosecution and provides counseling services, school support and recreational services for children in conflict with the law (FSCE, 2003).

Community Based Correction Program (CBCP): It is a program, which plans and coordinates different services provided for children in CBCCs (FSCE, 2006).

Problem of Counseling: Constraints that hinder the effectiveness of counseling services offered for children in CBCCs.

Volunteers: - These are people who facilitate services given in CBCCs.

not have the skills, opportunities to resolve the problems they face but that they have become stuck on their journey to wards a solution. Counseling is not about telling clients how they should behave rather how they can identify and apply their own knowledge and expertise (Anna, 1996). Yusuf (1998) also indicated that counseling is assisting an individual to make an optimum use of his/her potential so that he/she is able to develop and cultivate his/her talents and potentials to optimize his/her human and material resources both for the benefit of the individual and the society.

From these arguments, one can understand that in counseling process, no one has the right to tell the clients what is best for them. Then, counseling is an interaction and process between a client and a counselor that takes place in private, through confidential dialogue. The basic ideas of the above explanations are:

- The base for counseling is creating a relationship. It should not be ordering type of relationship rather it is through a two way dialogue that the client will arrive at his best choices.
- It is nonjudgmental relationship. That means accepting the client as he/she is with out an attempt of value judgment by a counselor.

Counselors should also recognize and work towards changing the attitudes of clients because counseling becomes more effective and helpful to any one who feels they need to make change in their life, find new direction, deal with troubling issues and strengthen their relationships. Favorable attitude towards counseling significantly predicted greater perceived likelihood of seeking help regardless of the reason for which help would have been sought (Cepeda-Benito, 1998). Like other professions that have goals and objectives to be accomplished, counseling has also goals that are to be achieved in the client counselor

interaction. According to George and Cristiani (1990) counseling has five major goals. These are facilitating behavioral change, enhancing coping skills, promoting decision making, improving relation ship and facilitating clients' potential.

From the above statements one can infer that counseling is unique and dynamic process through which professionals trained in the area assists clients to use her/his inner resources to grow in positive direction, realizing her/his potential for meaning full life.

2.2. Counseling Practice

According to Prout & Brown (2004)counseling relationship incorporate the way we think, feel and act, how we look at ourselves, our lives, and other peoples, how we evaluate and make choice, and we handle stress related to the others and make decisions. Although variations exist among scholars on the focus of counseling practice, it is important to establish "mutually agreed" up on goals and objectives. When clients are actively involved in goal setting process during counseling practice, he/she is more inclined to take ownership of the goals. George and Cristiani (1990) indicated that for counseling practice to be effective the ultimate decisions, on what the goals of counseling process should be decided by both the counselor and the client.

Accordingly, it is clear that counseling practice recognizes the broader goal of helping clients to feel better, to function at higher level, to achieve more and to live up to his/ her potential. According to Gibson& Mitchell (2008) the focus of counseling practice is the achievement of personal effectiveness that is both satisfactory to the individual and with in the society limitation. However, the counselor does provide some direction in the counseling process, both counselor and client decide which goals are to be pursued and how.

Counseling may be practiced either in an individual or group bases. Each of which has its own advantages and limitation. Prout& Brown (2004) stated that counseling practice may

include individual counseling, group counseling and/or consultation in schools, criminal justice and other institutional settings to assist clients in their personal, social and developmental concerns. According to Gibson and Mitchell (2008) the major counseling practices that must be performed in counseling centers are individual counseling, group counseling consultation, individual assessment, environmental assessment, evaluation, orientation (providing information), referral and follow up.

Individual Counseling

Counselors frequently work with individual clients to help them focus on particular concerns and make decisions about their goals, relationship on self development. Schmidt (2003) stated that individual counseling can have a developmental focus by looking towards further plans and goals, but it most often has a remedial purpose. The client seeks assistance to clarify a particular concern, explore options to resolve this issue, choose a plan or strategy and be successful in remedying situation.

In individual counseling both verbal and non verbal communication ability of the counselor is very important to understand the clients' problems and help the client in resolving his/her own problems. Individual counseling usually relies on both verbal and non verbal interaction of the counselor and the client (George and Cristiani, 1990).

Individual counseling is initiated when a state of psychological contract or relationship is established between the counselor and the client, its progresses is ascertained when conditions essential to success of the counseling process prevails. Counseling practice will suffer in effectiveness and credibility unless counselors exhibit genuineness, respect for the client and emphatic understanding of client, internal frame of reference (Gibson and Mitchell, 2008).

Furthermore, individual counseling encourages clients to participate in group counseling and share their concerns. Shulman (2006) pointed out that individual sessions could strengthen clients to raise their personal concern in the group. After they find it not harshly judged by the counselor in individual counseling they might be welling to share them in a group.

Thus, individual counseling is a one to one relationship that requires much more counselors' involvement and communication skill than other types of counseling practices and focus on some aspects of clients' adjustment, developmental and decision making needs. This practice provides a relationship and communication base, form which the client can develop understanding and explores possibilities.

Group Counseling

Many counselors suggest that groups are more natural than individual counseling for working with clients, our personal beliefs and our perceptions of self are formed from the feed back of significant others in groups. Psychologists emphasized that peoples are social beings and that their development is significantly influenced by the group around them (Prout & Brown, 2004).

Although individual counseling relationship are effective in helping certain clients, one to one processes are not always most efficient use of counselors' time and resources. Group counseling practice enables the counselor to focus on developmental, preventive or remedial issues with which they are concerned. Prout & Brown (2004) indicated that the purpose of group counseling is for members to explore issues affecting their development and to form intimate relationship in which they accept and support one another in the process of resolving and coping with their concerns. George and Cristiani (1990) summarized the advantages of group counseling as follows:

- Counselor can provide services to many more clients at a time.
- It provides a social interpersonal context in which to work on interpersonal problems.
- Clients have the opportunity to practice new behaviors.
- It enables clients to put their problems in perspective and to understand how they are similar to and different form other.
- It enables clients to form support system for each other.
- It enables clients to learn interpersonal communication sills.
- Clients are given the opportunity to give as well as receive help (p.2005).

Rice and Leffert (1997) also identified the advantages of group counseling over individual counseling as, the opportunity for the development of and enhancement of external resources may be greater in group context than individual context and the confrontation of attribution errors may be more effective in group counseling than in individual counseling when challenges occur in numbers form peers rather than form the counselor.

Despite its advantages as any counseling approach, group counseling has its own limitations. Shertzer and Stone (1974) have identified the following limitations:

- Some clients need individual help before they can function in a group.
- The counselors' role in group counseling tends to be much more diffused and therefore more complex.
- Some clients may find it difficult to develop trust with a group of individuals.
- There is still some disagreement and lack of information about which client concern can better be dealt with in group than one to one basis.

To sum up, group counseling can be highly effective method for changing client lives, preventing excessive stress and conflict in their lives. Besides, group counseling provides clients, with the opportunity to work through interpersonal problems in a social context. However, counselors should seriously consider the limitations of group practice before conducting it.

Counseling Process

There is a progression that takes place with in the context of helping relationship. This process enables the client and the counselor to build a relationship, assess the situation, set goals and come up with a plan to bring the desired change. According to Gibson & Mitchell (2008) although various authors will conceptualize the stages of counseling process differently, many agree on the following phases of counseling process.

- **Relationship establishment**. The counselor must take the initiative in the initial interview to establish a climate conductive to mutual respect, trust. Free and open communication and understanding in general of what the counseling process involves.
- **Problem identification and exploration.**
    - Defining the problem. The counselor with the cooperation of the client is seeking to describe or identify the problem as specifically and objectively as possible.
    - Explore the problem. The kind of information needed to fully understand the problems and its background are gathered at this point.
    - Integrate the information. All the information collected be systematically organized and integrated into meaningful profile of the client and the clients' problem.
- **Planning for problem solving**. At this stage, effective goal setting becomes the vital part of counseling activities clients must be actively involved in goal setting process. Merali

& Lyneh (1997) also described that during the counseling process the counselor facilitate possible ways to proceed by reviewing the cost and benefits of each alternative deciding together with the client which one made the most sense.

- **Taking action and termination**. The client has the responsibility for applying the determined solution and the counselor for determining the point of termination. At his final stage the counselor hopes that the client has not only learned to deal with this particular problem but has also learned problem solving skills that will decrease the probability of the client's need for further counseling in the future.

Effective closure of the counseling process in a well managed termination stage can help to solidify client's learning and to maximize their continued self efficacy and success after counseling (Ward, 1984).

Accordingly, the counseling process moves through somewhat predictable stages or phases. There are procedures and skills appropriate in each of thc stages. Thus, counselors must be prepared to open the interview and establish rapport, to structure the session with reference to counselor and client roles, client goals, confidentiality and time factors, to terminate the session.

Counseling Techniques and Skills

The counselor-client relationship and interactions are very crucial elements in the counseling processes. The verbal and nonverbal techniques used by the counselor in his/her work are very important. There are many techniques ranging form very general to specific that can facilitate the counseling process. According to Yusuf (1998) techniques are means to ends. There are specialized techniques when the situation is appropriate.

However, many studies show and as MOH (2003) the following are highly valuable techniques and skills to use in counseling:

- Opening and building rapport: Greeting and welcoming the client, asking the client to be initiated and starting some conversions are necessary. Attempting to make the client feel that he/she is welcome to the counseling session and establishing a relationship/ some interaction/ important.
- Listening: In counseling session (listening) with empathy (to feel with, to see and feel that world the client does) is highly recommended. Efforts need to be made to understand both the thoughts and feelings must be open minded and non-judgmental (non-evaluating).
- Paraphrasing: It is important to use paraphrase during interactions with the clients.
- Self-disclosure: Disclosing experiences may help your clients feel that you understand what they are going through.
- Summarizing: gives clients the opportunity to review what they have said and through the process of review to identify and abstract those areas of concern which are most important to them at a given time.

Obviously, it is clear that the ability of the counselor to use counseling skills appropriately in counseling sessions determine the success of counseling services in bringing about meaningful changes in the clients lives.

2.3. Problems in Counseling Services

Among many problems observed in counseling practice is due to different reasons, counselors may not able to arrange private facilities and arrangements (Geldard & Geldard, 2005). Clients do not like other to know that they are seeing a counselor, but confidentiality may be compromised at some level by lack of privacy, this in turn may leads to ineffective resolution of clients' problems. Another problem observed in offering counseling services is the

practitioners that provide counseling are not professionals which makes the services they provide questionable. Therefore, practitioners should at least get training through workshops and seminars (Seleshi, 2000).

Haregewoin and Yusuf (1994) also pointed out certain problems of counseling services in Ethiopia as follow:

- Training problem: The counselors were trained to be general psychologists, who have taken only three courses/nine credits of guidance and counseling. In the developed countries, counseling is not run at B.A level. It requires specialization in the field.
- Large number of clients as compared to counselors.
- The concept of counseling is not well known by administrators and the community. Due to this fact, the counselor suffers form lack of office, budget to conduct research, stationery and other materials.
- Structural channel: The service does not have vertical and horizontal relationship with head office and other organizations
- Lack of in service training: Organizations do not offer in service training, organized workshops and conferences to enhance the counseling service. This means that the counselors were not introduced to new scientific research, technology etc.

However, counseling is a helping relationship with its own techniques and characteristics it may face the following problems especially when counselors are not experienced. Gordon cited in George and Cristiani (1990, p.126) listed the errors that are made by "counselors" in counseling relationship as follows:

- **Giving advice**. Some novice counselors are anxious to help their clients by offering advice. But offering clients advice only maintains their dependence on the others and does not facilitate their movement to an internal locus of evaluation and control.
- **Offering solutions**. Rushing in with solutions communicates lack of trust in the client as a human being who with some support and understanding, is able to solve his own problems.
- **Judging or criticizing**. When a counselor judges or criticizes clients' responses, the client typically withdraws and withholds further information or feeling.
- **Praising and agreeing; giving positive evaluations.** The two responses of praising and agreeing and giving positive evaluations are somewhat more difficult to view in terms of their negative impact on the client. However, the counselor must be careful that the seemingly positive response does not communicate superficial attempt to make the client feel better, make the problem disappear, to deny that the client really has a problem.
- **Reassuring.** Reassurance helps the client only on superficial level. It stops interaction between the counselor and client and communicate to the client that many others have felt the same way. This type of statement prevents further discussion of the client's fears, anxieties, or concerns about particular issues.

2.4. Counselor Training

Counselors should be empowered through training to deliver their duties professionally to alleviate the emotional and behavioral problems of clients (Abdinasir, 2005). According to Prout and Brown (2004) some counseling positions require only four year of education with major in psychology, social work or related areas however most positions require a masters or doctoral degree in counseling.

In Ethiopia, MOH (2002) suggested that any one selected to be come a counselor should be given at least one month training in counseling. Further more, FDRE MOH (2007, P.19) identified counselor training as follows:

Non health professional counselor training;

- four weeks classroom session followed by two weeks supervised practical attachment and
- One month internship under supervision of an experienced counselor at site.

Non health professional counselors with other qualified professional background like teachers, theologians psychologists etc.

- four week classroom session followed by one week practical attachments and
- one month supervised internship with an experienced counselor on site.

In addition to this, according to Abdinasir (2005) establishing link with mental health professionals and institutions is important to fill the training gaps of today's counselors in Ethiopia.

Thus, learning to be a counselor involves completed an accredited course of study and practical work. However, in cases where there are no such professionals preparing workshops and seminars to enhance the competence of counselors is essential. According to MOH (2007) training supplements and enhances natural counseling skills of counselors.

2.5. Counseling Service Supervision

Counseling supervision (consultative support) refers to a formal arrangement, which enables counselors to discuss their counseling regularly with one or more people who have understanding of counseling and counseling supervision (Bond, 1993). According to MOH (2007) supervision of counseling service is a working alliance between supervisor and counselor

in which the counselor gives an account or record to his/her work reflection and receive feedback and guidance.

Proficient supervision of counseling services helps the counselor to understand the client form different angles. According to Milne (2003, p.108) the following are ways in which supervisor assists:

1. As a safety net for the counselor –offering support and protection.
2. As a third party who offers another perspective- a new insight.
3. Keep check on the counselors work (e.g. ethical standards).
4. As an out side observer they can see blind spots and help the counselor to explore stuckness.
5. Explore the client-counselor relationship-the working alliance.

Accordingly, supervision plays, an important supportive role of counselor's work. It is more effective if the supervisor is a counselor who has more training and experience than the counselors he/she is supervising.

2.6. Roles and Personal Characteristics of Counselors

Counselors, psychologists, psychiatrists, nurses, sociologist and social workers, can carry out counseling. These and other professional counselors and volunteers who have been trained in counseling can provide counseling services. For a counselor to be effective in his/her practice, he/she should understand how to translate theories into action by using appropriate counseling process and counseling techniques. Gibson & Mitchell (2008) identified that, for a counselor to be effective in his/her practice knowledge of counseling processes and skills to apply a given theory and implement the process are important.

According to Gibson and Mitchell (2008) professional counselors are fulltime active representatives of their profession. They accept the responsibility of professionalism. For the professional counselor, these responsibilities include the following:

1. They must be fully trained and qualified to meet the needs of the client population they designed to serve.
2. They need to be professionally and personally committed to constantly up dating and up grading their skills and knowledge to reflect the latest and on going progress in their professional field.
3. They are aware of and conducting and participating in research studies designed to increase knowledge of the profession.
4. They are actively participating members of appropriate professional organization at all levels.
5. They are aware of and adhere to all legal and ethical guidelines pertaining to the profession and the practice of counseling (p.26).

On the other hand, according to Abdinasir (2005), in all cases counselors may prefer to use paraprofessionals and volunteers with adequate training and orientation to the counseling program. In addition, they should ensure that these people have basic communication and helping skills that complement the service of counseling program. According to Harvey (1964), counselors should be prepared to accept the challenges to act as leaders and teachers who are meeting an important community need.

Roles of Counselors

As mentioned earlier, the purpose of counseling is to help people cope better with situations they are facing. In order to accomplish the purposes of counseling the roles of the counselor as indicated in Wrenn (cited in George & Cristiani 1990) are:

1. Provide relationship between counselor and clients.
2. Provide alternatives in self understanding and in the course of action open to the client.
3. Provide some degree of intervention of the situation in which the client finds himself/herself and with important others in the clients immediate life.
4. Provide leadership in developing a healthy psychological environment for his clients.
5. Provide for the improvement of counseling process through constant individual criticism (p. 327).

Personal Characteristics of Counselors

Different researchers describe many attributes of effective counselor. Among these, the following are some of the major ones that are mentioned by George and Cristiani (1990):

- Are open to and accepting their own experiences.
- Are aware of their own values and beliefs.
- Are able to develop warm and deep relationship with the others.
- Are able to allow themselves to be seen by others as they actually are.
- Accept personal responsibility for their behaviors.
- Have developed realistic level of aspiration.

2.7. Child Counseling

Antisocial behaviors that arise in childhood tends to persist into adulthood with different numerous behavioral manifestations (Loeber, 1996). The stability of antisocial behaviors from childhood to adulthood suggests that delinquency prevention efforts should be implemented as early in child life as possible. Hence, it is important to increase delinquency prevention programs targeting these risk factors and to flow up the children in to adulthood to establish long term effects on delinquency and crime.

Therefore, in order to promote healthy behaviors amongst children counselors should apply five main aims of effective practice in all areas of children problems:

- Increasing knowledge.
- Developing interpersonal skills.
- Developing harm reduction.
- Developing perceptions of personal risk (Roker, 1996).

Jongsma et al. (2003) also indicated that child counseling practice includes the following:

- Assisting the child in making connection between feeling and reactive behavior.
- Firmly confront the child's antisocial behavior, illegal act, and attitude pointing out consequences for him or her and others.
- Assisting the child's parent's in establishing clearly defined rules, bounders and consequences for misbehavior.

Rak & Patterson (cited in Prout& Brown 2004) pointed out that children who learn problem solving skills or conflict resolution are less impulsive and aggressive and tend to be more rational and patient. Therefore, counselors should teach or model self management and

effective coping skills for problems and stressors and in order to achieve these counseling practices with children should include:

- Role play that help young people learn to express themselves.
- Conflict resolution techniques to help through inter personal difficulties.
- Nurturing, empathy, authenticity, realistic reinforcement and genuine home from the counselor.
- Peer support interventions.
- Bibliocounseling (p.20).

Counselors should adjust adult counseling principles to suit the child's cognitive level, emotional and social development and physical abilities. Because each child has, his/her own unique characteristics and needs. According to Callias (1992) child counseling should consider the child's own developmental level, characteristics of the family and social context in relation to the problems as well as, processes of intervention and goals. Prout and Brown (2004) also stated that child counseling should contain some fun and carefree times and it should provide a foundation and guidance for maturing person.

Roles of Child Counseling

As to Schmidt (2003)the purpose of child counseling includes facilitating the child's entrance in to the school, helping his/her family find some kind of stability in their lives, assist the child in overcoming excessive fears and distrust of people and being alert to the possibility of abuse. According to Prout and Brown (2004) counselors need variety of referral sources to help the child meet physical needs such as shelter, food, medical care. Assessing the child's educational level and help, him/her to develop social skills requires time, energy and patience.

As indicated in Schmidt (2003), the American Personnel and Guidance Association in 1967 stated the role of counseling offered to children as follows:

- Help to establish relationship and to see themselves as a adequate persons, learn about them selves and use this knowledge to set life goals and
- Help to establish relationship and be heard by others and express their thoughts and feelings about themselves, others and the world in which they live.

Moreover, Counseling helps children to improve their communication skill, assertiveness and methods of study (Prout& Brown, 2004).

In general, Milne (2003) described the role of counseling as follows:

- To clarity what is important to clients' in their lives;
- To get in touch with clients' inner resources;
- In the exploration of feelings, thoughts and meanings particular to clients' ;
- offering support at times of crisis to clients';
- offering support during developmental and transitional periods of clients';
- To work through stuck issues this may involve integrating childhood experiences and
- To reach a resolution of problems.

Basic Considerations in Child Counseling

As mentioned earlier, child counseling to be effective and persistent the child's developmental level, characteristics of the family and social context should be considered in relation to the problems as well as process of intervention and goals. According to Callias (1992) long term counseling outcomes will be affected by the child's developmental level the nature of the problem, characteristics of the child and the family. Howe (2005) also states that intervention and counseling have to be pitched at the child's developmental age if they are to be effective.

Another important consideration in child counseling is family may also be included in helping to solve problems of children. By having families counsel together, they can be guided to wards solutions that will improve functioning with in the family. Problems with children can be more effectively addressed in the context of family discussions. According to Callias (1992), counseling treatment that relies on parents is more likely to have positive longer term effects on children behavioral problem. Child problem are seen as belonging to the family and not just only to individual child, therefore intervention should focus on facilitating change on the family system. Roker (1996) also stated that of all the social institutions that influence the young people none is more critical than the family. It is with in the context of the family that the foundation for rest of life is built. Parents influence children's basic values, initial goals and orientations and even appreciation for life it self (Rojek and Jensen, 1996)

Consequently, according to Howe (2005), by improving the quality of relationship between parents and child through counseling including introduction of coherent communication, it is possible to revise the child's internal working model of attachment relationship from disorganized, insecure to organized, secure.

Child counseling services should also give due attention for an accurate assessment of the child's readiness for counseling relationship and increasing the child's knowledge of consequences of risk taking behavior. According to Schmidt (2003), counselors should assess a child's language development behavior, cognitive functioning and ability to understand the nature and purpose of a helping relationship. Walker (2005) indicated that, in child counseling how counselors assess in terms of competent practice could make the difference between success and failure in subsequent interventions.

According to Levitt (1991), in the effort to promote children resistance to risk taking behavior personal meaning (knowledge of consequences) has a central role with respect to the medium through which knowledge and social management skill are prerequisite for mature decision making in the context of personal meaning system., which should be the bases for intervention.

In addition to the above considerations Schmidt (2003) proposes that young children whose perceptions are limited by egocentric views of the world and who conceptually don't grasp the notation of social interest and cooperation may not fully appreciate the benefits of individual helping relationship, for this reason child counselors should rely on active techniques, such as play, psychodrama, creative arts and bibilocounseling to stimulate ideas, explore values and encourage children to form counseling relationship.

According to MOH (2007) children are particularly exposed to numerous behavioral, social and emotional problems because of the strong influence of peer pressure and the development of sexual and social identities, which often leads to experimentation. Adolescents should be counseled to delay their sexual debut and practice abstinences, while counseling child the counselor should:

- Be trained in child specific issues and how to be child friendly. Education materials that focus on youth issues should be available.
- Provide child friendly services in a safe non threatening environment.
- Use language and situations child can understand.
- Respect the dignity and confidentiality of very young person.
- Use appropriate and multiple modalities for both in school and out school child.

Furthermore, children's are not incomplete adults or properties of their parents. Therefore, counselors must have a duty to protect them and offer confidential counseling services (Callias, 1992)

2.8. Physical Facilities Required in Counseling Centers

Facilities are important in determining whether a person will have the opportunity to do their jobs in the way they are capable of doing them. According to Gibson and Mitchell (2008) facilities often viewed as symbols that reflect the importance with which the operation is viewed.

Facilities in counseling centers include private office for each counselor, conference room for group counseling and consultation, waiting area, private telephone line, and computer with printer and internet access (Schmidt, 2003). In addition, the counseling room should be comfortable and attractive: pictures, carpets, plants and the like are usually viewed as conductive to create unhurried climate in which the client may express him /her self (Shertzer& Stone, 1974).

The aesthetic environment could affect the way the development of rapport and relationship between the counselor and the client. Counselors learn much of the feeling components through observation of the client. Shertzer & Stone (1974) asserts that, if the counselor misinterprets the facial expression of the client due to the aesthetic environment the counselor will experience difficulty of understanding the feeling of the client. Clearly, the provision of adequate counseling facilities will certainly influence the effective delivery of quality counseling services. Shertzer & Stone (1974) view that without adequate facilities counseling will be in effective. Friendly, comfortable, relaxed counseling office helps to avoid children resistance to counseling (Prout & Brown, 2004).

CHAPTER 3

METHODS OF THE STUDY

In this section of the study profile of participants, instruments used, data collection procedures and methods used to analysis the data are presented.

3.1. Research Design

The aim of this study is to assess practices and problems of counseling services offered in CBCCs of Addis Ababa. To accomplish this, a descriptive survey research design was employed. This design was selected because it helped the researcher to obtain information at a time and to have many ways of gathering data. It also helps to describe systematically the existing phenomenon.

The study followed both quantitative and qualitative research approaches. Because current trends favored the use of both approaches in a single study. For instance, according to Henn et al. (2005) a combining research approach enables the researcher to collect different types of data and analyzing this data using different techniques and interpreting the result from variety of different positions.

3.2. Participants of the Study

The study focused on identifying the practices and problems of child counseling services in CBCCs of Addis Ababa. In Addis Ababa there are ten CBCCs in seven different sub-cities.

The participants of the study were children in CBCCs, parents/guardians of children's in CBCCs, volunteers working in CBCCs, counselors of the CBCP and the program manager of the CBCP. There are about 129 children, 118 parents/guardians, 13 volunteers, 2 counselors and 1 project manager.

All the ten CBCCs in Addis Ababa were included in the study. The project manager, the 2 counselors, 13 volunteers of the CBCCs, 42 parents/guardians expected to have adequate information for this study were selected purposefully with help of the volunteers. From 129 children in the CBCCs 114 were participated in the study. Based on the information obtained from pilot testing of instruments, six grade one children who were not assumed to provide reliable data and nine children who stayed less than two weeks in CBCCs who were not expected to have adequate information were excluded from the study.

Table 1: Distribution of Child Respondents by Their Ages and Grades

No	Grade	Age	Total
1	2-4	10-12	10
		13-15	3
		16-18	1
		Total	14
2	5-8	10-12	19
		13-15	61
		16-18	2
		Total	82
3	9-10	13-15	11
		16-18	7
		Total	18
Grand Total			114

As indicated in Table 1, most child respondents are from ages of 13-15 and grades of 5-8.

Table 2: Distribution of CBCCs, Children, Volunteers and Parents/Guardians in Sub-Cities of Addis Ababa Who Participated in the Study

Sub Cities		Arada	Kirkos	Nefas Silk Lafto	Ledeta	Addis Ketema	Colfe Keranio	Yeka	Total
No. CBCCs in a sub-city		1	1	1	1	3	2	1	10
Children	Male	20	4	11	3	18	20	3	79
	Female	7	1		2	6	16	3	35
	Total	**27**	**5**	**11**	**5**	**24**	**36**	**6**	**114**
Volunteers	Male	1		1				1	3
	Female	1	1		1	4	3		10
	Total	**2**	**1**	**1**	**1**	**4**	**3**	**1**	**13**
Parents/guar-ians	Male	3				5	1	1	10
	Female	5	3	3	2	8	8	3	32
	Total	**6**	**3**	**3**	**2**	**13**	**9**	**4**	**42**
Grand total									***169***

Totally, including the project manager and the two counselors 172 respondents participated in the study.

3.3. Data Collection Instruments

To get sufficient data, four types of data collection instruments were employed. These are questionnaire, observation checklist, unstructured interview and focus group discussion. All of these instruments were prepared based on reading and revision of literature, preliminary observation and earlier experiences.

Table 3: Distribution of Data Gathering Instruments and Respondents

Types of instrument distributed	Respondents	Number of respondents
Questionnaire	Children	114
Focus group discussion		25
Interview guideline	Counselors	2
	Program manager	1
Questionnaire	Volunteers	13
	Parents	42

As it is indicated in Table 3, 114, 2, 13, 42, and 1 children, counselors, volunteers, parents/guardians and the program manager respectively, were involved in the final analysis of the study.

Questionnaires

Questionnaires were prepared to collect data from children, parents/guardians and volunteers. Both open-ended and closed-ended questions were prepared.

The researcher prepared three sets of questionnaires:

The children's questionnaire has five parts with thirty four items .The first part was prepared to get background information about children in CBCCs. The second part was designed to assess the counseling practices covered in CBCCs. The third part was prepared to get information on counselors counseling skills. The fourth part was designed to get information on possible constraints of counseling services. Finally, the fifth part was prepared to obtain information on physical facilities and opinions on problems of counseling services.

Similarly, the parents/guardians questionnaire has two parts with eleven items. The first part was prepared to get background information about parents/guardians and the second was intended to measure the effectiveness of counseling services in CBCCs.

The volunteer's questionnaire has three parts with fifteen items. The first part was prepared to get background information about volunteers, the second was intended to measure the effectiveness of the counseling services in CBCCs and the third part was designed to get information on physical facilities and opinions on problems of counseling services.

Interview Guide

This method was employed to collect qualitative data. Thus, in order to generate data that may not be handled by the questionnaire in depth interview was conducted with counselors and the project manager. In an attempt to get more information on counselors and the program manager five unstructured interview guidelines for the counselors and six unstructured interview guidelines for the program manager were employed. The interview guidelines were focused on problems, opinions on the possible solutions of the problems and further actions that will promote counseling services.

Focus Group Discussion Guide

This study utilizes FGD to obtain stronger well discussed and versatile information from groups of children. Three items for focus group discussion were designed on practices and problems of counseling services for the group comprising of children. In four randomly selected CBCCs of Arada, Addis Ketema, Nefas Silk Lafto and Colfe Keranio sub cities .Four groups one in each CBCC was established. A total of 25 (12 female and 13 male) randomly selected children were participated in the discussion.

Observation Checklist

Observation checklist was designed to get real data on the provision of physical facilities. The researcher prepared five observation checklist items to observe the physical facilities of CBCCs.

3.4. Procedures of the Study

This study had employed the set of instruments to assess practices and problems of counseling services in CBCCs. Four types of instruments were used: survey questionnaire, interview, focus group discussion and observation check list. Key informants of the study were children, counselors, parents/guardians, volunteers and the program manager.

The instrument was prepared after passing many processes. The process included: collecting items and developing instruments, changing them into scales and questions and doing translations (from English to Amharic). After preparing questionnaires were translated into Amharic to avoid response errors that might be created due to language barrier. The researcher with the help of English language second year graduate student made the translation. After this translation, minor differences were observed and corrected through discussion held between the translator and the researcher.

All the instruments were presented to two psychology postgraduate second year students to comment on instruments clarity, precision, relevance to the purpose it was intended to assess. Thus, based on the comments given the content validity was confirmed by correcting words of the items, adding and removing few items.

The volunteers' questionnaire was presented for two volunteers for comment, and minor corrections on wordings of few items were made.

Finally, children's questionnaire was made ready for pilot test after it was approved by the advisor. The main objective of the pilot test was to improve the instruments. Since items were collected and developed by reviewing literature, checking their reliability was necessary. In doing so, the questionnaires were distributed to 31 children. The obtained result was analyzed

using SPSS version 15.0 to see its reliability. The following is the summary table, which indicates the reliability of each sub-scale and number of items improved in each sub-scale.

Table 4: Summary of the Reliability of the Children Questionnaire

Item type	**Reliability (Cronbach Alpha)**	**Number of Items improved after pilot test**	**Number of items discarded**
Counseling practices	0.84	2	
Counselors skill	0.82	1	1
Counseling constraints	.69	1	1
All items	.85	4	2

To get the required data first formal contact was established with Addis Ababa police commission, by showing letter of request to cooperate with the researcher from Addis Ababa University. After getting permission from them, the researcher made another contact with the CBCP manager .Discussion was held with the CBCP manager. The aim of the discussion was on explaining the purpose of the study, getting information about the respondents and arranging program for the administration of the instruments.

After permission is granted from the project manager, the researcher made contact with the volunteers and the counselors. Then, after full informed consent had been secured, from the respondents, the researcher explained the nature and the purpose of the study to them. In addition, oral instructions were given about the general and specific direction of the instruments. Finally, the questionnaires were administered in the respective CBCCs by making time arrangement with the counselors. The respondents were made to fill out the questionnaires without any time limit.

3.5. Methods of Data Analysis

The data collected from different sources were analyzed and interpreted using both quantitative and qualitative research methods. The quantitative data obtained from questionnaires were entered into SPSS version 15.0 and summarized using simple frequency counts and percentages. Frequency counts and percentages were applied for description of practices and problems of counseling services in CBCCs. In addition, data obtained from observation, open ended questions, interviews and FGD were presented and analyzed qualitatively.

CHAPTER 4

RESULTS AND DISCUSSION

4.1. Results

This section deals with the presentation and analysis of the data gathered through: Questionnaires, interview guidelines and focus group discussions.

Background Information of Participants

A total of 114 children (35 females and 79 males) were participated in the final analysis of the study. 14, 82 and 18 are from grades of 2 to 4, 5 to 8 and 9 to10 respectively (see Table 1). The average age of child respondents is 13.5.

The two counselors of community based correction program (CBCP), which were working in community based correction centers (CBCCs) were also participated in the study. Both of them are males whose ages are 28 and 29. Concerning their professional qualification, both are having degree in psychology. Moreover, both of them have 1-2 years of counseling experience and have taken in service training concerning child counseling. 13 volunteers of the CBCCs were also participated in the study. Of these 10 are females and 3 are males. 9 of the volunteer respondents have secondary education and the other 4 have diploma.

In addition, a total of 42 parents/guardians were participated in the study form all CBCCs. From these participants 32 are females and 10 are males. 16 parents were from age ranges of 26-35, another 16 parents were from age range of 36-45 and 10 parents were ages of 46 and above.

Moreover, among the ten sub-cities in Addis Ababa only seven sub-cities have CBCCs. All ten CBCCs were participated in the study. In the CBCCs three major services are offered. These are school support (school fees, uniforms, educational materials and tutorial support),

recreational services (indoor and out door games, drama, music and sport training) and counseling services.

Practices of Counseling Services

Children were asked to indicate the counseling practices that are accomplished in CBCCs. Lists of 12 counseling activities were included in the questionnaire.

Table 5: Frequency and Percentage Distribution of Children's Responses on Counseling Services (N=114)

No	Items	Children's responses			
		Yes		No	
		f	%	f	%
1	Orientation about the role counseling services is given	94	82.5	20	17.5
2	Individual counseling is rendered in the center	53	46.5	61	53.5
3	Group counseling is rendered in the center	93	81.6	21	18.4
4	Counselors consult (confer) with parents/guardians about my problem	62	54.4	52	45.6
5	Counselors consult (confer) with teachers about my problem.	48	42.1	66	57.9
6	Climate conductive to counseling relationship established.	89	78.1	25	21.9
7	Information about my problem assessed.	86	75.4	28	24.6
8	Counseling goals established with the help of the counselor.	79	69.3	35	30.7
9	Problem solving skills that can help me to solve future problems learned.	83	72.8	31	27.2
10	Immediate plans and actions reviewed at the end of counseling sessions.	69	60.5	45	39.5
11	Counselors summarize main issues discussed at the end of the counseling sessions.	86	75.4	28	24.6
12	The counselor follows up me after the end of counseling sessions.	72	63.2	42	36.8

As indicated in Table 5, the agreement of child respondents on items 1, 3,4,6,7,8,9,10,11 and 12 were relatively high. 94(82.5%) children respondents got orientation about counseling services which enables them to know about the importance of counseling, whereas 20 (17.5%) did not get orientation. Most children 93(81.6%) knew that group counseling has been rendered

in the centers but 21 (18.4%) did not know that group counseling was rendered in their centers. More than half children 62(54.4%) indicate that counselors consult their parents/ guardians about their personal and social problems but almost half 52 (46.6%) indicated that counselors did not consult their parents/guardians.

Among the 114 child respondents, 89(78.1%) of them reported that climate conductive to the counseling relationships was established with the counselors and smaller number of them 25(21.9%) reported that climate conductive to the counseling relationship wasn't established. In respect to assessments made on children to have adequate information on their problems, 86(75.4%) of children responded that the counselors assess (ask them to get adequate information on their problems), while the remaining 28 (24.6%) responded that counselors did not assess to get information on their problems. Of child respondents 79(69.3%) of them established goal in the counseling process with the help of their counselor but 35(30.7%) responded that counselor did not help them to establish goals in the counseling process. Moreover, 83(72.8%) of child respondents agreed that they had learned problem solving skills that can help them to solve problems that will face them in the future, but 31 (27.2%) responded that they had not learned future problem solving skills. 69(60.5%) child respondents reported that they had reviewed immediate plans and actions that can help them to remind easily and take actions accordingly at the end of the counseling sessions, while 45(39.5%) reported that they did not review plans and actions. 72(63.2%) of child respondents had got follow up service by counselors after they terminated counseling but 42(36.8%) of them did not receive follow up service that can help counselor to take remedial action if goals of counseling was not achieved.

Regarding, individual counseling, more than half 61 (53.5%) child respondents did not believe that individual counseling was rendered in their centers while the remaining 53 (46.5%)

believed that individual counseling was rendered in their centers. Similarly, 66 (57.9%) of them reported that counselors did not consult (confer) with teachers concerning their problems in schools, whereas 48 (42.1%) reported that counselors consult with their teachers concerning their problems in schools.

Group discussion held with children indicated that most of them did not get a chance to receive individual counseling. For instance, the following statements were expressed regarding counseling practice. "Frequently, counselors do not have time to threat our problems individually. Moreover, they don't consult teachers concerning our communication problems with them." Another 14 years old child also put the problem as follows, "...For example, I do have a communication problem with two of my teachers. They don't understand me; the same is true with my parents, counselors should help me to solve this problem."

Children were asked an open-ended question stated as "list the major problems of counseling services in CBCCs". There responses concerning counseling practice were in line with the data in table 4.3. Among 114 Children respondents, 53.5 % of them reported that they did not get the counselors when they need help through one to one counseling and counselors did not try to solve their problems with teachers.

In addition, children were also asked to suggest solutions for problems in CBCCs concerning counseling services. From 114 child respondents, 46.5 % of them reported that the organization should made counselors available at a time of need. 42.1% replied that counselors should confer with their parents and teachers.

Comparably, the most frequently rendered counseling practices (activities) in CBCCs were orientation about counseling and group counseling. On the other side, the most infrequently

rendered counseling practices (activities) were consultation with teachers and individual counseling.

Moreover, one-on-one interview with counselors was conducted to identify the major issues regarding the practices and problems of counseling services in CBCCs. A summary of key findings were presented as follows. All counselors replied that evaluation is important to ascertain the status of counseling services within some frame of reference, and then based on this knowledge to improve its quality. However, they reported that there was no any system, which can evaluate the counseling services, and this creates a big challenge to understand the status of the counseling practice and improve accordingly. As one counselor described it, "We only exchange ideas informally with my colleague about our counseling performance. But this doesn't mean that we are evaluating it....' this creates barrier not to know the status of our counseling practice and improve accordingly." Even, they also indicated that the counseling service was not supervised and hence they did not get any emotional and technical support due to the absence of supervisors.

During the interview both counselors described that they usually offer group counseling, but offer individual counseling some times. The two counselors provided consultation for teachers and parents, offered orientation to the community about the importance of counseling services and participated parents in child counseling process sometimes. But counselors did not prepare children through individual counseling before they participated in group counseling and also did not refer children for specialized help.

From the two counselors, one counselor consulted usually other counseling professionals to discuss about techniques and treatments

Interview with the manager of CBCP was conducted to identify the major issues concerning the practices of counseling services in CBCCs and the following results were obtained.

Regarding his roles in CBCCs, he replied that his roles in CBCCs were coordinating, planning and controlling. Moreover, his role in the counseling service was facilitation and administrational support to the counselors. Furthermore, the manager was asked describe about "how counseling services are evaluated and supervised?" He replied that up to now the evaluation and supervision of counseling services in CBCCs did not get due attention, except they discussed several issues concerning counseling services in their meeting with the counselors.

Generally, from the above patterns of responses one can understand that counselors offered group counseling most frequently, in contrast, they did not prepare children through individual counseling for them to participate effectively in group counseling and did not refer children for specialized help when necessary. Consultation with teachers and individual counseling was not also adequately practiced. The counseling practice was not supervised and evaluated at all.

Constraints of Counseling Services

Children were asked to rate possible constraints of counseling practices that could hinder the effectiveness of counseling offered for them. Lists of five possible constraints of counseling relationship were included in the questionnaire and respondents used a 3-point scale to indicate their perceptions on each item as a constraint.

Table 6: Distribution of Children's Responses on Possible Constraints of Counseling Practice (N=114)

No	Items	Children's responses					
		Agree		Undecided		Disagree	
		f	%	f	%	f	%
1	The counselor has a problem in communicating with me	31	27.2	15	13.2	68	59.6
2	The counselor enforce me to receive his/her advice	24	21.1	21	18.4	69	60.5
3	The counselor does not help me to develop confidence	29	25.4	16	14	69	60.6
4	The counselor give premature conclusions	24	21.1	12	10.5	78	68.4
5	The counselor judge or criticize my responses	15	13.2	16	14	83	72.8

As can be seen from table 6, 68(59.6%) of child respondents reported that counselors did not have communication problem in the counseling process, while 31 (27.2%) of child respondents reported that counselors had a communication problem in the counseling process and the rest 15(13.2%) responded as undecided. 69(60.5%) of children reported that counselors did not enforce them to receive their advice, 24(21.1%) reported that counselors enforce them to receive their advice and the remaining 21 (18.4%) reported as undecided.

Moreover, 69(60.06%) child respondents agreed that counselors helped them to develop confidence, 29(25.4%) of them responded that counselors did not help them to develop confidence and the rest 16(14%) responded as undecided. Similarly, 78(68.4%) of child respondents believed that the counselors do not hurry to give premature conclusions, while 24 (21.1%) responded that counselors give them premature conclusions and the remaining child respondents 12(10.5%) reported as undecided.

However, most children participated in the group discussion claimed that they had a problem of time shortage during the counseling process and they were tired when they come to CBCCs from Monday to Friday because they visited centers always in after school hours.

Thus, from this we may infer that children's perception on the presence of constraints during counseling practice that may hinder the effectiveness of counseling services was comparably low. This may be because counselors' participation in several works shops that can help them to minimize these constraints. However, children mentioned time shortage and counseling hours as a constraint.

To get additional information on constraints of counseling services, counselors were interviewed to give their opinion on the possible constraints that hinder the effectiveness of counseling services. From the two counselors one of them mentioned low knowledge of volunteers on how to handle children with behavioral problems and lack of awareness by the society on the role of counseling services as constraints.

Moreover, two of the counselors said that they did not have adequate time to work closely with children or offer any services they would like. They said that they would like to do much on one to one counseling with children, but did not have enough time because the number of CBCCs and children coming to the center in each day are large compared to their numbers. Besides, CBCCs are scattered in different sub cities that is the distance between one and the other CBCC is so far, in such away that we could not cover more than a CBCC in a day.

The counselors also described their primary role as identifying and treating children with emotional and behavioral problems and facilitate communication between children and parents as well as teachers. However, they spend most their time on paper work or administrative tasks. They also described that though, they are interested in their profession and participate in professional development work shops, they lack long term training on counseling process and practical skills to perform their task more effectively and efficiently.

Counselors were also asked to suggest solutions for the above problems. From the two counselors one of them replied that, more should be done to aware the community about the role of counseling services and more training should be given for volunteers on how to handle children with behavioral problems. One of the counselors also suggested, "to aware the importance of counseling for the society psychologists (particularly counselors) should work hard to show the effectiveness of counseling in solving children problems."

Volunteers working in CBCCs were asked two open-ended questions concerning child counseling services in their centers. The first item was stated as "in general what are the major problems related to counseling in the CBCCs?" and they listed that the training which was given to them was not enough, the community, Policemen and parents lack awareness about the role of counseling services, sometimes children are absent on their appointment for counseling and unwillingness of parents to come and discuss problem of their children with counselors.

The second item was stated as "In your opinion what would the solution for the above mentioned problems?" and they suggested the possible solutions as follows; the organization should use TV and FM radios to aware the role of counseling services to the community, policemen and parents and more training should be given to volunteers.

Similarly, the manager was interviewed to describe the major problems observed in CBCCs related to counseling?" He said that counselors participated in both short term and long term trainings left the organization, lack of awareness by the parents and the community on the role of counseling services, due to shortage of staff counselors participate in several administrative works and sometimes kebele administrative authorities lack willingness to cooperate with volunteers and counselors. He also acknowledged that there are social workers

who provide advocacy services to the community, but still there is no significant change observed in the awareness of the community about the role of counseling services.

The manager was also interviewed about the possible solutions of the problems observed in CBCCs regarding counseling. He replied that giving adequate orientation to parents, policemen and other community members on the roles of counseling services and transferring administrative work of counselors to other workers.

This finding suggest that awareness of the community about the role of counseling services, absence of referral centers, counselors number compared to number of CBCCs and counselors engagement with routine activates were perceived as problems that hinder to carry out effective counseling practice in CBCCs. On the other hand, counselors' interest with their profession and counselors' ability to communicate easily with children during the counseling process were not perceived as problems of counseling practice in CBCCs by counselors.

Professional Counseling Skills

The verbal and nonverbal skills used by a counselor in his/her work are very important. There are many techniques ranging form very general to specific that can facilitate the counseling process. In line with this children were asked to rate the counseling skills of counselors on 3-point scale, along 6 areas of professional counseling skills summarized in Table 7.

Table 7: Distribution of Children's Ratings on the Counseling Skills of Counselors (N=114)

No	Items	Children's responses					
		Agree		Undecided		Disagree	
		f	%	f	%	f	%
1	The counselor accepts me warmly.	69	60.5	13	11.4	32	28.1
2	The counselor encourages me to use my potential.	82	71.9	12	10.5	20	17.6
3	The counselor listens actively and understands my personal problems.	81	71	11	9.7	22	19.3
4	The counselor gives enough time to think and speak about my problem.	84	73.7	13	11.4	17	14.9
5	The counselor helped me to develop better ways of coping with my problems.	77	67.5	15	13.2	22	19.3
6	The counselor allows me to decide what is best for me.	83	72.8	13	11.4	18	15.8

As shown in Table 7, from 114 child respondents 69(60.5%) agreed that counselor warmly accepted them, 13 (11.4%) responded as undecided, but32 (28.1%) of child respondents disagree on counselors possession of warmly acceptance skill. Regarding counselors encouraging skills of children to use their potential, 82(71.9%) child respondents reported as agree, 12 (10.5%) child respondents reported as undecided and 20 (17.6%) child respondents reported as disagree. Concerning the counselors' listening and understanding skills, 81(71%) child respondents rated as agree, 11 (9.7%) undecided and 22 (19.3%) disagree.

Furthermore, children's perceptions of counselors ability to give enough time for thinking and speaking about their problems was rated as agree by 84(73.7%), undecided by 13 (11.4%) and disagree by 17 (14.9%). In respect to the counselors help in developing better ways of coping mechanisms for their problems child respondents were rated as agree by 77(67.5%), undecided by 15(13.2%) and disagree by 22(19.3%).Finally, with regard to the counselors allowing of children to decide what is best for them in the counseling process, was rated as agree

by 85(72.8%) child respondents, undecided by 13 (11.4%) child respondents and disagree by 18(15.9%) child respondents.

Therefore, majority of child respondents agreed on the counselors' possession of major counseling skills, which are vital to the establishment of effective counseling relationship. In line with the above findings, during the interview counselors described that they are confident in their counseling skills because of their participation in number of professional development short-term workshops. However, they also indicated that they require long term supervised training to upgrade their knowledge on counseling theories and skills.

Availability of Facilities in CBCCs

To assess the availability of major facilities in CBCCs children were asked to answer the following items.

Table 8: Frequency and Percentage Distribution of Children Ratings to the Availability of Facilities in CBCCs (N=114)

No	Items	Children's responses			
		Yes		No	
		f	%	f	%
1	Is the counseling center far from your residential house	25	21.9	89	78.1
2	Is there a counseling room which is free from any environmental influence	44	38.9	70	61.1
3	Is there counseling room which is comfortable	41	36	73	64
4	Is there a waiting area in the CBCC	0	0	114	100

As indicated in Table 8, among all child respondents, 89(78.1%) reported that the CBCCs are not far from their residential house, while the remaining 25(21.9%) reported that the CBCCs are far form their residential house. Regarding environmental influences on the counseling rooms, 70(61.1%) of child respondents believed that the counseling room is affected by environmental influences such as noise but 44 (38.9%) responded that it is free from environmental influences. In contrast, 73(64%) of children respondents reported that the

counseling rooms are not comfortable and the rest 41(36%) of them reported counseling rooms are comfortable. All child respondents approved that there are no waiting areas in the CBCCs.

Children confirmed the result presented in Table 11, during group discussion most them described that in CBCCs there is lack of separate counseling room, absence of waiting area and lack of games to play. In addition most children participated in the discussion revealed the problem of having environmental influence on CBCCs during their counseling sessions. As one 12 years old child put it, "Many people come to the kebele office for different purposes... especially when they receive wheat, it will take at least a week in every month they disturbed us too much."

Moreover, the researcher's observation revealed that the counseling rooms were not built only for counseling purposes because other services were also offered in these rooms. In addition, most of the rooms were very small, no window, no ventilator, they have fragmented walls and floors, walls aren't sound proof and do not ensure privacy. Noises from people came for different purpose in kebele administrative offices and police stations were heard. Even, visual privacy was not maintained. One 13 years old child described the problem concerning facilities in CBCCs as follows during the group discussion, "Chairs are not conformable to set for along time, the wall is built from corrugated iron and it is small, and becomes suffocated when we take group counseling."

Another 12 years of child also put it as follows, "Most of the time, we come to the CBCC at 4P.M., which is very hot in spite of this we wait outside when others participate in group or individual counseling."

Generally, the counseling rooms in CBCCs were not attractive and comfortable. Besides, waiting areas are totally absent in CBCCs in which clients would stay for counseling and hence these may cripple the counseling service.

Counselors were interviewed about the availability of physical facilities that can facilitate the counseling process in CBCCs. They replied that the organization did not prepare guideline for counseling practice in CBCCs, "counseling rooms" were not equipped with the necessary materials, there are no standard counseling rooms and counselors did not have access to internet that can help them to update their knowledge and skill. But the organization made available volunteers in each CBCC to support the counseling activities and other services. Moreover the "counseling rooms" are not comfortable in such away that to establish counseling relationship easily with children.

To assess more information for this study volunteers were asked items listed on Table 9.

Table 9: Distribution of Volunteers' Responses on Facilities and Other Issues (N=13)

No	Items	Category	Volunteers' Responses	
			f	%
1	Is there a waiting area in the center	Yes		
		No	13	100
2	If yes for Q No 1, how do you evaluate the quality waiting area	Very good		
		Good		
		Poor		
3	Are you participating in counseling related workshops or seminars	Yes	9	69.2
		No	4	30.8
4	Is the number of counselors adequate to provide the counseling services	More than adequate	2	15.4
		Adequate	4	30.8
		Less than Adequate	7	53.8

As indicated in Table 9, overall volunteer respondents reported that there is no waiting area in CBCCs. Most volunteer respondents 9(69.2%) participated in counseling related workshops /seminars but the remaining 4(30.8%) did not.

Moreover, Volunteers were asked to rate the adequacy of counselors number for CBCCs. Slightly greater than half respondents 7(53.8%) reported as less than adequate, only 4(30.8%) reported as adequate, few 2(15.4%) reported as more than adequate.

The researcher's observation also confirmed that there are no waiting areas separate and attractive counseling rooms and internet service in CBCCs.

Effectiveness of Counseling Services

Parents'/guardians were asked to respond for the statements that were intended to measure the extent to which they agree on the effectiveness of counseling services in CBCCs. Results form the findings were summarized in Table 10.

Table 10: The Distribution of Parents/Guardians Responses on the Effectiveness of Counseling Services (N=42)

No	Items	Parent/guardian responses					
		High		Medium		Low	
		f	%	f	%	f	%
1	Children showed behavioral changes after participating in counseling	29	69	12	28.6	1	2.4
2	The counseling center is punctual in responding to my request for help	26	61.9	10	23.8	6	14.3
3	There is a sense of well come and respect in CBCCs	39	92.9	2	4.8	1	2.3
4	The counselor kept information confidentially	40	95.2	1	2.4	1	2.4
5	The counselor communicate easily with my child and me	35	83.3	6	14.3	1	2.4
6	In general the counseling service is important for helping children	31	73.8	9	21.4	2	4.8

As indicated in Table 10, more than half, 29(69%) of parent/guardian respondents believed that the behavioral change observed on their children after they received counseling is high, 12(28.6%) of them reported that the change in behavior is medium and the remaining 1(2.4%) reported behavioral change observed on their children after they received counseling is low.

Most off the parent/guardian respondents 39(92.9%) reported that they have experienced a high sense of well come and respect by the counselors in CBCCs, 2 (4.8%) reported that they have experienced medium sense of well come and respect by the counselors in CBCCs and 1 (2.4%) reported that they have experienced low sense of well come and respect by the counselors in CBCCs. Moreover, almost all parent/guardian respondents 40(95.2%) agreed that information was highly kept confidential. Considerable number of parent/guardian respondents 35(83.3%) highly believed that counselors communicate easily with them and their children, 6(14.3%) of them believed that counselors ability to communicate easily with them and their children as medium and very small 1(2.4%) believed that counselors ability to communicate easily with them and their children as low.

Finally, parents/guardians were asked to rate their opinion on the importance of counseling services for helping children's with several problems 31(73.8%) of them responded that counseling is highly important for children with problems, 9 (21.4%) of them responded that counseling is important for children with problems as medium and 2 (4.8%) of them responded that counseling is important for children with problems as low.

Generally, most parent/guardian respondents highly believed that information discussed during the counseling process was kept confidential, there was a sense of welcome and respect in the CBCCs, children showed behavioral changes and counselors communicate easily with them

and their children. Totally, most of them believed that counseling was important and effective in helping their children.

Table 11: Distribution of Volunteers Responses on the Effectiveness of Counseling Services (N=13)

No	Items	Volunteers' responses					
		High		Medium		Low	
		f	%	f	%	f	%
1	In my opinion children show behavioral change after counseling	4	30.8	8	61.5	1	7.7
2	Parents /guardians are satisfied with the counseling support children's get from the center	7	53.8	4	30.8	2	15.4
3	The community is aware of the counseling services offered in the center	2	15.4	5	38.4	6	46.2
4	Counselors come on time for counseling appointments.	9	69.2	3	23.1	1	7.7
5	Police provides considerable help for the effectiveness of counseling services	4	30.8	5	38.4	4	30.8

As can be seen in Table 11, volunteers were asked to rate statements that were intended to measure the extent of their opinion towards the effectiveness of counseling services in CBCCs. As parents/guardians volunteers were also asked to give there opinion on extent to which behaviors of children were changed after receiving counseling 4(30.8%) reported as high, 8(61.5%) reported as medium and the remaining 1(7.7%) reported as low. More than half 7(53.8%) of volunteers highly agreed that parents /guardians are satisfied with the counseling support children get from the CBCCs, 4(30.8%) reported as medium and 2(15.4%) reported as low.

Volunteer were also asked to rate the degree to which the community was aware of the counseling services offered in the centers few 2(15.3%) reported as high, 5(38.5%) reported as medium, and 6(46.2%) reported as low. Most volunteer respondents 9(69.2) reported that counselors are coming on time to the CBCCs as high. At the end volunteers were asked to give their opinion on the support they get form police to facilitate the counseling service offered in the

centers, 4(31.8%) reported as high, 5 (38.4%) reported as medium and 4 (30.8%) reported as low.

Despite the presence many problems in CBCCs, most of the children who participated in the group discussion believed that their behavior is changed after they received counseling. As one 15 years old child explained," Before I came to this center I was participating in unacceptable activities such as theft ....I took money from my mother without her knowledge .But now these behaviors aren't observed on me. Instead I study hard to improve my education."

Though, counselors in their interview expressed shortage of time and their number as obstacles to provide more efficient counseling services in CBCCs. They believed that the counseling they offered is effective in changing the behaviors of children. As one put it, "We would like to have program setup for every CBCC, but the time for counseling and other services are limited (from 4:00 -11:30 P.M Monday to Friday). We always feel regretful ..., but we do see positive changes, counseling works."

In general, counselors were happy with their jobs and feel being effective in helping children. Here is how the counselor described it, "our job is to get these children through school in the most positive way possible... in well and responsible kinds of way." And the other counselor expressed his feeling as, "It is just extremely rewarding. I am enjoying the work so much and feeling that even in a small way it makes a difference."

Thus, the perception of most volunteers on counselors being punctual for their appointment, satisfaction of parents/guardians on the counseling services offered and behavioral changes they had observed on children was high. Whereas, most volunteers perception on the support provided by police in facilitating counseling services in CBCCs and the awareness of the community about the role of counseling services was low.

To sum up, most respondent groups believed that the counseling rendered in CBCCs is effective, even if it has many problems.

Further Actions Required to Promote Child Counseling Services in CBCCs

In serving children of the future, counselors need to offer a range of services that address socioeconomic developmental needs, prevent learning difficulties and improve existing conditions that inhibit growth and development.

To obtain information on the above issue counselors were interviewed about further action needed to promote child counseling services in CBCCs. They replied that increasing the number of counselors employed by the FSCE, preparing play therapy for young children's, building standardized counseling and waiting rooms, providing families with practical information on parenting skills and early adolescent development, focusing on preventive actions rather than remedial actions and make counselors easily accessible to technology such as internet will promote the counseling services offered in CBCCs.

The manager too was interviewed about future actions that promote child counseling services in CBCCs. He described that so as to promote children counseling services in the future, the organization should enhance the skills and knowledge of counselors through short term and long tem trainings, increase the number of counselors in such away that each CBCC should have at least one, increase number of CBCCs to reach more children, provide adequate facilities for CBCCs and employ adequate social worker that can aware the community about the role of counseling services.

Moreover, he indicated that the origination had already built one play therapy center in Nefas Silk Lafto sub-city and is on the process to fulfill its facilities. Besides, one of the counselors has begun training to provide play therapy by bringing a professional trainer form aboard.

4.2 Discussion

In this section major finding in section 4.1, were discussed in line with literature. Juvenile delinquency is a prevailing global problem. Its impact is becoming severe and it is considered as highly worsening of the young generation. It also increases at alarming rate, all over the world, recently emerging information indicate that due to global economic crisis and other social factors the situation will become worst in the future. According to FSCE (2006), due to the sudden and extreme economic instability that took place in many parts of central and Eastern Europe, there has been sharp increase in the number of children committing offences. In USA, despite the rate of overall crime dropping down, juvenile crime (children in conflict with the law) is one category where no difference has been made.

The same has been happening in Ethiopia, above all in urban areas particularly in Addis Ababa. FSCE (2006) acknowledged that due to social and economic problems, the number of children in conflict with the law is not only increasing but the nature of offences committed by them is also striding up form petty offences to serious offences like rape and theft.

According to Loeber (1996) the stability of antisocial behaviors from childhood to adulthood suggests that juvenile delinquency prevention programs like counseling should be implemented as early in child life as possible. He also indicated that counseling has long term effect on juvenile delinquency. Hence rendering quality counseling service promotes children adjustment. Moreover, this study indicates that the majority of respondent groups believed that the service is important and effective despite the fact that it has limitations.

The results of this study showed that counseling is practiced in CBCCs by counselors who are graduates of psychology at degree level with the help of volunteers who facilitate the

counseling practice. The major roles of volunteers in CBCCs regarding counseling are providing emotional support and make children ready for counseling

According to Gibson and Mitchell (2008) the major counseling practices that must be performed in counseling centers are individual counseling, group counseling consultation, individual assessment, environmental assessment, evaluation, orientation (providing information), referral and follow up. Not surprisingly, this study indicated that orientation about counseling services and group counseling were the most widely practiced services in CBCCs (see Table 5 & 6). More over, consultation with parents/guardians, individual assessment and follow up arrangement were also perceived as promising counseling practices in CBCCs by child respondents. However, individual counseling and consultation with teachers were not adequately practiced.

Majority of child respondents agreed that counselors were able to establish conductive counseling relationship. Moreover helped children to select counseling goals, learn future problem solving skills, review immediate actions and plans at the end of the counseling sessions. This is in line with Schmidt (2003) when counseling is practiced in different settings, its process should mainly include relationship establishment, problem identification and exploration, goal establishment, reviewing immediate plans and action and termination.

Effective and efficient child counseling practice requires parents/guardians involvement in giving information about their child problem. Proud and Brown (2004) also asserted that, parents provide insight and needed information about their child in the counseling process and may act as a co-counselor. In addition, Olson and DeFrain (2000) acknowledged, counselors should increase the parents' knowledge of their children and positive child rearing practice through counseling. Similarly the present research finding indicated that, counselors in CBCCs

were participating parents/guardians in the counseling process to get more information about their children's problem and moreover, provide counseling for parents when necessary.

Counselors pointed out that they were confident with their counseling skills. In addition, most children agreed that counselors have possessed the major counseling skills (see Table 7). It is possible that these counselors may have developed the skills, due to the fact that they had participated in counseling skill development workshops and/or they had consulted other counseling professionals when they had faced practical problems regarding treatments and counseling techniques. Whereas during the interview they were aware of there lack of formal training to practice counseling effectively and efficiently in CBCCs.

From the results of this study, it seems that counselors in CBCCs were motivated practitioners but they had not received adequate and formal long-term supervised professional trainings. The counselors are psychology graduate at BA level. These counselors have received limited initial training in counseling interventions at the universities and professional development workshops.

What ever the reason might be, to have adequate professional skills counselors have to be upgraded. In line with this, Gibson and Mitchell (2008) acknowledged that counselors must become fully trained and qualified to meet the needs of the client population designed to serve. Training requires an appropriate graduate (master's level) program that leads to an understanding of systemic theories guiding professional practice and they need to be professionally committed to constantly updating and upgrading their skill and knowledge to reflect the latest and ongoing progress in their professional field.

Counseling requires experience and patience to be effective. But, the results of this study indicated that the experience of counselors ranges from 1-2 years. This shows that counselors were not well experienced.

Gordon (cited in George and Cristiani, 1990) acknowledged that some novice counselors are anxious to help their clients by giving advices, offering premature conclusion (solutions) and criticizing which often confuse and block communication between clients and counselors. unlike this, more than 68% of child respondents agreed that counselors did not enforce them to receive their advice, give premature conclusion and criticize or judge there responses. Besides, counselors helped them to develop confidence. In the same way most parents 35(83.3%) also indicated that counselors are able communicate easily with them and their children. From this one could understand that counselors in CBCCs are able to minimize constraints which are observed in novice counselors. This may be attributed to the participation of counselors in several workshops

Most respondent groups including children indicated that children showed behavioral change after they had received counseling. For instance, most parents 29(69%) reported that children showed high behavioral changes after counseling. Additionally, more than half of the volunteer recognized that parents/guardians were satisfied with the counseling support children received form the centers. This might demonstrate that the counseling practice conducted in CBCCs are effective, while it has problems related to practice coverage, provision of facilities, volunteers and counselors training and number of counselors which would be discussed next.

Accordingly, individual counseling, since the day of counseling movement, has been identified as the core activity through which all the other activities become meaningful. That is why many scholars defined counseling as one to one helping relationship which demands

confidentiality. But, in CBCCs individual counseling was not adequately practiced, Moreover, children were not prepared through individual counseling before they entered into group counseling. This was endorsed by most of the informant groups. However, Shertzer and Stone (1974) asserted clients may find it difficult to develop trust with a group of individuals: therefore feelings, attitudes, values, and behaviors that are considered unacceptable may not be brought out for discussion. Moreover, the scholars indicated that clients also need individual help before they function in a group.

The client may be insecure and incapable of entering the group environment with out first experiencing the counseling process on a one-to one basis. Most children in their group discussion also pointed out, they afraid to discuss their problem in front of their peers. Counselors as well confirmed that they offered individual counseling only sometimes. This might be attributed to several reasons such as; counselors are few in number compared to number of CBCCs, absence of separate counseling room and waiting area and lack of adequate transportation.

Survey respondents felt that the community, police, parents/guardians lack awareness on the role of counseling services. This might have a great effect on the effectiveness of counseling services. But, counselors indicated that they some times offered orientation to the community about the importance of counseling services. From this, one may suggest that more intensive orientation is needed to promote the counseling practice by increasing the awareness of police, parents and community in general.

Evaluation and supervision are two interrelated practices that should be performed in counseling centers. They are helpful to provide feedback and take remedial actions accordingly. Regarding this the assertion made by George and Cristiani (1990) indicated, evaluation provides

new insights that will help counselors perform at higher and professional level and ascertains the current status of counseling services with some frame of reference (guideline). Gibson and Mitchell (2008) confirmed that absence of counseling practice evaluation often leads to failure to reach one's full potential. According to National Board for Certified Counselors Code of Ethics, USA (2005) supervision helps counselors to get feed back for their practice, helps counselors to establish procedure for handling crisis situation.

Though, evaluation and supervision of counseling practice is important, this study revealed that the counseling practice in CBCCs were not evaluated and supervised. Even counselors did not have guideline for their practice which is the base for evaluation and supervision of counseling practices.

Counseling is a coordination of several activities which includes of consultation as one practice to be accomplished in counseling centers. However, this study revealed that consultation with teachers was not sufficiently practiced in CBCCs. Most child respondents 66(57.9%) reported that counselors did not consult with their teachers. In support of the information obtained from children, counselors reported that they carry out consultation for teachers only some time even it is necessary. This may be attributed to the number of counselors, counselors involvement in routine administrative activities and shortage of transportation. Conversely, Gibson and Mitchell (2008) recognized that now a days consultation increases in popularity and demand, through consultation counselors facilitate communication and give objective feedback regarding the process that are blocking change.

It is unrealistic for counselors in CBCCs to assume that they can provide services to every children seeking assistance. But, this study showed that counselors did not refer children for specialized help due to lack of referral sources.

On the other hand, for counselors to assist children with emotional and behavioral problems, by using all of the methods that they had been trained to utilize CBCCs should have to be equipped with facilities that support and facilitate the counseling environments. Schmidt (2003) asserts to provide confidential counseling and consulting services for children parents and teachers. Counselors need appropriate space which includes private office for each counselor, conference room, waiting area and private telephone line. In spite of these fact counselors working in CBCCs lack private office, waiting areas, internet service, adequate transportation facility, and private telephone line.

Shertzer and Stone (1974) Suggests that the counseling room should be comfortable and attractive; pictures, carpets, plants and the like are usually viewed as conductive to create unhurried climate in which individual may express himself for effective counseling. But the researcher's observation revealed that the organization of most counseling rooms of CBCCS were not attractive in such away to invite young children to counseling.

Many literatures indicated that privacy and avoidance of disturbance in counseling centers is important to offer effective counseling for clients. The current study revealed that the majority of informant groups believed that there were no separate counseling rooms in CBCCs that were conformable to establish proper counseling relationship and ensure privacy. It was also confirmed by the researcher's observation. Shertzer and Stone (1974) explained due to the absence of comfortable counseling rooms which can ensure privacy. Clients may show unfavorable nonverbal behaviors. Therefore if the counselor misinterprets these nonverbal behaviors (e.g., facial expression) of the client, the counselor will experience difficulty of understanding the feelings of the client. Obviously, when counseling is offered, the effect of

counseling environment on the development of counseling relationship should be carefully considered.

Moreover, literatures indicate that careful attention to the counseling environment could improve counselors' effectiveness and professionalism and decrease counselors burn out.

The provision of auditory and visual privacy is basic to the ethical standard that counselors will safeguard the confidentiality of the relationship (Shertzer and Stone, 1974). But the researcher's observations and most children participated in the group discussion revealed that, since most CBCCs are located in Kebele Administrative Offices and Police Stations, where many people passing by with noisy sounds. CBCCs did not ensure privacy which is basic for safeguarding the confidentiality of the counseling relationship. Moreover, walls of counseling rooms were not sound proof that can increase privacy and decrease distraction.

In addition to separate counseling room, a well ventilated waiting area is important in CBCCs. But respondents indicated that none of the CBCCs had waiting area. However, Schmidt (2003) acknowledged, waiting areas would offers children, parents and teachers a place to wait for appointment and peruse guidance. Equally important factor for the effectiveness of counseling services is its location "the locations of counseling center should enhance its visibility, facilitate communication between all groups of users and invite people to the center and to use its facilities (Schmidt, 2003). Undoubtedly, the location of the counseling center can affect the perception of users of the center. However the researcher's observation revealed that some CBCCs are located in areas which are not visible to most people, even finding their location could be difficult.

In general, facilities required by counselors to carry out quality counseling services are numerous. Among these the major ones are book shelves, tables with drawing cupboard for

storing pamphlets, finance, time and internet services. According to Shertzer and Stone (1974) provision of adequate counseling facilities will certainly influence the effective delivery of quality counseling. Schmidt (2003) confirmed that it will be surprising to find services effective with out the necessary facilities. Contrary to this fact, the study revealed that there were poor supplies of facilities in most CBCCs, which may put the expected role of counselors greatly at risk.

Volunteers play a significant role in the counseling environment. Often the first person to great the child in CBCCs is a volunteer. Volunteers are required to be warm, friendly individuals who communicate well to children and need to be hospitable. For this and other purposes, volunteers need training. Unlike this, the present study revealed that volunteers lack hospitability in handling children, though most of them 9(69.2%) indicated that they had participated in counseling related workshop/seminars. From this, one can understand volunteers require more training to handle children appropriately. Schmidt (2003) explained that adequate training and orientation to the counseling program for volunteers are necessary. In addition, he described that counselors have the responsibility to ensure volunteers' basic communication and helping skill.

Organizations that offer counseling services required to be aware of the future and go in line with the socio-economic changes and think about those things which promote the counseling services effectiveness. Gibson and Mitchell (2008) assert that, in counseling both the nature and the need for future insights have undergone significant change. In line with this, the program manager and the counselors indicated that further actions needed to be taken to promote child-counseling services in CBCCs. These include increasing the number of counselors in such a way that at least to have one counselor in each CBCC and increasing number of CBCCs to make counseling services accessible easily by most children in the city. Moreover, counselors and the

program manager suggested the actions to be taken to make effective counseling practice in CBCCs as: provide more after school activities in CBCCs, providing parents/guardian with more practical information on parenting children and early adolescent development, providing long-term trainings for counselors on practical skills and counseling process, emphasis on preventive actions rather than remedial actions and offering play therapy for young children.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary and Conclusions

Counseling is especially important for children, when they are beginning the transition from childhood to adolescence, and are developing the character and behavior that will guide them in adult life. Young people at this age are subjected to intense pressure from peers, family, school and they are also undergoing major physical and cognitive changes. Due to such and other factors providing counseling on emotional and behavioral issues is highly beneficial for children. Hence, to provide effective and efficient counseling its practices and problems should be assessed to improve it accordingly.

Therefore, the purpose of this study was assessing the practices and problems of counseling services offered in community based correction centers (CBCCs) of Addis Ababa.

In this study survey, research method was employed. Both quantitative and qualitative data collection instruments were used to obtain adequate information.

There are ten CBCCs in seven different sub-cities of Addis Ababa to obtain adequate information and achieve the above specific objectives. The 2 counselors, 13 volunteers, 42 parents from all CBCCs which were selected using purposive sampling technique, the program manager and 114 children in ten CBCCs. Totally, 172 respondents participated in the study.

The data were collected directly from the source through administration of questionnaire and conducting interview, focus group discussion and observation.

Questionnaires were prepared for children, parents and volunteers. The questionnaires were prepared based on the concepts from literature, preliminary observation and earlier experiences. Four sets of questionnaire were used to collect information from children,

parents/guardians and volunteers. Two sets of interview were conducted to collect information from counselors and the program manger. FGD, was also conducted with children, four group discussions were made in randomly selected four CBCCs. Group participant children were selected using simple random sampling technique. Furthermore, observation was taking place on the basis of the checklist developed.

Then the data were tabulated for analysis which includes statistical applications involving frequency and percentage. Information gathered through observation, interview and focus group discussion were analyzed and discussed qualitatively. All the necessary statistical analysis was performed using SPSS.

From the finding of the study majority of child respondents indicated that consultation with parents, establishment of conductive counseling relationship, assessing information about problems of children, learning future problem solving skills, reviewing plans and actions at the end of the counseling sessions, and follow up arrangement after termination of counseling sessions in general and orientation about counseling, and group counseling in particular were promising counseling practices performed in CBCCs. However, most of child respondents indicated that consultation with teachers and individual counseling were not adequately practiced in CBCCs.

The information obtained form counselors indicated that they conduct group counseling and follow up arrangements usually. But they offer individual counseling, made consultation with parents/guardians, involve parents in the counseling process and give orientation to the community sometimes even if it was necessary, which is in line with the information obtained from child respondents.

The information obtained from the counselors revealed that the counseling practice in CBCCs was not supervised and evaluated at all. Due to lack of referral sources they did not refer children for specialized help though it was necessary and they did not prepare children through individual counseling before they involve in group counseling. Besides, the communities lack awareness about the role of the counseling services.

Counselors believe that they are confident with their counseling skills. Moreover, majority of child respondents assured that counselors accepted them warmly, encouraged them to use their maximum potential, listen and understand their problems, gave enough time to think and speak about their problems and allowed them to decide what was best for them in the counseling process. But counselor in their interview indicated that though they were participated in several workshops/seminars they still require further long term supervised training on counseling skills and processes to update themselves.

Concerning the effectiveness of counseling services rendered in CBCCs, most parents and volunteers as well as children participated in group discussion indicated that the counseling service is effective in changing the behaviors of children.

On the other hand, regarding the adequacy and presence of facilities in CBCCs, most respondent of children, volunteers and counselors reported that there are no separate counseling rooms, there are no waiting areas and the counseling room did not ensure privacy. Moreover, from counselors' interview and researcher's observations this study revealed that counselors did not have access to internet, did not have separate office, and did not have separate telephone line.

Counselors and the project manager suggested the following actions to promote the child counseling practice in CBCCs. These were increasing number of counselors in such away that to assign at least one counselor for each CBCC, make the already started play therapy functional as

quickly as possible, provide more after school activities in CBCCs and establish additional CBCCs to make more children easily accessible. Additionally, enhance the parenting skills of parents /guardians by providing more information and focus on preventive actions rather than remedial actions.

From the findings of this study, the following conclusions are made:

- The counseling practices accomplished frequently in CBCCs were orientation about role counseling for children, group counseling, consultation to parents, and establishment of climate conductive to counseling relationship, assessment of information on children's problems, establishment of counseling goals, teaching of future problem solving skills, reviewing of immediate plans actions, summarizing main issues discussed at the end of the counseling sessions, arranging follow up services after the termination of counseling sessions and involving parents in the counseling process.
- However, individual counseling and consultation with teachers were least frequently performed practices.
- Referring children for specialized help, preparing children through individual counseling before they involve in group counseling, supervision and evaluation of the counseling practice were not performed at all.
- Counselors were participated in several professional development workshops and this makes them to possess basic counseling skills but need further training to up grade their skills.
- Though counselors are least experienced they are able to reduce constraints observed in novice counselors.

- While group counseling is offered in CBCCs, children are not prepared through individual counseling to effectively participate in the group.
- The number of counselors is small compared to CBCCs scattered in different sub-cities of Addis Ababa.
- The community and police lack awareness about the role of counseling services and hence they did not contribute much to the effectiveness of counseling services.
- CBCCs are not well facilitated in such away to provide counseling services more efficiently. They did not have waiting areas and comfortable and separate counseling rooms.
- Since most CBCCs are located in Keble Administrative Offices and Police Stations, in which many people are passed by with loud noise, it is difficult to ensure privacy.
- Volunteers who facilitate the services offered in CBCCs lack adequate knowledge on how to handle children with emotional and behavioral problems.
- Though the counseling practice in CBCCs is some what effective in changing the behaviors of children. It has many problems related to coverage of major counseling practices and facilities required for efficient counseling practice.

5.2. Recommendations

In the light of the findings of the study, the researcher forwarded the following recommendations:

Short term recommendations

- To provide individual counseling and consultation for teachers adequately FSCE should increase the number of counselors. At a minimum of every CBCC should have at least one fulltime counselor.
- FSCE in collaboration with Addis Ababa Police Commission should provide intensive orientation to the community, police and parents about the role of counseling services in changing the behaviors of children in conflict with the law.
- FSCE should provide in service training for volunteers on how to handle children with emotional and behavioral problems.
- To provide effective counseling, FSCE should recruit supervisors, which are professional in counseling to support and give feedback for the counselors.
- FSCE should establish a system to evaluate the counseling practice in CBCCs and take remedial measures accordingly. Moreover, prepare guideline for counseling practice to ensure accountability and responsibility for the practice offered.

Long term recommendations

- FSCE in collaboration with Addis Ababa Police Commission and other administrative bodies such as Kebeles, should organize CBCCs by providing well furnished separate counseling rooms, waiting areas, internet services and conference rooms for consultation and group counseling
- FSCE together with other international NGOs working on children should provide long term supervised practical training for counselors which focuses on child counseling.

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APPENDIX A

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

Questionnaire to be filled by children in CBCCs

Objective: The objective of this questionnaire is to assess practices and problems of counseling services in CBCCs of Addis Ababa. It is important that you would answer as honestly as possible. The information obtained will help to identify problems and continually improve the counseling services offered. Your cooperation is greatly appreciated and all your responses will be strictly confidential.

Thank You in Advance!

Note: Writing your name is not necessary

PART ONE: Background Information

1. Grade _____

2. Sex ☐ Female ☐ Male

3. Age_____

4. How many sessions do you participate? _____

PART TWO: Counseling Practices

INSTRUCTION: Each of the statement below expresses counseling services .Please put tick mark (√) based on whether the service is given or not corresponding to each statement in only one of the two alternatives. (1=Yes, and 0= No)

No	Items	Yes	No
1	Orientation about the role counseling services is given.		
2	Individual counseling is rendered in the center.		
3	Group counseling is rendered in the center.		
4	Counselors consult (confer) with parents/guardians about my problem.		
5	Counselors consult (confer) with teachers about my problem.		
6	Climate conductive to counseling relationship established.		
7	Information about the problem assessed.		
8	Counseling goals established with the help of the counselor.		
9	Problem solving skills that can help me to solve future problems learned.		
10	Immediate plans and actions reviewed at the end of counseling sessions.		
11	Counselors summarize main issues discussed at the end of the counseling sessions.		
12	The counselors follow up me after the termination of counseling.		

PART THREE: Counselors Professional Skill

INSTRUCTION: Each of the statement below expresses the counselors' professional skill. Please put tick mark (√) based on the counselors ability of experiencing the given skills corresponding to each statement in only one of the three alternatives. (3=Agree, 2=Undecided, and1= disagree)

No	Items	Agree	Undecided	Disagree
1	The counselor accepts me warmly.			
2	The counselor encourages me to use my potential.			
3	. The counselor listens actively and understands my personal problems			
4	The counselor gives enough time to think and speak about my problem.			
5	The counselor helped me to develop better ways of coping with my problems.			
6	The counselor allows me to decide what is best for me.			

PART FOUR: Constraints of Counseling Services

INSTRUCTION: Each of the statement below expresses constraints that hinder the effectiveness of counseling .Please put tick mark (√) based on the occurrence of the problem in the counseling process corresponding to each statement in only one of the three alternatives (3=Agree, 2=Undecided, and1= disagree)

No	Items	Agree	Undecided	Disagree
1	The counselor has a problem in communicating with me			
2	The counselor enforce me to receive his/her advice			
3	The counselor does not help me to develop confidence			
4	The counselor give premature conclusions			
5	The counselor judge or criticize my responses			

PART FIVE: Information on Facilities and General Issues in Counseling

INSRUCTION: Indicate your response with tick mark (√) in the box before the alternatives under each question, and give brief and clear answer to the open ended items on the space following the questions.

1. Is the counseling center far from your residential house?

☐ Yes ☐ No

2. Is there a counseling room which is free from any environmental influence?

☐ Yes ☐ No

3. Is there counseling room which is comfortable?

☐ Yes ☐ No

4. Is there a waiting area in the counseling center?

☐ Yes ☐ No

5. If yes for Q No 3, how do you rate the quality of waiting area?

☐ Very good ☐ Good ☐ Poor

6. List the major counseling service problems in the center?

_____

_____

_____

_____

7. In your opinion how would the above problems be resolved?

_____

_____

_____

_____

Thank you!

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF PSYCHOLOGY

Questionnaire to be filled by parents/guardians of children in CBCCs

Objective: The objective of this questionnaire is to assess practices and problems of counseling services in CBCCs of Addis Ababa. It is important that you answer as honestly as possible. The information obtained will help to identify problems and continually improve the counseling service offered. Your cooperation is greatly appreciated and all your responses will be strictly confidential.

Thank You in Advance!

PART ONE: Background Information

1. Age_____
2. Sex ☐ Female ☐ Male
3. Occupation (tick one) ☐ Student ☐ Government employer

   ☐ Merchant ☐ Others (please specify) _____
4. Sub City_____ Kebele _____
5. Educational status (tick one) ☐ Illiterate ☐ Primary level

   ☐ Secondary level ☐ Tertiary level

PART TWO: Information on the Effectiveness of Counseling Services

INSTRUCTION: Please put tick mark (√) with respect to each statement in only one of the three alternatives (3=high, 2=medium and 1=low)

No	Items	high	medium	Low
1	Children showed behavioral changes after participating in counseling			
2	The counseling center is prompt in responding to my request for help			
3	There is a sense of well come and respect in the center			
4	The counselor kept information confidentially			
5	The counselor communicate easily with my child and me			
6	In general the counseling service is important for helping children			

7. Write any more suggestion, concerning counseling services in CBCCs.

_____

_____

_____

Thank you!

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF PSYCHOLOGY

Questionnaire to be filled by volunteers working in CBCCs

Objective: The objective of this questionnaire is to assess practices and problems of counseling services in CBCCs of Addis Ababa. It is important that you answer as honestly as possible. The information obtained will help to identify problems and continually improve the counseling services offered. Your cooperation is greatly appreciated and all your responses will be strictly confidential.

Thank You in Advance!

PART ONE: Background Information

1. Age_____

2. Sex ☐ Female ☐ Male

3. CBCP center _____

4. Educational status (tick one) ☐ Secondary level ☐ Degree

☐ Diploma ☐ others (please specify)_____

PART TWO: Information on the Effectiveness of Counseling Services

INSTRUCTION: Please put tick mark (√) with respect to each statement in only one of the three alternatives (3=high, 2=medium and 1=low)

NO	Items	High	Medium	Low
1	In my opinion children show behavioral change after counseling			
2	Parents /guardians are satisfied with the counseling support children's get from the center			
3	The community is aware of the counseling services offered in the center			
4	Counselors come on time for counseling appointments.			
5	Police provides considerable help for the effectiveness of counseling services			

PART THREE: Information on Facilities and General Issues in Counseling

INSTRUCTION: Indicate your response with tick mark (√) in the box before the alternatives under each question, and give brief and clear answer to the open ended items on the space following the questions.

1. Is there a waiting area in the center?

☐ Yes ☐ No

2. If yes for Q No 1, how do you evaluate the quality waiting area?

☐ Very good ☐ Good ☐ Poor

3. Are you participating in counseling related workshops or seminars?

☐ Yes ☐ No

4. Is the number of counselors adequate to provide the counseling services?

☐ More than adequate ☐ adequate ☐ Less than adequate

5. In general what are the major problems related to counseling in the center?

_____

_____

_____

_____

6. In your opinion what would the solution for the above mentioned problems?

_____

_____

_____

_____

_____

Thank You!

APPENDIX B

Interview Guide

A. Interview Guide for Counselors

1. Are the counseling services evaluated? How?
2. In your opinion do you think that adequate supervision takes place in the counseling centers?
3. What are the problems facing in offering counseling services?
4. What are the actions that should be taken to promote counseling services offered in the future?
5. What additional comment do you forward?

B. Interview Guide for the Project Manager

1. As the project manager. What is your involvement in the counseling program?
2. What are some strengths and weakness of the program?
3. How are counseling supervised? What about the counseling service evaluation?
4. Are volunteers get any training related to counseling? How about counselors?
5. What are the actions that should be taken to promote counseling services offered in the future?
6. What additional comment do you forward?

APPENDIX C

Focus Group Discussion Guide

1. Explain the counseling services practiced in CBCCs?
2. Explain the problems in CBCCs related to counseling?
3. From your experience, tell us about the effectiveness of counseling services offered in CBCCs?

APPENDIX D

Observation Check List

No	Item	Yes	No	Remark
1	Is the counseling room equipped with the necessary materials like computer, internet etc…			
2	Availability of transportation to supervise CBCCs			
3	Is there a separate counseling room that can ensure privacy?			
4	Is the waiting area sufficient and having necessary materials?			
5	Is the number of counselors enough for the provision of effective counseling service?			

APPENDIX E

አዲስ አበባ ዩንቨርስቲ
የድህረ ምርቃ ትምህርት መርህ ግብር
የሳይኮሎጂ ትምህርት ክፍል

በማህበረሰብ ተኮር የእርምት ማዕከላት በሚኙ ህፃናት የሚሞላ መጠይቅ

አላማ፡- የዚህ መጠይቅ አላማ በአዲስ አበባ በሚኙ ማህበረሰብ ተኮር የእርምት ማዕከላት ውስጥ የሚሰጠውን የካውንስሊንግ (የምክር) አገልግሎት ክንውኖችና ችግሮች ላይ ጥትና ምርምር ማካሄድ ነው፡፡ በመሆኑም አንተ/አንች የምትሰጡት መረጃ የካውንስሊንግ አገልግሎቱን ችግሮዎች በመለየት አገልግሎቱን ለማሻሻል ለሚካሄደው ጥናት ጠቃሚ ናቸው፡፡

ስለዚህ ይህን መጠይቅ እንድትሞላ/ዪ በትህትና እየጠየቅሁ የምትሰጧቸው መረጃዎች በማንኛውም ሁኔታ በሚስጥር የሚጠበቁ መሆኑን አረጋግጥለሁ፡፡

ለሚደረግልኝ ትብብር በቅድሚያ አመሰግናለሁ!

ክፍል አንድ፡- አጠቃላይ መረጃ

ማሳሰቢያ ስም መጻፍ አያስፈልግም፡፡

1. የክፍል ደረጃ _____
2. ፆታ ☐ ሴት ☐ ወንድ
3. ዕድሜ _____
4. የማዕከሉ ስም _____

ክፍል ሁለት፡- በማማከር አገልግሎቱ ሂደት መከናወን ያለባቸው ተግባራት

መመሪያ፡- ቀጥሎ በተመለከተው ሰንጠረዥ የተዘረዘሩት አረፍተ ነገሮች በማማከር አገልግሎቱ ሂደት መከናወን ያለባቸውን ተግባራት የሚያመለክቱ ናቸው፡፡ ስለሆነም ከተሰጡት ሁለት አማራጮች መካከል ለተሰጠው አረፍተ ነገር ይስማማል የምተለውን/ዱውን በዚህ (✓) ምልክት አሳይ/ዪ፡፡

1=አዎ 0=የለም

ተ.ቁ	ዓረፍተ ነገር	አዎ	የለም
1	ካውንስለሩ/ሯ ስለ ምክር አገልግሎቱ አስፈላጊነት የግንዛቤ ትምህርት ይሰጣሉ፡፡		
2	እኔ እና ካውንስለሩ/ሯ ብቻ ተገናኝተን የማማከር አገልግሎት አገኛለሁ፡፡		
3	ከሌሎች ልጆች ጋራ በመሆን የምክር አገልግሎት አገኛለሁ፡፡		
4	ካውንስለሩ/ሯ ከወላጆች/ከአሳዳጊዎች ጋር ስለ ችግሬ ተገቢውን ውይይት ያደርጋሉ፡፡		
5	ካውንስለሩ/ሯ ከመምህራን ጋር ስለ ችግሬ ተገቢውን ውይይት ያደርጋሉ፡፡		
6	የምክር አገልግሎት በሚሰጥበት ወቅት በካውንስለሩ/ሯ እና በእኔ መካከል መልካም የሆነ ግንኙነት አለ፡፡		
7	በምክር አገልግሎቱ ወቅት ካውንስለሩ/ሯ ከኔ ተገቢውንና አስፈላጊውን መረጃ ይወስዳሉ፡፡		
8	ካውንስለሩ/ሯ በምክር አገልግሎቱ ወቅት ሊከናወኑ የሚችሉ ግቦችን እዳስቀምጥ ያግዙኛል፡፡		
9	ካውንስለሩ/ሯ ወደፊት ሊገጥሙኝ የሚችሉ ችግሮችን ለመፍታት እንድችል አድርገውኛል፡፡		
10	ካውንስለሩ/ሯ ከምክር አገልግሎት በኋላ ስለሚከናወኑ ተግባራትና እቅዶች ገለፃ ያደርጋሉ፡፡		
11	በምክር አገልግሎቱ ወቅት የተነሱ ዋና ጉዳዮች ማጠቃለያ ይሰጥባቸዋል፡፡		
12	ካውንስለሩ/ሯ የምክር አገልግሎቱ ከተፈጸመ በኋላ ክትትል ያደርጉልኛል፡፡		

ክፍል ሶስት፡- የካውንስለሩን *ሙያዊ* ችሎታ የሚያመለክት መጠይቅ

መመሪያ፡- ቀጥሎ በተመለከተው ሰንጠረዥ የተዘረዘሩት አረፍተ ነገሮች የካውንስለሩን ሙያዊ ችሎታ የሚያመለክቱ ናቸው፡፡ ስለሆነም ከተሰጡት ሶስት አማራጮች መካከል ለተሰጠው አረፍተ ነገር ይስማማል የምትለውን/ዪውን በዚህ (✓) ምልክት አሳይ/ዪ፡፡

3= እስማማለሁ 2=ለመወሰን እቸገራለሁ 1=አልስማማም

ተ.ቁ	ዓረፍተ ነገር	እስማማለሁ	ለመወሰን እቸገራለሁ	አልስማማም
1	ካውንሰለሩ/ሪ ሞቅ ያለ አቀባበል ያደርጉልኛል፡፡			
2	ካውንስለሩ/ሯ ያለኝን ችሎታ/አቅም እድጠቀምበት ያግዙኛል፡፡			
3	ችግሬን ካውንስለሩ/ሯ በሚገባ አዳምጠው ይረዱኛል፡፡			
4	ካውንስለሩ/ሯ ችግሬን እያሰብኩ እንድናገር በቂ ጊዜ ይሰጡኛል፡፡			
5	ካውንስለሩ/ሯ ከችግሬ ለመውጣት የሚያስችሉኝን መፍትሄዎች እድአስቀምጥ ያግዙኛል፡፡			
6	ካውንስለሩ/ሯ ለኔ የሚስማማኝን እንድምስን ያግዙኛል፡፡			

ክፍል አራት፡- በማማከሩ ሂደት ሊከሰቱ የሚችሉ ችግሮችን የሚያመለክት መጠይቅ

መመሪያ፡- ቀጥሎ በተመለከተው ሰንጠረዥ የተዘረዘሩት አረፍተ ነገሮች በማማከሩ ሂደት ሊከሰቱ የሚችሉ ችግሮችን ያመለክታሉ፡፡ ስለሆነም ከተሰጡት ሶስት አማራጮች መካከል ለተሰጠው አረፍተ ነገር ይስማማል የምትለውን\ዪውን በዚህ (✓) ምልክት አሳይ/ዪ፡፡

3= እስማማለሁ 2=ለመወሰን እቸገራለሁ 1=አልስማማም

ተ.ቁ	ዓረፍተ ነገር	እስማማለሁ	ለመወሰን እቸገራለሁ	አልስማማም
1	ካውንሰለሩ/ሪ የምክር አገልግሎት በማሰጥበት ወቅት ከኔ ጋራ የመግባባት ችግር አለባቸው፡፡			
2	ካውንስለሩ/ሪ የምክር አገልግሎት በሚሰጥበት ወቅት የሱ/ሷን ሀሳብ እንድቀበል ተዕኖ ያደርጉብኛል፡፡			
3	ካውንስለሩ/ሯ በጠንካራ ጎኖች እድተማመንና እንድጠቀምባቸው አያደርገኝም፡፡			
4	ካውንስለሩ/ሯ የምክር አገልግሎት በሚሰጥበት ወቅት ችግሬን ሳይረዱ በችኮላ ድምዳሜ ላይ ይደርሳሉ፡፡			
5	ካውንስለሩ/ሯ የምክር አገልግሎት በሚሰጥበት ወቅት ነቀፌታና ወቀሳ በእኔ ላይ ያበዛሉ፡፡			

ክፍል አምስት፡- የምክር አገልግሎት ማዕከሉን የሚመለከቱ ተጨማሪ ጥያቄዎች

መመሪያ፡- ከተሰጡት አማራጮች መካከል ለተሰጠው ዓረፍተ ነገር ይስማማል የምትለውን/ዪውን በዚህ (✓) ምልክት አሳይ/ዪ፡፡ አማራጭ ላልተዘጋጀላቸው ደግሞ አጭርና ግልጽ መልስ በመፃፍ መልስ/ሽ፡፡

1. የምክር አገልግሎት መስጫ ማእከሉ ከምኖርበት ቤት ይርቃል፡፡

   ☐ አዎ ☐ አይርቅም

2. ከምንም አይነት አካባቢያዊ ተጽኖ (ለምሳሌ ድምፅ) ነጻ የሆነ የምክር አገልግሎት መስጫ ክፍል አለ፡፡

   ☐ አዎ ☐ የለም

3. የምክር አገልግሎት መሰጫ ክፍሉ ይመቻል፡፡

   ☐ አዎ ☐ የለም

4. በምክር አገልግሎት መስጫ ማዕከሉ ውስጥ የመቆያ ክፍል አለ፡፡

   ☐ አዎ ☐ የለም

5. የ4ኛው ጥያቄ መልስ "አዎ" ከሆነ የመቆያ ክፍሉን ጥራት እንዴት ተገልጸው\ጭው አለህ\ሽ?

   ☐ በጣም ጥሩ ☐ ጥሩ ☐ዝቅተኛ

6. በማዕከሉ የምክር አገልግሎቱን በተመለከተ ያሉ ችግሮችን በጹሑፍ ግለጽ\ጭ፡፡

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7. በራስህ/ሽ አስተያየት ከላይ ለተጠቀሱት ችግሮች የመፍትሄ ሀሳብ የምትለውን/ዪውን ዘረዝር/ሪ፡፡

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በድጋሜ አመሰግንአለሁ!

አዲስ አበባ ዩንቨርስቲ
የድህረ ምርቃ ትምህርት መርሀ ግብር
የሳይኮሎጂ ትምህርት ክፍል

በማህበረሰብ ተኮር የእርምት ማዕከላት በሚ ኙ ህፃናት ወላጆች/አሳዳጊዎች የሚሞላ መጠይቅ

አላማ፡- የዚህ መጠይቅ አላማ በአዲስ አበባ በሚገኙ ማሕበረሰብ ተኮር የእርምት ማዕከላት ውስጥ የሚሰጠውን የካውንስልንግ (የምክር) አገልግሎት ክንዉኖዎችና ችግሮች ላይ ጥናትና ምርምር ማካሄድ ነው፡፡ በመሆኑም አንተ/አንች የምትሰጡት መረጃ የካውንስሊንግ አገልግሎቱን ችግሮዎች በመለየት አገልግሎቱን ለማሻሻል ለሚካሄደው ጥናት ጠቃሚ ናቸው፡፡

ስለዚህ ይህን መጠይቀ እንድሞላ/ዪ በትህትና እየጠየቅሁ የሚሰጡት መረጃዎች በማንኛውም ሁኔታ በሚስጥር የሚጠበቁ መሆኑን አረጋግጥለሁ፡፡

ለሚደረግልኝ ትብብር በቅድሚያ አመሰግነለሁ!

ማሳሰቢያ፡- ስም መጻፍ አያስፈልግም

ክፍል አንድ፡- አጠቃላይ መረጃ

1. ፆታ ☐ ሴት ☐ ወንድ
2. ዕድሜ _____
3. ስራ ☐ ተማሪ ☐ የመንግስት ሰራተኛ
   ☐ ነጋዴ ☐ ሌላ ካለ ይግለጹ _____
4. ክፍል ከተማ _____
5. የትምህርት ደረጀ ☐ ያልተማረ ☐ የአንደኛ ደረጃ ትምህርት
   ☐ የሁለተኛ ደረጃ ትምህርት ☐ የኮሌጅ ወይም የዩንቨርስት ትምህርት
   ☐ ሌላ ካለ ይግለጹ _____

ክፍል ሁለት፡- የካውንስሊንግ አገልግሎቱን ውጤታማነት የሚያመለክት መጠይቅ

መመሪያ፡- ቀጥሎ በተመለከተው ሰንጠረዥ የተዘረዘሩት አረፍተ ነገሮች የካውንስሊንግ አገልግሎቱን ውጤታማነት ለመለካት የቀረቡ ናቸው፡፡ ስለሆነም ከተሰጡት ሶስት አማራጮች መካከል ለተሰጠው አረፍተ ነገር ይስማማል የምትለውን/ዪውን (✓) ምልክት አሳይ/ዪ፡፡

3= ከፍተኛ 2=መካከለኛ 1=ዝቅተኛ

ተ.ቁ	ዓረፍተ ነገር	ከፍተኛ	መካከለኛ	ዝቅተኛ
1	የምክር አገልግሎት ካገኙ በኋላ ልጆ/ልጆች የባህሪ ለውጥ አሳይተዋል፡፡			
2	የምክር አገልግሎት ማዕከሉ ጥያቄዎች ሲቀርቡለት አፋጣኝ መልስ ይሰጣል፡፡			
3	በምክር አገልግሎት ማዕከሉ ጥሩ የሆነ አቀባበልና ክብር ይሰጣል፡፡			
4	በምክር አገልግሎቱ ወቀት የሚሰጡ መረጃዎች በሚስጥር ይጠበቃሉ፡፡			
5	ካውንስለሮች በቀላሉ ከኔም ሆነ ከልጄ ጋር ይግባባሉ፡፡			
6	በአጠቃላይ ስታይ የምክር አገልግሎቱ ውጤታማ ነው፡፡			

7.ማነኛዉም አይነት የምክር አገልግሎቱን የተመለከተ አስተያየት ካለዎት በዝርዝር ይጻፉ፡፡

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በድጋሜ አመሰግንአለሁ!

አዲስ አበባ ዩንቨርስቲ
የድህረ ምርቃ ትምህርት መርሀ ግብር
የሳይኮሎጂ ትምህርት ክፍል

በማህበረሰብ ተኮር የእርምት ማዕከላት የፈቃደኝነት አገልግሎት በሚሰጡ ሰራትኞች የሚሞላ መጠይቅ

አላማ፡- የዚህ መጠይቅ አላማ በአዲስ አበባ በሚገኙ ማሕበረሰብ ተኮር የእርምት ማዕከላት ውስጥ የሚሰጠውን የካወንስሊንግ (የምክር) አገልግሎት ክንውኖዎችና ችግሮች ላይ ጥናትና ምርምር ማካሄድ ነው፡፡ በመሆኑም አንተ/አንች የምትሰጡት መረጃ የካውንስሊንግ አገልግሎቱን ችግሮች በመለየት አገልግሎቱን ለማሻሻል ለሚካሄደው ጥናት ጠቃሚ ናቸው፡፡

ስለዚህ ይህን መጠይቅ እነድትሞላ/ዪ በትህትና እየጠየቅሁ የሚሰጡት መረጃዎች በማንኛውም ሁኔታ በሚስጥር የሚጠበቁ መሆኑን አረጋግጥለሁ፡፡

ለሚደረግልኝ ትብብር በቅደሚያ አመሰግንለሁ!

ማሳሰቢያ፡- ስም መጻፍ አያስፈልግም

ክፍል አንድ፡- አጠቃላይ መረጃ

1. *ፆታ* ☐ ሴት ☐ ወንድ
2. *ዕድሜ* _____
3. የማዕከሉ ስም _____
4. የትምህርት ደረጃ ☐ የሁለተኛ ደረጃ ትምህርት ☐ ዲግሪ
   ☐ ዲፕሎማ ☐ ሌላከለ ይግለጹ _____

ክፍል ሁለት፡- የካውንስሊንግ አገልግሎቱን ውጤታማነት የሚያመለክት መጠይቅ

መመሪያ፡- ቀጥሎ በተመለከተው ሰንጠረዥ የተዘረዘሩት አረፍተ ነገሮች የካውንስሊንግ አገልግሎቱን ውጤታማነት ለመለካት የቀረቡ ናቸው። ስለሆነም ከተሰጡት ሶስት አማራጮች መካከል ለተሰጠው አረፍተ ነገር ይስማማል የምትለውን/ዱውን (✓) ምልክት አሳይ/ዪ።

3= ክፍተኛ 2=መካከለኛ 1=ዝቅተኛ

ተ.ቁ	ዓረፍተ ነገር	ክፍተኛ	መካከለኛ	ዝቅተኛ
1	የምክር አገልግሎት ካገኙ በኋላ ልጆች የባህሪ ለውጥ አሳይተዋል።			
2	ወላጆች/አሳዳጊዎች በሚሰጠው የምክር አገልግሎት ርካታቸውን ይገልጻሉ።			
3	ህብረተሰቡ በማዕከሉ ስለሚሰጠው የምክር አገልግሎት ግንዛቤ አለው።			
4	ካውንስለሮች የምክር አገልግሎት ለመስጠት በቀጠሯቸው ሰዓት ይገኛሉ።			
5	ፖሊስ ለምክር አገልግሎቱ ውጤታማነት እገዛ ያደርጋል።			

ክፍል ሳስት፡- የምክር አገልግሎት ማዕከሉንና አገልግሎቱን የሚመለከቱ ተጨማሪ ጥያቄዎች

መመሪያ፡- ከተሰጡት አማራጮች መካከል ለተሰጠው አረፍተ ነገር ይስማማል የምትለውን/ዱውን (✓) ምልክት አሳይ/ዪ። አማራጭ ላላተዘጋጀላቸው ደግሞ አጭርና ግልጽ መልስ በመፃፍ መልስ/ሽ።

1. ልጆች የምክር አገልግሎት እስከሚያገኙ ድረስ የሚቆዩበት ክፍል አለ?

   ☐ አዎ ☐ የለም

2. የአንደኛው ጥያቄ መልስ "አዎ" ከሆነ የማቆያ ክፍሉን ጥራት እንዴት ይገልፁታል?

   ☐ በጣም ጥሩ ☐ ጥሩ ☐ ዝቅተኛ

3. ከምክር አገልግሎቱ ጋር ግንኙነት ያለው ስልጠና ወስደሃል/ሻል?

   ☐ አዎ ☐ የለም

4. በራስዎ አስተያት የካውንስለሮቹ ብዛት ለምክር አገልግሎቱ በቂ ነው?

   ☐ አዎ ከበቂ በላይ ነው ☐ በቂ ነው ☐ ከበቂ በታች ነው

5. በማዕከሉ የምክር አገልግሎቱን በተመለከተ ያሉ ችግሮችን በጹሑፍ ይግለጹ?

   _____

   _____

   _____

   _____

6. በራስዎ አስተያየት ከላይ ለተጠቀሱት ችግሮች የመፍትሄ ሀሳብ የሚሉትን ይዘርዝሩ?

   _____

   _____

   _____

በድጋሜ አመሰግንአለሁ!

Declaration

I, the undersigned, declare that this thesis is my original work, it has not been presented for degree in any other universities and that all sources of the materials used in this thesis have dually acknowledged.

Name: ATALAY WASSIE

Signature: _____

Place and date of submission: Addis Ababa University, June 2009

This thesis has been submitted for the examination with my approval as a university advisor.

Name: Tamirie A.

Signature: _____

Date of approval_____