COUNSELLING NEEDS OF CHILDREN IN SOME SELECTED REHABILITATION SCHOOLS IN KENYA: A STUDY IN PERSONAL ORIENTATION

BY

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KENYATTA UNIVERSITY
DECLARATION

This Research Proposal is my original work and has not been presented for any award.

Signed ___________  Date ______________

SUSAN AMBIRA

This Research Proposal has been presented with my approval as the supervisor.

Signed ___________  Date ______________

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DEPARTMENT OF PSYCHOLOGY

KENYATTA UNIVERSITY
This research project is dedicated to all the Kenyan children who are living in extremely difficult circumstances, and those in rehabilitation institutions. It is my sincere hope that one day a system will be put in place, which will protect all Kenyan children from exposure to any kind of maltreatment.

And

My children Sharon D.A. Adina, Mannasseh P.O. Adina and Ephraim S.O Adina who constantly inspire me to do what I can for Kenyan children, knowing that they will also be protected.
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ABSTRACT

Children are a basic resource for proper continuity of any society and utmost care must be taken to ensure their safety and survival. Rehabilitation centres are created with the sole purpose of re-socializing children with behavior disorders in order to rebuild their self-esteem so that they can fit back into the society. However, evidence has shown that these centres often than not have little understanding of the children's real needs, or the most appropriate ways of engaging them in these programs. This has led to many rehabilitation programs remaining largely inadequate and ineffective. In order to understand these children better and to provide them with proper guidance and counseling, their personal orientation, which reflects the inner-self, needs to be assessed.

The major purpose of this study was to explore the personal orientation of children in rehabilitation schools in Kenya with an intention of developing an appropriate counseling approach that is relevant to the needs of the children. To realize the purpose of the study, a survey design was adopted. The survey subject comprised 110 children from four rehabilitation schools in Kenya. Stratified random sampling was used to choose the sample population. Primary data was collected by use of questionnaires and interview schedule. The POI contained both open-ended and structured questions. Informal discussions were held where necessary to seek clarification and additional information from the respondents. The Statistical Package for Social Sciences (SPSS) was used for data processing and analysis. The first stage of processing and analysis involved computation of frequencies, percentages and generation of tables. The second stage involved testing of hypotheses by use of ANOVA and the t-test statistic to test for independence of association.
The results show that children in rehabilitation schools are non-self actualizing. These findings suggest that these children are other-directed and time incompetent and live in the past or future with a lot of regrets and sentiments. There is need therefore to develop a comprehensive programme for children in rehabilitation schools that involve the orientation of these children towards positive concept of personal growth. The outline for the guidance programme for these children should be developed focusing on areas of needs identified by the POI.
CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Concern for children and for their rights and welfare – their survival, growth and development – is entrenched in the 1989 convention on the rights of the child and was adopted as a global policy at the 1990 World Summit For Children (UNICEF, 2001). Several initiatives have been put in place in Kenya to counter factors that contribute to children being in Need of Special protection and for their reintegration. These include the establishment of the District Children’s Advisory committees, the development of the rights-based programme for social-cultural and economic reintegration for CNSP and children rehabilitation centres. These programmes are in response to the rising numbers of Children in Need of Special protection. Unfortunately it has been noted that the country has not fared well in meeting the World Summit Goals. The major hindrances have been the HIV/AIDS pandemic, poverty, drought, and other natural disasters (UNICEF, 2002).

Children are a basic resource for proper continuity of any society and utmost care must be taken to ensure their safety and survival. President Yoweri Museveni of Uganda emphasizes this when he says that children are the nucleus of all sustainable human development. When we fail to focus on children, we fail in our goals. When we focus on children, we have the best chance of succeeding (UNICEF, 2001).
In traditional Africa, apart from marrying for procreation, the children therein born were cherished and highly esteemed since their labour also helped support, in cooperation with adults, the economic system of subsistence farming (Gutcher, 1999). The emerging trends of modernization coupled with the new socio-economic realities facing Kenya, have however undermined the basis of the traditional position of children, and children are now considered a burden. Individualism and the new wave of importance placed on the nuclear family have taken over the traditional communal way of life, which put the responsibility for the upbringing of children into the hands of the community (Gichuru, 1993).

Kauffman (1981) observes that while the nuclear family deserves close scrutiny as a model context for child development, it is obvious that a substantial proportion of children are now reared in other social contexts, particularly in single-parent families. According to Save The Children (2004), poverty, conflict, HIV/AIDS, urbanization and migration have led to the breakdown of families and support structures in communities.

The above-interrelated factors have resulted into increased vulnerability of children, thus increasing the probability that a child will develop a behavior disorder. According to Varma (1993), these factors result into children who are vulnerable, who exhibit such characteristics like being easily wounded, lack self-confidence in the extreme, having little or no emotional robustness, or resilience, with often almost a peculiar quality of fragility, that makes one more than careful about how one relates to them. They are more than usually secretive from themselves and others, either consciously or unconsciously.
This is more so with children who have experienced emotional abuse, physical aggression and violence and those with unbearable traumagenic pasts such as sexual abuse.

Gatere (1999) observes that since children in the streets have experienced violence at home at the hands of their parents, they become hunters looking to inflict pain and violence on others. Being on drugs lessens the sense of reality. Such children, according to Gutcher (1999), must first be helped to gain self-respect and confidence before they can strive to overcome their situation. She adds that in order to be fully integrated into the Kenyan society, these children must have the respect and support of its members.

Institutional care is provided by both the government and NGOs with Government institutions placing emphasis on correctional services and short-term places of safety. Overall protection and development of children must address the special needs of children with behavioral disorders and the full protection of CNSP- requiring multi-sectoral and integrated interventions. Social re-integration of children is the most effective approach for protecting CNSP. Institutionalization should therefore be the last resort (UNICEF, 2002).

The earliest attempt to rehabilitate street children in Kenya was in 1909 when a reformatory institution for children found loitering in the streets as well as others found guilty of crime was established (Ndunda, 1978). These were later turned into approved schools (currently rehabilitation centres). The institutions were expected to re-socialize young offenders, build their self-esteem and fit them back to the society, but turned out to be punitive-oriented prisons for young offenders.
According to UNICEF (2001), though the projected number of children in need of special protection in Kenya is 600,000, both statutory and voluntary institutions are currently catering for only approximately 45,000 children, majority of which are street children. Based on the fact that the problem of street children is still persistent to date, there is need to orientate these children towards positive concepts of personal growth such as having positive self-concept, self esteem, self acceptance and pursuit of independence through competent and effective counseling. This will help in re-integrating most of the children into society and reduce the congestion in the institutions.

Evidence has shown that children who end up in the so-called rehabilitation centres have diverse problems and therefore the tendency to prescribe similar guidance and counseling programmes proves ineffective in most cases. For example, Cheruyiot (1999) points out that most street children are not abandoned; they leave home to escape abuse, poverty and ordinary parental authority. Some come to the streets due to poor performance in school, since they feel unable to cope with the demands of teachers and parents. Therefore, to group all of them as delinquent and lay emphasis on general corrective programmes may prove ineffective in the long run.

Personal orientation mainly deals with the mental state of an individual. According to Shostrom (1966), personal orientation is closely linked to self-actualization in that the study of the various facets of personality as listed in the Personal Orientation Inventory can show whether an individual is moving towards self actualization or not. This is very important as the Buddha have been quoted to say "we are what we think. All that we are arises with our thoughts. With our thoughts, we make the world."
In view of the above therefore, there was need to carry out an assessment based on the personal orientation of the children in rehabilitation centres, in order to ascertain the cause of their behavior disorders, and the level of satisfaction of the children with the various services offered in the centres, especially counseling services.

1.2 Statement of the problem

Rehabilitation or Aid programmes sponsored by the government institutions and non-governmental organizations are often created with little understanding of children’s real needs, or the most appropriate ways of engaging them in these programs. This has led to many rehabilitation programs remaining largely inadequate and ineffective (Felsman, 1984). Kaplan (1965) asserts that because children in rehabilitation centres possess character or personality disorders of varying natures, such that they display patterns of thinking, feeling and acting that are sufficiently distorted to cause them considerable difficulty, they need to be helped to acquire enough understanding of themselves and of others to function within the broad limits of normality. This is only possible if they are understood in terms of what they have undergone or are undergoing, that have made them to be who they are at present. To do this, their personal orientation, which is the inner-self, needs to be assessed.

According to Shostrom (1966), an individual’s personal orientation refers to the totality of an individual’s mental state, in terms of values and behaviour, and as it relates to self-actualization. Shaw D.M (1987) asserts that personal orientation is focused on what is going on within the person and is perhaps best understood in terms of personality.
It is for the above reason that the researcher sought to undertake a research study on personal orientation, which would be able to draw out the real needs of children in rehabilitation schools subjectively.

1.3 Purpose of the study

The study sought to explore the personal orientation of children in rehabilitation schools in Kenya. This was aimed at developing an appropriate counseling approach that is relevant to the needs of the children in rehabilitation schools.

1.4 Specific objectives of the study

The study set out:

1. To conduct a personal orientation inventory of children in the rehabilitation centres.
2. To identify gaps in services that do not meet realistic personal orientation of the children in the rehabilitation centres.
3. To assess the psychological characteristics of female children compared to male children as measured by the POI.
4. To determine the counseling needs of the children in the rehabilitation centres in the light of their personal orientation.
5. To recommend an outline of a suitable guidance and counseling programme for children in rehabilitation schools in Kenya.
1.5 Research questions

The study attempted to answer the following research questions:

1. What are the characteristics of the core personal orientations of children in Kenyan rehabilitation schools?

2. What are the characteristics of the core personal orientations of children in Kenyan rehabilitation schools on the basis of school, gender, age, area of origin, person the child lived with before joining the rehabilitation school and time spent in the rehabilitation school?

3. What are the psychological characteristics of children in rehabilitation schools in Kenya?

4. What are the psychological characteristics of children in rehabilitation schools in Kenya on the basis of school, gender, age, area of origin and time spent in the rehabilitation school?

5. What are the challenges facing guidance and counseling department in rehabilitation schools?

1.6 Significance of the study

The persistent increase in the number of Children in Need of Special Protection (CNSP) despite the numerous efforts being made by both the Government and NGOS continues to be a matter of concern in Kenya. According to Kaplan, Saddock, Grebb (1994), anti-social behavior, which begins during childhood, has been noted as the major cause of deviant behavior problem, thus one must focus on its prevention. From an early age, any measures that improve the mental health of anti-social children and its families are likely to reduce deviant behavior.
The research sought to rectify this trend by studying the personal orientation of the children in rehabilitation schools with a view to recommending the correct guidance and counseling needs of these children. The study was timely given that of late a large number of resident children run away from rehabilitation centres, a place that is supposed to be a conducive environment for their proper adjustment. A study of personal orientation of the children therefore helped identify the subjective needs of the children and helped develop appropriate procedures and programmes to be used in the care of these children.

The study also helped develop appropriate guidelines for providing effective counseling services to the children in rehabilitation schools.

The results of the study pointed to the need for employment of more professionally qualified personnel that will help ease the problem. It is hoped that this will go a long way in helping discharge properly adjusted children who can be re-integrated back into their families and society in general.

Finally, the findings of this study will contribute to the existing body of knowledge in the field of guidance and counseling as well as prompt further studies, particularly as regards to the relevance of the POI in assessing the personal needs of children in difficult circumstances.
1.7 Scope and Delimitations

Based on the fact that the study was an academic one with specific time frame, only selected children rehabilitation schools were covered in the study.

Owing to the fact that the study only covered children in four rehabilitation schools, the findings from the research was not used to generalize to other children rehabilitation centres in the country. Also, the schools were in different localities with different kinds of children.

Since the kind of data in the study was cross-sectional, the research only reflected what was obtained within the framework of which the research was conducted rather than on concerns before or after the research.

Due to the fact that some children in rehabilitation schools have special education needs, the POI was administered as an interview schedule, in a group setting and was translated into Kiswahili for better understanding.

1.8 Assumptions of the study

This study was carried out with the following assumptions

1. That all the children in rehabilitation schools had been exposed to some form of counseling services.
2. That since all the schools were situated on the outskirts of Nairobi Town, the children therein were from a cross section of the Kenyan tribes.

3. That the respondents were representative of the parent population, and were in the 13-17 years age bracket.

4. That the respondents were willing to reveal their true personal orientations without feeling intimidated by the questions or the expectations of the school authority.
1.9 Operational Definition of Terms

**Personal orientation**: Refers to an individual’s awareness and beliefs about his/her level of self-fulfillment.

**Rehabilitation Schools**: Children centres intended to cater for children with all kinds of needs such as protection, behavior correction, guidance and counseling, and provision of basic needs.


**Humanistic approach to counseling**: The ‘third force’ in psychotherapy that emphasizes an eclectic or broad based theoretical and practical approach to counseling.

**Maladjustment**: Is a psycho–social concept that describes individuals who are out of step with their peers and generally at odds with their environment.

**Personal Orientation Inventory** – An instrument for measuring the degree to which one has adopted to the structural changes of orientation in terms of increase in the acceptance of personal responsibility and a shift in temporal focus towards being more present centered.
### 1.10 Acronyms andAbbreviations

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<td>POI</td>
<td>Personal orientation inventory</td>
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<tr>
<td>CNSP</td>
<td>Children in need of special protection.</td>
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<td>VC</td>
<td>Vulnerable children.</td>
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<td>UNDP</td>
<td>United Nations Developmental Programme.</td>
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<td>UNHCR</td>
<td>United Nations High Commission For Refugees.</td>
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<td>KPAFCF</td>
<td>Kenya’s Programme of Action For Children Framework.</td>
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<td>KPAFC</td>
<td>Kenya’s Programme of Action For Children.</td>
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<td>GOK</td>
<td>Government Of Kenya.</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences.</td>
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<td>BERC</td>
<td>Bureau for Educational Research and Consultancy- Kenyatta University</td>
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<tr>
<td>UNPAC</td>
<td>Uganda National Programme of Action for Children</td>
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<td>RET</td>
<td>Rational Emotive Therapy</td>
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CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The purpose of this study was to explore the personal orientation of children in rehabilitation schools in Kenya. This chapter gives a summary of relevant literature used to conceptualize the research theme. The review first gives an overview of the personal orientation construct, followed by a focus on the facets of personal orientation, rehabilitation procedures and finally a review of related studies. The review of these studies thus locates this study in the growing body of literature on the use of the personal orientation of children in developing an appropriate counseling approach that is relevant to the needs of the children.

2.2 Personal Orientation

Personal orientation is a key element in assessing the level of satisfaction or dissatisfaction of an individual with the prevailing conditions of life. In assessing this, there are various factors that should be considered. The presence or absence of these factors in the normal capacity indicates either a normal personal orientation or a deflated personal orientation. These are also reflected in personal and social organization/disorganization, which indicates either social adjustment or maladjustment.

(Kaplan, 1965).
Based on the above, personal orientation was therefore discussed under five main facets namely; Outlook on life, Perception, Emotional stability, Social sensitivity and dynamic equilibrium. The five facets encompass the twelve elements of personal orientation namely Time competence, Inner directedness, Self-actualizing value, Existentiality, Feeling reactivity, Spontaneity, Self-regard, Self-acceptance, Nature of man-constructive, Synergy, Acceptance of aggression and Capacity for intimate contact as identified by Shostrom (1962). This enabled the study to explore the individual as a whole and in totality, as well as provide a better understanding of the concept of personal orientation.

2.2.1 Outlook on Life

The well-adjusted person according to Kaplan (1965), has a set of values, which provide a focus to his/her behaviour. He indeed asserts that, with firmly held values and goals a person can withstand temporary hardships and deprivations and so order his life that he deals effectively with changing environmental conditions. A unifying cognitive outlook on life enables each person to strive purposefully toward conscious goals. This element needs to be developed early in the child’s life since failure to do so by parents and the significant others can greatly affect the child’s life.

This is the basis for the argument that poverty and molestation are not the sole reason why children develop behaviour problems, but rather, there are other underlying psychological issues from within the family and the surroundings that predispose the child to behavior problems.
In order to carry out effective guidance and counseling, it is important to find out the outlook the child has about life. The research study aimed to capture this facet in relation to personal orientation of the children to be studied.

2.2.2 Realistic Self-perception

According to Kaplan (1965), the well- adjusted person not only needs to know what he wants out of life but must be capable of making intelligent plans to achieve his ends. He must be able to view himself realistically, appraising his abilities and setting a level of aspiration within reasonable limits. He does not attempt to obscure his weaknesses but takes them into account, and if he cannot overcome them, learns to live with them. He knows what he is capable of doing, pursues his goals to the best of his ability, and accepts the inevitable compromises and substitutions, which must be made. Lack of realistic self-perception leads to serious frustration and low self esteem which leads to underachievement. Kaplan further adds that when people can accept the truth about themselves, they can do something about their problems, but when self- perceptions are obscured by psychological subterfuge, they create many adjustment difficulties. This study aimed at establishing whether children in rehabilitation centres have realistic self-perception.

2.2.3 Emotional Stability

The adjusted person is capable of regulating his emotional behavior so that he is neither devoid of emotions nor overwhelmed by them. He can vary his emotional expression in accordance with the requirements of the situation while maintaining the basic core of his personality.
He is self-assured, can give and accept affection, and has an inner security which is not easily shaken by emotional stress. Emotional maturity requires regulated emotional expression, and reactions that are appropriate and socially approved, but it does not exclude temporary upsets resulting from a crisis situation, so long as the individual regains his equilibrium when the crisis has passed (Kaplan, 1965).

According to Murray (1992), characteristics of emotional maturity include the ability to give and receive love, the ability to face reality and deal with it, just as interested in giving as receiving, the capacity to relate positively to life experiences, the ability to learn from experience, the ability to accept frustration, the ability to handle hostility constructively and relative freedom from tension symptoms. Symptoms of emotional immaturity are reflected in volatile emotions, over-dependence, stimulation hunger and egocentricity. The essence of this study was to establish the emotional stability of the children.

2.2.4 Social Sensitivity

The adjusted person is capable of establishing satisfying contacts with other people. He feels comfortable in the presence of others and does not try to use people for his own ends. He has the capacity to visualize himself as he appears in the eyes of others, and is capable of adapting his behaviour so that he may merit social approval. The achievement of satisfying social relationships does not require a person to be an extrovert, but it does require sensitivity to the welfare of others so that through their reactions his own sense of well-being is enhanced (Kaplan, 1965). The research study attempted to find out the social problems and sensitivity of the children.
2.2.5 Dynamic Equilibrium

A balance must be maintained between the inner forces of behaviour and the outer forces of environment. Since these forces are constantly shifting, the individual who has a rigid set of habits and attitudes may lack the flexibility necessary for adapting to changing conditions. On the other hand, he must be sufficiently well integrated to withstand stresses and strains without being pushed off balance. This is the “give-and-take” characteristic of a dynamic equilibrium that permits one to adjust to changing conditions while maintaining his personal stability and integration (Kaplan, 1965).

In Patterson (1973), George Kelly asserts that some people are afraid to test their constructs resulting into a rigid set of behavior, thus ending in lack of dynamic equilibrium. The research study attempted to find out the habits and attitudes of the children with an intention of suggesting ways of counseling them to develop a dynamic equilibrium.

2.3 Delinquency and conduct disorders

Delinquency is a legal term, which refers to acts committed by individuals under the age of 16, 17 or 18 depending on state law. Delinquency is generally regarded as calling for some punishment or corrective action. Delinquent behavior is manifested in such actions as destruction of property, violence against other people, and other behaviors contrary to the needs and rights of others and in violation of the society’s laws, including running away from home (Coleman, 1984).
Conduct disorders on the other hand refer to misdeeds involving violations by minors, but may or may not be against the law. Examples of conduct behaviors are; aggressiveness towards others, (hitting, kicking, fighting), physical destructiveness, disobedience to adult authorities, temper tantrums, high rate annoying behavior (e.g. yelling whining, high activity level, and threatening others, and to a lesser extent, community rule violations such as stealing or fire setting. (Turner et al, 1981).

Coleman (1984) asserts that delinquent behaviour is the most troublesome and extensive in childhood and adolescence. Juvenile delinquency results when the case has been reported to authority. Incidence of juvenile delinquency is difficult to determine, since many delinquent acts are not reported. It is important to note that states somewhat differ in their definitions of delinquent behaviour.

Coleman further states that institutionalization seems particularly questionable in the case of “youth whose offences involve acts that would not be considered criminal if committed by an adult, such as running away from home or engaging in sexual relations. In such instances, institutionalization may aggravate Behavioural problems rather than correct them.

Mixing status offenders with delinquents or adults who have committed violent and anti social offences may simply provide them with unfortunate learning experiences in how to become more seriously delinquent…. In essence, it seems essential to correct the “bizarre lumping” of major felonies, minor misdemeanors, and trivial violations of social norms under the general label of juvenile delinquency. This would enable many delinquents to
be dealt with by educational and social work agencies rather than by the justice system. It could also make it possible for treatment programmes to meet the needs of individual young people, and society’s need for protection would be better met in the long run.

Too often, however, as in the case of institutional and probation programs, lack of trained personnel and other resources prevent such programs from succeeding. (Coleman, 1984)

Coleman concludes that the great need of course, is not only for more effective rehabilitation programmes, but also, for long-range programmes aimed at the prevention of delinquency. This would mean educating parents, alleviating slum conditions, providing adequate educational and recreational opportunities for disadvantaged youth, and delineating a more meaningful societal role for adolescents-tasks for the whole society.

2.4 History of Rehabilitation Schools in Kenya

Rehabilitation of children is all over the world. A brief look at rehabilitation of children in Lebanon in the Middle East and Morocco in Africa gives a good point of reference. In Lebanon, European Christian Missionaries began it. The institutions demonstrated philanthropy and provided a means to influence the social, cultural and economic life of poor groups. In Morocco, benevolent societies affiliated to different religions set up the first residential institutions in the early 20th Century.

(Save the children-UK, 2005).
In Lebanon, the rehabilitation programmes are doing fairly well due to the great investment that the state has put in the programmes, and fully support the NGOs. Morocco has lagged behind due to lack of sufficient allocation of funds to the NGOs. (Save the children-UK, 2005).

The earliest attempt to rehabilitate children in Kenya was in 1909 when a reformatory institution for children found loitering in the streets as well as others found guilty of crime was established. These institutions were expected to re-socialize young offenders, build their self-esteem and fit them back to the society, but turned out to be punitive-oriented prisons for young offenders (Ndunda, 1978). This explains why the rehabilitation schools are largely made up of street children.

In 1930, the then government appointed a committee, which reported the unsatisfactory atmosphere of the institution, and some changes in the training and handling of boys began to be made. This institute was renamed approved school in line with the British system under the newly introduced juvenile ordinance, 1934 in Kenya. The 2nd world war in 1940’s and the later state of emergency in Kenya in 1950’s created more problems and more children got into trouble with the law. This resulted into the starting of more approved schools and in addition, juvenile remand homes for children awaiting court decisions on the nature of their treatment.

The juvenile ordinance of 1934, the prevention of cruelty and neglect of children ordinance of 1955, as well as vagrancy and parts of Courts Acts conferred more and new functions to the department of children in the ministry of Home Affairs. Such functions
as protection and discipline, care and protection of neglected or abandoned children, cruelly treated and vagrant children in the country were later added to the department’s responsibility. The above ordinances and acts were consolidated into the children and young person’s Act (CAP 141) of the laws of Kenya in 1963, and revised in 1964. (Kinyua, 2000).

Koech (1999) recommended that the approved schools discard the image of jail schools and embrace the special education approach, by referring to them as special rehabilitation centres. This meant that the curriculum for these institutions be standardized and follow the special education model of adopted, adapted specialized curriculum to suit the needs of learners with emotional and behavioral problems.

The name therefore changed from approved schools to rehabilitation schools. These schools are expected to rehabilitate the children into respectable members of the society who are able to be re-integrated back to the society. However, it has been noted that some of these children only become hardened and even pick up other deviant behaviors from the centres. This therefore calls for the need to assess counseling programmes provided in these schools and to carry out a personal inventory of the children in order to assist them better. This was the essence of this study.

2.5 Rehabilitation Approaches and Procedures

The main task of the rehabilitation centres is said to be the re-adjustment and social education of the child in preparation for his/her re-integration into the community. Koech (1999), and Kamunge (1988), emphasize that the objectives of special education should be:
- To facilitate the development of children with special education needs spiritually, mentally, socially and physically.

- To assist children develop positive self-concept and proper attitudes towards life based on moral and religious values.

- To develop in children skills of coping and independent living aimed at habilitation, rehabilitation and adjustment to the society among others.

In Namibia, rehabilitation of children is centered around an organizing framework which can be thought of as a house with a supporting foundation which rests on a household’s access to resources, and on knowledge, attitudes, and practices of care givers and children in issues related to the four categories of child rights i.e. right to survival, right to development, right to protection and right to participation. Over the house is the provision of supportive services from the state and civil society. Together, the foundation and roof provide the framework within which caregivers and others in the community can support their children. In contrast, if any of the necessary elements of the framework are missing or are inadequate, the structure will become unsound, increasing the challenges of caregivers to support their children to realize the rights expressed in the constitution and the convention. (UNICEF-Namibia, 1995).
In Uganda, the Uganda National Programme of Action for Children (UNPAC) is the body charged with the duty of identifying policies and actions that can improve the survival, development and protection of children. UNPAC as conceived as a follow-up to the World Summit for children (1990) and the Convention on the rights of the child in 1989.

Rehabilitation under this body began with situation analysis, where each District highlighted issues affecting children, which was undertaken with technical advice.

The local government bill also provided for a local secretary for children’s affairs in each district, which has been matched with increased budget allocation for children’s issues.
The government recognised the need to work through smaller communities that live together and share responsibilities to address their own problems... This meant that the isolated and vulnerable sections of society could now be reached more easily.

According to Save the children –Sweden programme profile (2003/2004), Uganda reported that at the beginning of the programme, there were children at the police station at least every three hours. Now three days can go by without finding a child at the police station. This is because the police send petty offenders to “fit persons” who are a team of volunteers and are within the community. They support children and try to find out why they committed crime in the first place. This means that children tell these people the truth rather than the police.

UNPAC involves a variety of players, including government ministries and local authorities, the national council for children, Non Governmental Organisations, as well as community and family representatives.

In Kenya, Rehabilitation schools as well as the remand homes admit children through the courts who are aged between ten and sixteen years. Sometimes those aged under ten but not over seventeen are admitted if there is no organization willing and able to take care of them. The rehabilitation centres are supposed to prepare the child for his/her return to the community. This is done through rehabilitation. Some key issues that should be noted is that most children placed into these institutions are not consulted or even interviewed during the admission process, and there is no legal obligation for institutions to do so. (Save the children-UK, 2005). The institutions have also documented that they administer
psychological tests to the children on admission, but in actual sense, this is not practiced in the institutions.

In Kenya two categories of children are committed in these institutions, the first are those who have not committed crimes but are in need of special protection and discipline. These include the abandoned and neglected children, orphans and destitutes, battered and sexually abused children, street children, children with disabilities, children of landless squatters, victims of abject poverty, frequent droughts and famine, child prostitutes and child workers, child brides, drug addicts, displaced and refugee children. These children are sent to these institutions until they attain the age of eighteen, under section 25 of the Act or for such a period the court may decide. The second are criminal cases, where the children are committed for three years regardless of the seriousness of the crime under section 17 of the same act.

Children in need of special protection or/and discipline may be committed to the care of approved voluntary societies, under section 63 or appointed local authorities under section 58 of the same Act. These children may be committed to the care of fit persons or be placed under supervision. These voluntary organizations and local authorities can also establish institutions and welfare arrangements for children under their areas of jurisdiction. A diagram outlining the procedures and activities of the rehabilitation institutions in Kenya is hereby attached.
Figure 2.2: Flow of Assessment at Children’s Remand Home (diagram)

DCO/PO

Housemaster/mistress on shift

All Staffs

<table>
<thead>
<tr>
<th>Admission</th>
<th>Orientation</th>
</tr>
</thead>
</table>

Staff in Charge of Assessment

Interview

Needs/Risk Assessment Scale

Group psychological and educational tests

Case Consultation

Plan of Treatment at Remand Home

Interview

Part of Assessment Report

Summary Report of Observation and Revision of Needs/Risk Assessment Scale

Case Conference (Manager)

Minutes of Case Conference

Assessment Report

Recommendation for Treatment

To Rehabilitation Schools and Field Offices

Home Visit

Home Condition Report

Individual Psychological Test

Home ViCons
<table>
<thead>
<tr>
<th>Activity</th>
<th>Staff in Charge</th>
<th>What is necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Observation</td>
<td>all staff</td>
<td>Behavior Observation Sheet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manual of behavior observation</td>
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<tr>
<td></td>
<td></td>
<td>Planned Settings</td>
</tr>
<tr>
<td>Admission Interview</td>
<td>Housemaster/mistress</td>
<td>Interview Protocol</td>
</tr>
<tr>
<td>Orientation</td>
<td>Housemaster/mistress</td>
<td>Handbook and other materials to be distributed</td>
</tr>
<tr>
<td>Initial Interview</td>
<td>staff in charge of observation</td>
<td>(part of) Assessment Report</td>
</tr>
<tr>
<td>Second Interview</td>
<td>staff in charge of assessment</td>
<td>Needs/Risk Assessment Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scoring Key</td>
</tr>
<tr>
<td>DCO/PO interview</td>
<td>DCO/PO</td>
<td></td>
</tr>
<tr>
<td>Psychological tests</td>
<td>Staff in charge of assessment</td>
<td>Psychological tests</td>
</tr>
<tr>
<td>Educational tests</td>
<td></td>
<td>Educational tests</td>
</tr>
<tr>
<td>Case Consultation</td>
<td>Staff in charge of assessment</td>
<td>Plan of Treatment at CRH</td>
</tr>
<tr>
<td></td>
<td>(DCO/PO)</td>
<td></td>
</tr>
<tr>
<td>Summing-up Observation</td>
<td>Staff in charge of observation</td>
<td>Summary Report of Observation</td>
</tr>
<tr>
<td>Case Conference</td>
<td>Manager Staff in charge of assessment Staff in charge of observation All other staff DCO/PO</td>
<td>Minutes of case conference</td>
</tr>
<tr>
<td>Final Reports</td>
<td>Staff in charge of assessment</td>
<td>Assessment Report Recommendation for Treatment</td>
</tr>
</tbody>
</table>
Protection begins with the obligation of parents to their children, and the commitment of the state to support parents and caregivers. But when parents and caregivers fail a child, the state has an obligation to create a supportive environment. This is more so when it comes to children in especially difficult circumstances who face a range of difficulties and dangers, that is, physical, social, economic, education and psychological. (UNICEF-Namibia, 1995).

The children in the rehabilitation centres can also be referred to as vulnerable children. This is because some are emotionally disturbed while others are socially maladjusted. Kauffinan (1981 p.86) says that;

Given the primacy of family relations in children’s social development, the impact of various family variables such as family size, birth order, presence of grandparents or other relatives in the home, broken families, father absence, maternal employment, parental control techniques, marital relationships, maternal or paternal dominance, parental personality or role assignment within the family, as well as their complex interactions with each other, and with other factors such as socio-economic status, ethnic origin, child’s sex, age and temperamental characteristics must be put into consideration when handling children with behaviour disorders. These interplaying factors have resulted into increased vulnerability of children, thus doubling the probability that a child will develop a behaviour disorder.

Varma (1993 p.186) adds that;

Vulnerable children exhibit such characteristics as; are easily wounded, they lack self-confidence in the extreme, they have little or no emotional robustness, or resilience, often there is almost a peculiar quality of fragility, rather a brittleness about them that makes one more than careful about how one relates to them. They are more than usually secretive from themselves and others, either consciously or unconsciously.

The above description of vulnerable children implies that one can only help in re-adjusting these children by dealing with the causes rather than the symptoms. This can only be possible and effective if one strives to penetrate into their private worlds, their inner selves. An exploration of their personal orientations would greatly reveal their inner
selves and make it possible to formulate relevant services and procedures of attending to their individual needs.

2.6 Theoretical Framework

This study was guided by four major theories; the client-centerd / person centered theory by Carl Rogers, Maslow’s theory of hierarchy of needs, Rational-emotive therapy by Albert Ellis and the Personal constructs theory by George Kelly.

2.6.1 The Client-Centered / Person Centered Theory

Carl Rogers, the proponent of client-centered therapy proposed that the best vantage point for understanding the client is from the client’s own perspective and his emphasis is on the experiences and perceptions of the client. He states that there is an active process whereby people reach their potential, gain flexibility in their evaluative abilities, and become able to gain a larger range of experiences.

Built into people is a striving for growth. Only when social conditions lead them to distort (for example, when parents give children conditional approval only when they are “good”), will the actualizing tendency be halted. Rogers emphasizes the fact that the development of personality begins with the human infant at birth. The self-actualizing tendency is operationalized by the infant when he positively values those experiences as enhancing his organism and when he negatively values those experiences he perceives as detrimental to the organism. Rogers calls this intuitive appraisal of experiences the “organismic valuing process.”
The process involves the following:-

1) **The self-concept.**

Out of the infant’s gradual focusing awareness of the difference between “me” and “not-me” grows the child’s self-concept. This awareness of self-distinct from non-self, together with the values attached to self-experience is the developing self-experience (Meador & Rogers, 1973). Through interaction with significant others in the environment this self-experience leads to a concept of self (Patterson, 1973).

2) **Need for positive regard.**

As the awareness of a self emerges a need for positive regard also arises. This need is innate and thus present in all human beings. Unfortunately, only others can satisfy this need for positive regard, and so, it is frequently thwarted. Out of the need for positive regard, the infant develops a learned sense of self regard based on the regard (positive or negative) he has been given by significant others (Meador & Rogers, 1973).

3) **Conditions of worth.**

With time, the child’s needs to have the positive regard of significant others comes into conflict with the existential needs of the organism. His/her self-developed values may be contrary to parental values. When this happens the child begins to suppress his/her own orgasmic valuing process and to assume, as if they were his/her own, the value discrimination of those significant others whose regard he/she so desperately needs. When self-experience is sought (or avoided) solely because it is more (or less) worthy of self-regard, the individual is said to have acquired a condition of worth, which becomes
incorporated into her self-regard system. When he/she acts in accordance with conditions of worth, he/she achieves positive self-regard. When he/she does not act, he/she feels negative self-regard (Meador & Rogers, 1973).

According to Shilling (1984), the theory views human behavior on a continuum (differing in degree) with self-actualizing behavior at one end and disorganized behavior at the other, normal and defensive behavior fall somewhere between, with both somewhat closer to the self-actualizing end. Applied to the study, the children in rehabilitation schools need to be guided towards the process of self-actualization through the client centered therapy by reorganizing the ‘self’.

Rogers (1961) asserts that successful counseling dissolves conditions of worth, increases openness to experiences, and this broadens the degree of congruence between self-concept and experience. This is because development of maladaptive behavior according to Carl Rogers is due to the development of incongruence between the person’s experiences and his self-concept caused by perceiving experiences that are not in accord with his conditions of worth selectively.

The attributes of the helper, the potentiality for change in the client, and circumstances under which the help is offered are key to the success of client-centered therapy. At the moment the client becomes more acutely aware of the person he/she is, with feelings, attitudes and values he/she can openly acknowledge and appreciate, the client moves towards becoming more a person than he/she was initially. When the client possesses more of himself, he/she becomes more secure in his/her person. He/she values himself
more, accordingly, see others in a new light. Reality then becomes more a part of him/her and he/she also becomes more a part of reality (Black, 1983).

All these are about a well adjusted personal orientation, and the children under rehabilitation should be guided towards this, so that they are able to move away from the psychological issues of their pasts, and live in their present situation of the “here and now.” Rather than dwelling on a client’s past, counseling should focus on the client’s present mode of experiencing. The causes of a client’s difficulties are only important to the extent that they hold meaning for the client in the present.

The humanistic approach to counseling fronted by among others Carl Rogers, emphasizes the following: -

1) **Authenticity:** This means to be fully intentional, fully human. The authentic person who is real, open to all experience brings and views it as concrete and dear. The inauthentic person, in contrast, has problems with identity, consequently experiencing disorder and nothingness (Black, 1983).

2) **Existential value:** This states that individuals are free, within the constraints of the givens of a human life, to define their existence. They become the sum of their choices. Authentic persons translate their values into a coherent project of existence. Their identity is assured, even in the face of threat or loss. With maturity, they grow to integrate the ultimate of existence as values, life, death, good, evil, joy and suffering. A major source of alienation, emptiness and despair that plague our present day society is the absence, in the experience of many, of a sense of values and commitment to responsibility that gives meaning and purpose to existence (Black, 1983).
3) Commitment and responsibility: Authentic persons are committed to actions. Based on their values, their choices and actions create their identity and their existence. In thus choosing themselves, they are responsible, not only to themselves, but to all of humanity as well (Black, 1983).

4) Existential encounter: The individual's existential relationship with another person is characterized as being with another. An authentic encounter is an articulation of two beings with the world in a relationship of mutual concern, mutual commitment and mutual responsibility (Black, 1983).

2.6.2 Maslow's Theory of Hierarchy of Needs

Maslow states that all the five needs are important and must be met, starting from the basic needs to the highest of self-actualization. This theory indicates that the needs should be met in ascending order, because if not, the individual will not attain the next level. All the levels are geared towards the highest need which is self-actualization.

According to Maslow (1970), man is a being in the process of becoming. Man therefore is a creature with abundant possibilities of what he can become. The process of becoming comprises of self-esteem and self-actualization needs and is oriented to physiological, safety, belonging and love needs. Maslow therefore further grouped these five needs and divided them into two as follows (figure 2.4): -
According to Maslow, the esteem needs are needs or desire for a stable, firmly based, usually high evaluation of oneself, for self-respect, or self-esteem, and for the esteem of others. The satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability and adequacy, of being useful and necessary in the world. But thwarting of these needs produces feelings of inferiority, of weakness, and of helplessness. These feelings in turn give rise to either basic discouragement or else compensatory or neurotic trends.

The need for self-actualization refers to a man's desire for self-fulfillment, namely, the tendency for him to become actualized in what he is potentially, that is, the tendency to become everything that one is capable of becoming (Maslow, 1970).
Applied to the study, the children should be guided towards the process of self-actualization by meeting the preceding needs appropriately. Failure to do so leads to maladjustment at any level/stage of development.

2.6.3 The Rational-Emotive Therapy (RET) by Albert Ellis

According to RET theory, the normal individual develops in terms of personal desires, wishes, and preferences, therefore, each person is different from every other person. On the other hand, in many ways, we humans are remarkably similar; we all eat, sleep, move, breathe, and grow older. RET holds that the real causes of human disturbance are rooted in two uniquely human characteristics;

a) The general propensity to think crookedly, emote inappropriately, and act dysfunctionally, and

b) An individual’s specific tendencies to behave self-defeatingly.

Children in rehabilitation centres have the two characteristics and through RET, can be helped to change their thinking - by moving from irrational to rational. RET counseling therefore has a heavily cognitive orientation, which is useful to the children in rehabilitation centers (Shilling 1984).

Through RET, the counselor’s job is to help clients rid themselves of illogical, irrational ideas and replace them with logical rational ideas. The procedure involves helping the client to gain insight into their situation or condition. This occurs when the clients are
helped to recognize that their present disturbance has antecedent causes, which are their own irrational beliefs and attitudes, not some past or present event.

The client is then convinced that they maintain their disturbance by reindocrinating themselves with the same irrational ideas. The client is then led to full acknowledgement that the only way to rid themselves of their disturbances is to challenge their belief systems and through challenge to arrive at a new, rational belief system (Ellis, 1973). In the last step, specific irrational tendencies are dealt with, and a philosophy of life is proposed which is designed to avoid additional irrational ideas. The client should therefore progress towards a rational way of living by exchanging their irrational beliefs for reasonable beliefs. These results into self-defeating behavior disappearing and emotional disturbances decrease. (Patterson, 1980)

The theory is applicable to the study in that it will help the children in rehabilitation schools to achieve specific goals such as responsibility, tolerance of other, acceptable of self, openness, commitment and acceptance of change (Ellis, 1979).

2.6.4 Personal Construct Theory by George Kelly

According to Kelly, our personality is made up of our personal constructs or our unique way of anticipating events or construing events. Our basic orientation is influenced by the way we see, interpreter, construct or anticipate events and are therefore in the last analysis composed of our constructs. To understand a person, you must try to understand the constructs he uses in relating with the world.

According to Kelly, there are two key theoretical positions namely:-

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1) We anticipate and interpret life events from our own view of reality/ own personal construct.

The personal construct theory of personality, postulates that our psychological processes (way of looking at things, personal judgments of events, our plans and decisions and feelings and actions) are patterned, channelised, directed by ways in which we anticipate events. This means that our way of approaching life is influenced by our personal constructs or the ways in which we construct or interpret our world (Patterson, 1973).

2) The concept of constructive alternativism.

According to Kelly, the constructs we create about events in the world are meant to guide our way of anticipating or responding to these events. When we test these events against reality, and they fail to work, we change them in favor of others that are more promising to work when tested. It is the freedom to revise and replace our perceptions of events with alternative perceptions or constructions when need be that we are by nature, according to Kelly, not fixed to seeing the world in the same way all the time. Those who cannot revise their views about contradictory results, are those he classified as being psychologically disabled. They have an impossible personality (Patterson, 1973).

According to Kelly, mature people are those who know that there are more than one way of looking at an issue, and that change is always possible in our lives for the better if we explore alternatives to former ways of judging and relating with the world.

This theory applies to the study in that most of these children in the rehabilitation centers have perceptions of life and the world that are distorted. Majority have been influenced by various family issues such as economic difficulties, poor parental patterns and
Shertzer and Stone (1971) suggested that a well-developed guidance programme should focus on student’s personal needs. Each growing child requires assistance of guidance programme based on developmental approach. The youth particularly those in rehabilitation centres need direction and orientation on how to manage and contain their mental health and how to tackle insecurity imposed to them by the society. Children who are in search of identity can achieve this through developmental approach to personality guidance. Personality guidance is thus vital in the rehabilitation schools guidance.

The starting point therefore should be to make a personality inventory of these children. This is the essence of the current study.

Claudine et al (1990) carried out a study in which they used POI to examine the self-actualization of 52 blind elite athletes. According to their findings the elite blind students tended to be average or strong on self-actualizing value, spontaneity, self-regard acceptance and especially weak in existentiality, self-acceptance and nature of man.

The blind elite students were less self-actualized than the general population. The current study will use POI to examine the self-actualization of children in rehabilitation schools.

Napier (1972) identified various critical factors to be considered in initiating a formalized guidance programme. According to Napier, to understand the setting in which a programme of guidance for children with special needs is to be established, detailed data of the students’ background, interests, abilities, personalities and needs are vital and should be gathered. It is in view of this that this study intends to gather data on personal orientation of children in rehabilitation schools in order to help them better.
Fellene (1997) carried out a study of mature adults with human potentials using personal orientation inventory (POI). The results of the study showed that people are unique in that they grow and develop at different rates. This therefore shows that for effective counseling of children in rehabilitation schools there is need to capture their unique personality using personal orientation inventory.

Wamocho (2003), in her study of the counseling needs of children with special educational needs in special education secondary schools and vocational rehabilitation training centres in Kenya observed that these institutions lacked serious criteria of identifying specific individual counseling needs of these children. She suggested that there was need to adopt a serious criterion of identifying an adequately prepared professional counselor who will implement the programmes of guidance and counseling to be designed for the students. She further suggested that such professionals should be graduates who have knowledge of different categories of students with special educational needs, and strategies which could be effective in handling the programme.

The current study set out to establish counseling needs of children in rehabilitation schools and at the same time capture their self-concept in order to recommend proper guidance programme for the children.
The conceptual framework was developed after synthesizing and analyzing the theoretical framework and review of literature and related studies.

The conceptual framework shows the interaction between the child – the real self
(orgasmic self) and its environment. It shows that the child develops either positive or negative self-concept based on the kind of interaction he has with his/her environment. If the child receives unconditional regard, he/she develops a positive self-concept.

This results into congruence in the child, thus, a normal personal orientation. On the other hand, if the child receives conditional regard, he/she develops a negative self-concept, which results into incongruence, thus, a distorted personal orientation.

The conceptual framework further shows that if appropriate and effective counseling is given to the child, he/she can be helped to alter the distorted personal orientation to normal personal orientation.

2.9 Summary of the review of literature.

From the review of literature and related studies, it was concluded that even though a number of researches have been conducted on the area of personal orientation, they have mainly been carried out in the Western world. The only one undertaken in Kenya is in the area of children with physical disabilities, and none has been done in the area of counseling. This makes the need for the present study to assess the counseling needs of children using the POI to remain. The study is therefore justified.

2.10 Research Hypotheses

The study was guided by the following hypotheses.

H₀₁: There is no significant difference between Time Ratio and the rehabilitation school.

H₀₂: There is no significant difference between Time Ratio score and the age of the children.

H₀₃: There is no significant difference between the Time ratio Score and the gender of
the children.

$H_0$: There is no significant difference between the Time Ratio Score and the area of origin.

$H_0$: There is no significant difference between the Time Ratio Score and the time spent in the rehabilitation school.

$H_0$: There is no significant difference between the Support Ratio Score and the rehabilitation school.

$H_0$: There is no significant difference between the Support Ratio Score and the age of the children.

$H_0$: There is no significant difference between the Support Ratio Score and the gender of the children.

$H_0$: There is no significant difference between the Support Ratio Score and the area of origin.

$H_0$: There is no significant difference between Support Ratio Score and the time spent in the rehabilitation school.

$H_{10}$: There is no significant difference in POI scales mean scores of sampled female and male children in rehabilitation schools.

$H_{11}$: There is no significant difference in POI scales mean scores on the basis of time spent in the rehabilitation school.
CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter discusses the procedure and strategies that will be used in this study. It focuses on research design, study location, study population, sample and sampling procedures, research instruments, piloting, data collection procedures and data processing and analysis.

3.2 Research Design and variables

The descriptive social survey design was used in the study. Descriptive survey research studies are designed to obtain pertinent and precise information concerning the current status of phenomena and whenever possible to draw valid general conclusions from the facts discovered (Lokesh, 1984). Surveys also aim at obtaining information, which can be analyzed, patterns extracted and comparison made (Bell, 1993), hence its choice for the study. The methods are non-experimental as they deal with the relationships among non-manipulated variables. Since the events or conditions have already occurred or exist, the researcher merely selects the relevant variables for analysis of their relationships (Best and Khan, 1993).

Descriptive methods are widely used to obtain data useful in evaluating present practices and providing a basis for decision-making. A survey enables one to obtain evidence on current conditions and identify standards with which to compare present conditions in order to plan the next step (Good, 1992).
Descriptive social survey design was appropriate for this study because it enabled the researcher to collect information concerning the personal orientation of children in rehabilitation schools and was able to make recommendations on ways of enhancing guidance and counseling for the children.

The variables involved in the study were different and were as follows:

- Rehabilitation school
- Gender: female/male
- Age
- Area of origin: rural/urban
- Time spent in the rehabilitation school
- Type of rehabilitation school
- The person the child lived with before rehabilitation
- Reason for rehabilitation
- Time competence (Tc/Ti)
- Inner directed (I/O)
- Self-actualizing values (SAV)
- Feeling reactivity (Fr)
- Spontaneity (S)
- Self-regard (Sr)
- Self acceptance (Sa)
- Nature of man (Nc)
- Synergy (Sy)
- Acceptance of Aggression (A)
- Capacity for intimate contact (C)
3.2.1 Description of POI scales

3.2.1.1 POI major scales

Time Orientation (Time Competence/Time Incompetence) and Support Orientation (Inner/Other directed) are ratios, which cover two major important areas in personal development and interpersonal interaction. They are also referred to as core orientation in this study.

- **Time Competence (Tc/Ti)**

  Time ratio assesses the degree to which one lives in the present as contrasted with living in the future. POI shows time competence if a person lives primarily in the present with full awareness, contact and full feeling reactivity. The time incompetent person on the other hand lives in the past. With guilts, regrets and resentments or in the future with idealized or inflated goals, plans, expectations, predictions and fears (Shostrom, 1966).

- **Inner Directedness (i/o)**

  The support ratio is designed to measure whether an individual’s mode of reaction is characteristically “self” orientation or “other” oriented. Inner or self-directed persons are guided mainly by internalised principles and motivations. Other directed persons are influenced by their peer groups and tend to blame others or external forces for their failures.

3.2.1.2 POI subscales

Apart from the two major scales, the POI scores on each of the ten subscales are intended to evaluate and reflect a particular facet, important in the development of self-actualizing. These subscales measure the following areas:
• **Self-actualizing value (SAV):** measures the affirmation of primary values of self-actualizing people. A high score shows that the individual holds to or lives by values characteristic of self-actualizing people, while a low score suggests the rejection of such values.

• **Existentiality (Ex):** measures one’s flexibility in applying guiding values or principles to one’s life. It is a measure of one’s ability to use good judgement in applying these general principles. Higher scores reflect flexibility to hold to values so rigidly that they become dogmatic.

• **Feeling reactivity (Fr):** measures sensitivity to one’s own needs and feelings. A high score indicates the presence of such sensitivity, while a low score suggests insensitivity to these needs and feelings.

• **Spontaneity (S):** measures freedom to react spontaneously, or to be oneself. A high score measures the ability to express feelings in spontaneous action while a low score suggests that one is fearful of expressing feelings behaviorally.

• **Self-regard (Sr):** measures affirmation of self because of worth or strength. A high score measures the ability to like oneself because of one’s strength as a person, while low score suggests feeling of low self-worth.

• **Self-acceptance (Sa):** measures the affirmation or acceptance of oneself in spite of one’s weaknesses or deficiencies. A high score suggests acceptance of self and weaknesses, while a low score suggests inability to accept one’s weakness.

• **Nature of man-constructive (Nc):** measures the degree of one’s constructive view of the nature of man. A high score suggests that one sees man as essentially good and can resolve the good-evil; masculine feminine, selfish-unselfish and spiritual-sexual dichotomies in the nature of man. A high score measures self-actualizing ability to be
synergic in one’s understanding of human nature. A low score suggests that one sees
man as essentiality bad or evil.

- **Synergy (Sy):** measures ability to be synergistic-to transcend dichotomies. A high
score is a measure of the ability to see opposites of life as meaningfully related.
While a low score suggests that one sees opposites of life as antagonistic.
- **Acceptance of aggression (A):** measures the ability to accept one’s natural
aggressiveness-as opposed to defensiveness, denial and repression of aggression. A
high score indicates the ability to accept anger or aggression within oneself as natural.
A low score suggests the denial of such feelings.
- **Capacity for intimate contact (C):** measures the ability to develop contactful
intimate relationships with other human beings, unencumbered by unwarranted
expectations and obligations. A high score indicates the ability to develop
meaningful, contactful, relationships with other human beings while a low score
suggests that one has difficulty with warm interpersonal relationships oor expects too
much form others.

### 3.3 Administration of POI

POI is essentially self-administering. The items are printed in a reusable POI test booklet
(Appendix I). The respondents record their answers on an Edits Standard POI answer
sheet (Appendix B) for hand scoring. Directions are clearly given on the front cover of
the inventory booklet. According to Shostrom (1978), there is no time limit for the
inventory. The respondent chooses the most appropriate statement applicable to him/her
and indicates the choice of A and B on the answer sheet by shading in the column given,
der A and B of each item.
3.4 Scoring of POI

POI scores for the major scales and subscales are interpreted in the light of the norms that have been established as given in the POI manual and the personality categories they are designed to assess. Scoring of the inventory is accomplished in terms of the two major scales: time competence and inner-directness and ten complementary scales: self-actualization values, existentiality, feeling reactivity, spontaneity, self-regard, synergy and capacity to intimacy. This may then result in extreme profiles like where comparison against normative data is done, the respondent can have high scores on ten subscales or low scores on all the twelve scales. Shostrom (1978) postulated that self-actualizing individuals may have significantly high scores on all the twelve scales while the non-self-actualizing ones tend to have lower scores on all the scales.

In scoring of POI, each marked scoring answer sheet is inspected. The raw scores for each scale is obtained by placing a scoring stencil which has holes in it over the answer sheet. The number of blackened areas showing through the holes in the key stencil with key number marked on are counted. There are fourteen stencils (Appendix III) with holes in them and marked on as key for scoring indicated scale. Four of the fourteen stencils are for the major scales and are marked on Ti/Tc, I/O and ten stencils are used as the key indicated on for each of the ten subscales.

To obtain Ti score, the key stencil marked Ti (Appendix III) was used. The stencil with punched holes is placed over the answer sheet in several investigations and the inner-directed and time competence scales have been the major scales in the analysis of results. The inner-directed scale was used as the best single estimate of self-actualizing.
3.5 **Interpretation of POI Scores**

The scores for support and time scales are each presented as ratio scores. Interpretation of the support ratio score is expressed as a ratio of the other orientation to inner-orientation. The time ratio is the ratio of time incompetence to time competence. Time competence and direction of support are each understood better in relative terms. The respondent does not react in a given was as reflected by a particular score. Sometimes a person is inner-directed and other times directed, but the ration of other to inner direction scores reflects the individual’s characteristics or predominant mode of reacting. This is the same with Time Ratio.

3.5.1 **Time Ratio**

The self-actualizing person is time competent and appears to live more fully in the here and now. Such a person is able to tie the past and the future to the present in a meaningful way; is less burdened by guilts, regrets and resentments from the past than the non-self-actualizing person and aspirations are tied meaningfully to present working goals.

This individual has faith in the future without rigid or over-idealistic goals. For validation purposes, approximate Time Ratio range scores and their groupings according to the concept of self-actualization are given to the POI standardized.
Table 3.1: Comparison of self-actualizing, normal and non-self-actualizing persons on Time Orientations

<table>
<thead>
<tr>
<th>Time Orientation</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-actualizing Range</td>
<td>1:8</td>
</tr>
<tr>
<td>Normal Range</td>
<td>1:5</td>
</tr>
<tr>
<td>Non-self-actualizing Range</td>
<td>1:3</td>
</tr>
</tbody>
</table>

The self-actualizing person’s past and future orientations are seen as reflecting positive mental health. The past is used for reflective thought and the future is tied to present goals. Shostrom’s (1987) POI manual shows that use of time in a competent way is expressed in a Time Ratio score of approximately 1:8 as compared to the non-self-actualizing Time Ratio of about 1:3.

The time ratio scores are used to show that even a self-actualized person, is not perfect in the use of time. He/she is to some degree time incompetent. Based on this observation, a self-actualizing person may be “incompetent” in the use of a comparatively small portion of time.

With a ratio of 1:8, such a person is termed to be time incompetent one hour for every eight hours (1/8) that he/she is competent. The normal is thought of as being time incompetent 1/6 of the time, that is one hour for every six hours with a ratio score of 1:5. Non-self-actualized person is the most comparatively time incompetent with ratio of 1:3. Such a person may be thought of as being time incompetent (about 1/4 of the time, that is one hour for every four hours). This time incompetence may suggest that the non-self-actualizing person does not discriminate well between past and future relative to the present. This individual may be disoriented in the present, by splitting his/her past or
He/she may be burdened by guilt, regret, remorse, blaming and resentments. It can be concluded that this is a person who is still nibbling on the undigested memories and hurts of the past.

3.5.2 Support Ratio

Pol support scores in the manual show that the self-actualizing person is only to a degree self-supportive. Support ratios, which are above 1:3, suggest excessive autonomy and self-supportiveness. The ratio for normal person is given as 1:2.5 while that of non-self-actualizing person is about 1:1 or 1:1.3 as indicated in figure 4. Shostrom (1987) shows that non-self-actualizing person is not sure whether to confirm or to act autonomously and neither does very well.

Table 3.2: Comparison of Self-Actualizing, Normal and Non-Actualizing Persons on Support Orientation.

<table>
<thead>
<tr>
<th></th>
<th>Support Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Actualizing</td>
<td>1:3.3</td>
</tr>
<tr>
<td>Normal</td>
<td>1:2.5</td>
</tr>
<tr>
<td>Non-Self-Actualizing</td>
<td>1:1.3</td>
</tr>
</tbody>
</table>

Like in the Time Ratio, the Support Ratio illustrates that the self-actualizing person is only to a degree self-supportive but some of the time he/she is more of other oriented. Support ratios above 1:3 suggest reasonable autonomy and self-supportiveness. The nominated time orientation and support ratio scores (indicated in figure 4) are used to validate respondent’s scores on the two major scales, means, standard deviations and test of significance are applied to get the difference.
3.6 Study Locale

The study was carried out in five government children rehabilitation schools in Kenya. One was used as a control sample.

3.7 Target Population

The target population is defined as all the members of a real or hypothetical set of people, events or objects, which a researcher wishes to generalize the research study (Borg and Gall 1989). The target population for this study was children in government rehabilitation schools, between the ages of 10 years and 17 years. The children were from both primary and secondary schools, both girls and boys.

3.8 Sample Size

The study targeted 110 children out of the total 446 children as its informants, with 13 being from the Kabete boys’ secondary rehabilitation school, 31 from Kirigiti girl’s primary rehabilitation school, 21 from Dagoretti girl’s primary rehabilitation school, 26 from Gitathuru boys primary rehabilitation school and 20 from Kabete primary rehabilitation school. The rationale behind this was that the number was requisite to perform meaningful statistics and comparisons.

3.9 Sample Technique

Purposeful sampling was used to select two boys and two girls’ rehabilitation schools. Stratified, then simple random sampling procedures were used. This enabled school classes and ages of the children to be represented in the study.
3.10 Types and Sources of Data

Data from both primary and secondary sources were used. Secondary data was from books, research reports, dissertations, and journals. Primary data was collected from the field by the researcher with the help of two assistants who were trained before the start of the research project.

3.11 Research Instruments

POI was used as the main research instrument. Other methods included focus group discussions. This was applied on the same sample that the POI had earlier been administered to. It was used to draw out information not captured adequately by the questionnaire.

An observation checklist was also used to assess the general environment in terms of resources available and interpersonal relationships between the children and the staff. It helped in determining the adequacy and suitability of the resources and staff.

3.12 Piloting

Piloting was done mainly to determine the reliability and validity of the instruments. It also aimed at modifying and removing any ambiguous items from the instruments.

Piloting of the POI was specifically done so as to make adjustments on the POI in order to make it clear to the informants and make it applicable to the African situation. Administration was done in group sessions. It was done in one of the rehabilitation centres. Thirty children were randomly selected for piloting.
Data Analysis and Presentation

This study generated both qualitative and quantitative data; hence both descriptive and inferential statistics were used to analyse the data obtained. Qualitative analysis considered the inferences that were made from the opinions of the respondents. This analysis was thematically presented in narrative form and where possible tabular form. Descriptive statistics involved the use of frequencies, totals, percentages, and tabulation. The data was further subjected to significance test using t-test and ANOVA. This process of data analysis required the use of a computer-spread sheet, which was developed by the researcher with the professional assistance of a computer specialist. The analyzed data was used in providing answers to the research questions that the study sought to answer.
CHAPTER FOUR
RESULTS OF THE STUDY

4.1 Introduction

The results of the present study are presented in this chapter. The research aimed at collecting baseline data from pupils in rehabilitation schools to be used as a point of reference for designing a comprehensive guidance and counseling programme for vulnerable children. The personal Orientation Inventory (POI) was used to determine the psychological characteristics of pupils in rehabilitation schools.

In presenting results, the chapter has been organized in two sections. The first section on descriptive statistics gives answers to the questions explored in the study. The second is on statistical analysis and it deals with the results of the test of the hypotheses formulated. The presentation will be conducted according to the research questions explored as follows.

4.2 Descriptive Statistics

4.2.1: Characteristics of the core personal orientation of children in Kenyan rehabilitation schools

Table 4.1: Time and Support Ratio Score for Children in Rehabilitation Schools

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time ratio</td>
<td>1:0.8103</td>
</tr>
<tr>
<td>Support ratio</td>
<td>1:0.8541</td>
</tr>
</tbody>
</table>
The findings in table 4.1 indicate that the major scales of time orientation and support orientation are below the nominated POI mean scores for non-self actualizing groups given in POI manual.

4.2: Characteristics of the core personal orientation of children in Kenyan rehabilitation schools on the basis of school, gender, age, area of origin, person the child lived with before joining the rehabilitation school and time spent in the rehabilitation school

<table>
<thead>
<tr>
<th>School</th>
<th>Time ratio</th>
<th>Support ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabete secondary</td>
<td>1:0.8854</td>
<td>1:0.9892</td>
</tr>
<tr>
<td>Gitathuru</td>
<td>1:0.8164</td>
<td>1:0.8352</td>
</tr>
<tr>
<td>Kirigiti</td>
<td>1:0.7687</td>
<td>1:0.8748</td>
</tr>
<tr>
<td>Dagoreti</td>
<td>1:0.8833</td>
<td>1:0.7390</td>
</tr>
<tr>
<td>Kabete Primary</td>
<td>1:0.7415</td>
<td>1:0.8785</td>
</tr>
</tbody>
</table>

From table 4.2, it can be observed that the mean time ratio for all the children in the rehabilitation schools is 1:0.8103, which is a ratio less than 1:3, which means they are time incompetent about one in four times.

They are thus none-self actualizing. None of the schools had a mean ratio of over 1:3. Equally the mean support ratio for all the children in rehabilitation is below 1:1.8 which means that they are other-support oriented, social pressure oriented, compulsive and confirmative.
Table 4.3: Time and Support Ratio Score for Children in Rehabilitation Schools

<table>
<thead>
<tr>
<th>Gender</th>
<th>Time Ratio</th>
<th>Support Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1:0.8060</td>
<td>1:0.8847</td>
</tr>
<tr>
<td>Female</td>
<td>1:0.8150</td>
<td>1:0.8200</td>
</tr>
</tbody>
</table>

The findings in table 4.3 indicate that both male and female children in rehabilitation schools are low on the time and support ratio score. Meaning they are non-self actualizing, and are past-oriented.

Table 4.4: Time and Support Ratio Score for Children in Rehabilitation Schools

<table>
<thead>
<tr>
<th>Age</th>
<th>Time Ratio</th>
<th>Support Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13 years</td>
<td>1:0.8800</td>
<td>1:0.8221</td>
</tr>
<tr>
<td>14-17 years</td>
<td>1:0.7853</td>
<td>1:0.8656</td>
</tr>
</tbody>
</table>

From table 4.4, it can be observed that both young and old pupils in the rehabilitation schools are low in both time and support ratio scale.

Table 4.5: Time and Support Ratio Score for Children in Rehabilitation Schools

<table>
<thead>
<tr>
<th>Area of Origin</th>
<th>Time Ratio</th>
<th>Support Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>1:0.8471</td>
<td>1:0.8565</td>
</tr>
<tr>
<td>Urban</td>
<td>1:0.7807</td>
<td>1:0.8521</td>
</tr>
</tbody>
</table>

The results in table 4.5 also show that children from both rural and urban areas have low scores in time and support ratio score.
Table 4.6: Time and Support Ratio Score for Children in Rehabilitation Schools on the basis of who they Lived with before Admission to Rehabilitation School

<table>
<thead>
<tr>
<th>Person lived with</th>
<th>Time Ratio</th>
<th>Support Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>1:0.8621</td>
<td>1:0.8818</td>
</tr>
<tr>
<td>Father</td>
<td>1:0.6625</td>
<td>1:0.8275</td>
</tr>
<tr>
<td>Both parents</td>
<td>1:0.8691</td>
<td>1:0.8388</td>
</tr>
<tr>
<td>Grandparents</td>
<td>1:0.6331</td>
<td>1:0.8144</td>
</tr>
<tr>
<td>Relatives</td>
<td>1:0.9350</td>
<td>1:0.9200</td>
</tr>
<tr>
<td>Guardian</td>
<td>1:0.8150</td>
<td>1:0.8580</td>
</tr>
<tr>
<td>Alone</td>
<td>1:0.5300</td>
<td>1:0.7350</td>
</tr>
<tr>
<td>Others</td>
<td>1:0.4000</td>
<td>1:0.8500</td>
</tr>
</tbody>
</table>

The findings in Table 4.6 indicate a low score for all the children regardless of the person they lived with before joining the rehabilitation school.

Table 4.7: Time and Support Ratio Score for Children in Rehabilitation Schools on the basis of Time spent in Rehabilitation School

<table>
<thead>
<tr>
<th>Time spent</th>
<th>Time Ratio</th>
<th>Support Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>1:0.7892</td>
<td>1:0.8369</td>
</tr>
<tr>
<td>1-2 years</td>
<td>1:0.7972</td>
<td>1:0.8645</td>
</tr>
<tr>
<td>3-5 years</td>
<td>1:0.9115</td>
<td>1:0.8570</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>1:0.7217</td>
<td>1:0.8672</td>
</tr>
</tbody>
</table>

42.3: Psychological characteristics of the children in rehabilitation schools in Kenya

Table 4.8: POI Scale Means for Children in Rehabilitation Schools

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>Mean</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time competence (Tc)</td>
<td>9.8091</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Inner Directed (I)</td>
<td>57.0455</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Self Actualizing Value (SAV)</td>
<td>14.2000</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Existentiality (EX)</td>
<td>10.2818</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Feeling Reactivity (Fr)</td>
<td>10.6909</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Spontaneity (S)</td>
<td>7.4909</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Self Regard (Sr)</td>
<td>9.6818</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Self Acceptance (Sa)</td>
<td>9.2000</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Nature of Man (Nc)</td>
<td>9.7727</td>
<td>Non-self actualizing</td>
</tr>
<tr>
<td>Synergy (Sy)</td>
<td>4.9818</td>
<td>Non-self actualizing</td>
</tr>
</tbody>
</table>
From table 4.8, it can be observed that the children in rehabilitation schools are falling below non-self actualized in the POI scale. In view of the new policy of discharging children after 3 years in Kenyan rehabilitation schools, this means that the children’s Department will discharge children who have not changed their behavior at all, thus repeating the whole cycle of rehabilitation.

4.2.4: Psychological characteristics of the children in rehabilitation schools in Kenya on the basis of school, gender, age, area of origin and time spent in the rehabilitation school

Table 4.9: POI Scale Means for Children in different Rehabilitation Schools

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>Kabete Secondary</th>
<th>Gitathuru</th>
<th>Kirigiti</th>
<th>Dagoreti</th>
<th>Kabete Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
</tr>
<tr>
<td>Time competence (Tc)</td>
<td>10.1538</td>
<td>9.8800</td>
<td>9.4516</td>
<td>10.2857</td>
<td>9.5500</td>
</tr>
<tr>
<td>Inner Directed (I)</td>
<td>60.9231</td>
<td>56.5200</td>
<td>57.9355</td>
<td>53.0952</td>
<td>57.9500</td>
</tr>
<tr>
<td>Existentiality (EX)</td>
<td>9.4615</td>
<td>11.4000</td>
<td>10.7097</td>
<td>8.7619</td>
<td>10.3500</td>
</tr>
<tr>
<td>Feeling Reactivity (Fr)</td>
<td>11.6923</td>
<td>10.4400</td>
<td>11.3871</td>
<td>10.000</td>
<td>10.000</td>
</tr>
<tr>
<td>Spontaneity (S)</td>
<td>7.4615</td>
<td>7.8400</td>
<td>7.6129</td>
<td>5.9048</td>
<td>8.5500</td>
</tr>
<tr>
<td>Self Regard (Sr)</td>
<td>9.4615</td>
<td>9.5200</td>
<td>10.2581</td>
<td>9.8095</td>
<td>9.0000</td>
</tr>
<tr>
<td>Self Acceptance (Sa)</td>
<td>10.1538</td>
<td>9.6400</td>
<td>9.0000</td>
<td>8.5714</td>
<td>9.0000</td>
</tr>
<tr>
<td>Nature of Man (Nc)</td>
<td>9.4615</td>
<td>10.7200</td>
<td>9.8065</td>
<td>8.6667</td>
<td>9.9000</td>
</tr>
<tr>
<td>Synergy (Sy)</td>
<td>3.9231</td>
<td>5.0800</td>
<td>5.0645</td>
<td>4.41429</td>
<td>6.3000</td>
</tr>
<tr>
<td>Acceptance of Aggression (A)</td>
<td>13.3077</td>
<td>11.2400</td>
<td>12.2258</td>
<td>10.9524</td>
<td>11.0500</td>
</tr>
<tr>
<td>Capacity for Intimate Contact (C)</td>
<td>12.1538</td>
<td>10.5200</td>
<td>12.3871</td>
<td>11.5714</td>
<td>11.3500</td>
</tr>
</tbody>
</table>

From table 4.9, it can be observed that the children in rehabilitation school despite the nature of school fall below non-self actualized in all the facets in the POI scale except for synergy where children at Kabete primary score 6.3000 which is higher mean than
which is the mean for non-self actualized. In this case under synergy they are normal.

**Table 4.10: POI Scale Means for Children in Rehabilitation Schools on the basis of Gender**

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>Male Mean</th>
<th>Female Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time competence (Tc)</td>
<td>9.8276</td>
<td>9.7885</td>
</tr>
<tr>
<td>Inner Directed (I)</td>
<td>58.000</td>
<td>55.9808</td>
</tr>
<tr>
<td>Self Actualizing Value (SAV)</td>
<td>14.1724</td>
<td>14.2308</td>
</tr>
<tr>
<td>Existentiality (EX)</td>
<td>10.6034</td>
<td>9.9231</td>
</tr>
<tr>
<td>Feeling Reactivity (Fr)</td>
<td>10.5690</td>
<td>10.8269</td>
</tr>
<tr>
<td>Spontaneity (S)</td>
<td>8.0000</td>
<td>6.9231</td>
</tr>
<tr>
<td>Self Regard (Sr)</td>
<td>9.3276</td>
<td>10.0769</td>
</tr>
<tr>
<td>Self Acceptance (Sa)</td>
<td>9.5345</td>
<td>8.8269</td>
</tr>
<tr>
<td>Nature of Man (Nc)</td>
<td>10.1552</td>
<td>9.3462</td>
</tr>
<tr>
<td>Synergy (Sy)</td>
<td>5.2414</td>
<td>4.6923</td>
</tr>
<tr>
<td>Acceptance of Aggression (A)</td>
<td>11.6379</td>
<td>11.7115</td>
</tr>
<tr>
<td>Capacity for Intimate Contact (C)</td>
<td>11.1724</td>
<td>12.0577</td>
</tr>
</tbody>
</table>

According to the results in table 4.10, children in rehabilitation regardless of their gender all fall below non-self actualized sample mean score for all the facets.

**Table 4.11: POI Scale Means for Children in Rehabilitation Schools on the basis of Age**

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>10-13 years Mean</th>
<th>14-17 years Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time competence (Tc)</td>
<td>10.0345</td>
<td>9.7284</td>
</tr>
<tr>
<td>Inner Directed (I)</td>
<td>56.0000</td>
<td>57.4198</td>
</tr>
<tr>
<td>Self Actualizing Value (SAV)</td>
<td>13.6207</td>
<td>14.4074</td>
</tr>
<tr>
<td>Existentiality (EX)</td>
<td>11.2067</td>
<td>9.9506</td>
</tr>
<tr>
<td>Feeling Reactivity (Fr)</td>
<td>10.5862</td>
<td>10.7284</td>
</tr>
<tr>
<td>Spontaneity (S)</td>
<td>7.5517</td>
<td>7.4691</td>
</tr>
<tr>
<td>Self Regard (Sr)</td>
<td>9.7586</td>
<td>9.6543</td>
</tr>
<tr>
<td>Self Acceptance (Sa)</td>
<td>8.8621</td>
<td>9.3210</td>
</tr>
<tr>
<td>Nature of Man (Nc)</td>
<td>9.2414</td>
<td>9.9630</td>
</tr>
<tr>
<td>Synergy (Sy)</td>
<td>4.6897</td>
<td>5.0864</td>
</tr>
<tr>
<td>Acceptance of Aggression (A)</td>
<td>11.1379</td>
<td>11.8642</td>
</tr>
<tr>
<td>Capacity for Intimate Contact (C)</td>
<td>11.4483</td>
<td>11.6420</td>
</tr>
</tbody>
</table>
From table 4.11, it can be seen that children in rehabilitation regardless of their age fall below non-self actualized sample mean score for all the facets.

Table 4.12: POI Scale Means for Children in Rehabilitation Schools on the basis of Residential Area

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>MEAN</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time competence (Tc)</td>
<td></td>
<td>9.9388</td>
<td>9.7049</td>
</tr>
<tr>
<td>Inner Directed (I)</td>
<td></td>
<td>57.2041</td>
<td>56.9180</td>
</tr>
<tr>
<td>Self Actualizing Value (SAV)</td>
<td></td>
<td>14.0000</td>
<td>14.3607</td>
</tr>
<tr>
<td>Existentiality (EX)</td>
<td></td>
<td>10.4898</td>
<td>10.1148</td>
</tr>
<tr>
<td>Feeling Reactivity (Fr)</td>
<td></td>
<td>11.3061</td>
<td>10.1967</td>
</tr>
<tr>
<td>Spontaneity (S)</td>
<td></td>
<td>7.4082</td>
<td>7.5574</td>
</tr>
<tr>
<td>Self Regard (Sr)</td>
<td></td>
<td>9.5306</td>
<td>9.8033</td>
</tr>
<tr>
<td>Self Acceptance (Sa)</td>
<td></td>
<td>9.2857</td>
<td>9.1311</td>
</tr>
<tr>
<td>Nature of Man (Nc)</td>
<td></td>
<td>9.6122</td>
<td>9.9016</td>
</tr>
<tr>
<td>Synergy (Sy)</td>
<td></td>
<td>4.7755</td>
<td>5.1475</td>
</tr>
<tr>
<td>Acceptance of Aggression (A)</td>
<td></td>
<td>11.7959</td>
<td>11.5738</td>
</tr>
<tr>
<td>Capacity for Intimate Contact (C)</td>
<td></td>
<td>11.2857</td>
<td>11.8361</td>
</tr>
</tbody>
</table>

According to results in table 4.12, children in rehabilitation regardless of area of origin fall below non-self actualized sample mean score for all the facets.
Table 4.13: POI Scale Means for Children in Rehabilitation Schools on the basis of

**Time spent in the Rehabilitation School**

<table>
<thead>
<tr>
<th>POI Scale</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than 1 year</td>
</tr>
<tr>
<td>Time competence (Tc)</td>
<td>9.7500</td>
</tr>
<tr>
<td>Inner Directed (I)</td>
<td>56.5556</td>
</tr>
<tr>
<td>Existentiality (EX)</td>
<td>11.0278</td>
</tr>
<tr>
<td>Feeling Reactivity (Fr)</td>
<td>10.3889</td>
</tr>
<tr>
<td>Spontaneity (S)</td>
<td>8.0000</td>
</tr>
<tr>
<td>Self Regard (Sr)</td>
<td>9.5833</td>
</tr>
<tr>
<td>Self Acceptance (Sa)</td>
<td>9.1667</td>
</tr>
<tr>
<td>Nature of Man (Nc)</td>
<td>10.5000</td>
</tr>
<tr>
<td>Synergy (Sy)</td>
<td>5.1944</td>
</tr>
<tr>
<td>Acceptance of Aggression (A)</td>
<td>11.0556</td>
</tr>
<tr>
<td>Capacity for Intimate Contact (C)</td>
<td>10.5833</td>
</tr>
</tbody>
</table>

From table 4.13, it can be seen that children in rehabilitation regardless of time spent in the rehabilitation school fall below non-self actualized sample mean score for all the facets.

4.2.5: Challenges facing guidance and counseling department in the rehabilitation schools

The research instruments further sought to establish the challenges faced by the department of guidance and counseling in providing counseling services to students. The results of the findings are presented in table 4.14.
Table 4.14: Challenges Faced by the Department of Guidance and Counseling

<table>
<thead>
<tr>
<th>Challenges</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of resource materials and facilities</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>Lack of support from school management/ children’s Department</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>Lack of professionally trained counselors</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>Lack of support from other staff members</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>Lack of support from parents/guardians who have their children in</td>
<td>2</td>
<td>40.0</td>
</tr>
<tr>
<td>rehabilitation schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No opportunities for in-service training</td>
<td>2</td>
<td>40.0</td>
</tr>
<tr>
<td>Uncooperative children</td>
<td>2</td>
<td>40.0</td>
</tr>
<tr>
<td>Lack of privacy during counseling session</td>
<td>2</td>
<td>40.0</td>
</tr>
<tr>
<td>Misinformation on the nature of child’s problem</td>
<td>4</td>
<td>80.0</td>
</tr>
</tbody>
</table>

From Table 4.14, it can be observed that the main challenges facing guidance and counseling in the rehabilitation schools include inadequate facilities and resource material for counseling, lack of professionally trained personnel, lack of support from the school management, lack of support from other staff members, misinformation given on admission, lack of support from parents/guardians, no opportunities for in-service, uncooperative children and lack of privacy during counseling.

4.3 Statistical Analysis

Nominated sample range scores for time orientation in POI are given as self actualizing (1:8), normal (1:5) and non-self actualizing (1.3). A test for equality of means was performed on the mean test scores to determine if the time orientation of students in the different rehabilitation school, gender, age, area of origin, and time spent in the rehabilitation school differed significantly. ANOVA and t-test were carried out to test the hypotheses.
4.3.1 Time Ratio Score and Rehabilitation School

H0: There is no significant difference between time ratio score and the rehabilitation school.

ANOVA test was done to test the hypothesis.

Table 4.15: ANOVA Result on Time Ratio Score and Rehabilitation School

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>f</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.335</td>
<td>4</td>
<td>8.363E-02</td>
<td>0.527</td>
<td>0.716</td>
</tr>
<tr>
<td>Within Groups</td>
<td>16.668</td>
<td>105</td>
<td>0.159</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17.002</td>
<td>109</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results presented in table 4.15 indicate that there was no significant difference between time ratio score and the rehabilitation schools. Hence, the stated null hypothesis above was accepted.

4.3.2 Time Ratio Score and Age of Children

H0: There is no significant difference between time ratio score and the age of the children.

ANOVA test was done to test the hypothesis.

Table 4.16: ANOVA Result on Time Ratio Score and Age of Children

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>f</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.191</td>
<td>1</td>
<td>0.191</td>
<td>1.230</td>
<td>0.270</td>
</tr>
<tr>
<td>Within Groups</td>
<td>16.811</td>
<td>108</td>
<td>0.156</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17.002</td>
<td>109</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results presented in table 4.16 indicate that there was no significant difference between time ratio score and age of children. Hence, the stated null hypothesis above was accepted.

4.3.3 Time Ratio Score and Gender

H0: There is no significant difference between time ratio score and the gender of the children.

A t-test was used to test this hypothesis.
Table 4.17: T-test results on the Gender and Time Ratio Score

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference</th>
<th>Std. Deviation</th>
<th>95% Confidence Interval of the Difference</th>
<th>T</th>
<th>df</th>
<th>2-tail sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Vs Scores</td>
<td>0.6625</td>
<td>0.6348</td>
<td>0.5425</td>
<td>0.7824</td>
<td>0.014</td>
<td>109 0.906</td>
</tr>
</tbody>
</table>

The results from table 4.17 indicate that there was no significant difference between gender and time ratio score. Hence, the null hypothesis stated was accepted.

4.3.4 Time Ratio Score and Area of Origin

H0: There is no significant difference between the time ratio score and the area of origin

A t-test was used to test this hypothesis.

Table 4.18: T-test results on the Area of Origin and Time Ratio Score

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference</th>
<th>Std. Deviation</th>
<th>95% Confidence Interval of the Difference</th>
<th>T</th>
<th>df</th>
<th>2-tail sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Vs Scores</td>
<td>0.7443</td>
<td>0.6621</td>
<td>0.6191</td>
<td>0.8694</td>
<td>0.768</td>
<td>109 0.383</td>
</tr>
</tbody>
</table>

The results from table 4.18 indicate that there was no significant difference between area of origin and time ratio score. Hence, the null hypothesis stated was accepted.

4.3.5 Time Ratio Score and Time Spent in the Rehabilitation School

H0: There is no significant difference between time ratio score and the time spent in the rehabilitation school

ANOVA test was done to test the hypothesis
Table 4.19: ANOVA Result on Time Ratio Score and Time Spent in the Rehabilitation School

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>f</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.439</td>
<td>3</td>
<td>0.146</td>
<td>0.936</td>
</tr>
<tr>
<td>Within Groups</td>
<td>16.563</td>
<td>106</td>
<td>0.156</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17.002</td>
<td>109</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results presented in table 4.19 indicate that there was no significant difference between ratio score and time spent in the rehabilitation school. Hence, the stated null hypothesis above was accepted.

4.3.6 Support Ratio Score and Rehabilitation School

H0: There is no significant difference between the support ratio score and rehabilitation school.

ANOVA test was done to test the hypothesis.

Table 4.20: ANOVA Result on Support Ratio Score and Rehabilitation School

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>f</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.550</td>
<td>4</td>
<td>0.137</td>
<td>5.584</td>
</tr>
<tr>
<td>Within Groups</td>
<td>2.583</td>
<td>105</td>
<td>2.460E-02</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.133</td>
<td>109</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results presented in table 4.20 indicate that there was a significant difference between support ratio score and the rehabilitation schools. Hence, the stated null hypothesis above was rejected. Which means the differences noted in the ratios between the different rehabilitation schools are significant.

4.3.7 Support Ratio Score and Age of Children

H0: There is no significant difference between the support ratio score and age of children.

ANOVA test was done to test the hypothesis.
Results presented in table 4.21 indicate that there was no significant difference between support ratio score and age of children. Hence, the stated null hypothesis above was accepted.

### 4.3.8 Support Ratio Score and Gender

$H_0$: There is no significant difference between the support ratio score and gender of the children.

A $t$-test was used to test this hypothesis.

| Table 4.22: $t$-test results on the Gender and Support Ratio Score |
|---------------------|-------------------|-----------------|-----------|--------|--------|
|                     | Mean Difference   | Std. Deviation  | 95% Confidence Interval of the Difference | $t$    | df     | 2-tail sign |
| Gender Vs Scores    | 0.6186            | 0.5593          | 0.5129 - 0.7243 | 11.601 | 109    | 0.000       |

The results from table 4.22 indicate that there was a significant difference between gender and support ratio score. This means that the variations noted in the support ratio score are significant on the basis of gender. Hence, the null hypothesis stated was rejected.

### 4.3.9 Support Ratio Score and Area of Origin

$H_0$: There is no significant difference between the support ratio score and area of origin.

A $t$-test was used to test this hypothesis.
Table 4.23: T-test results on the Area of Origin and Supports Ratio Score

<table>
<thead>
<tr>
<th>Mean Difference</th>
<th>Std. Deviation</th>
<th>95% Confidence Interval of the Difference</th>
<th>t</th>
<th>df</th>
<th>2-tail Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Vs Scores</td>
<td>0.7005</td>
<td>0.5294</td>
<td>0.6004</td>
<td>0.8005</td>
<td>0.018</td>
</tr>
</tbody>
</table>

The results from table 4.23 indicate that there was no significant difference between area of origin and supports ratio score. Hence, the null hypothesis stated was accepted.

4.3.10 Support Ratio Score and Time Spent in the Rehabilitation School

H010 There is no significant difference between support ratio score and the time spent in the rehabilitation school.

ANOVA test was done to test the hypothesis

Table 4.24: ANOVA Result on Support Ratio Score and Time Spent in the Rehabilitation School

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>f</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>1.705E-02</td>
<td>3</td>
<td>5.685E-03</td>
<td>0.193</td>
</tr>
<tr>
<td>Within Groups</td>
<td>3.116</td>
<td>106</td>
<td>2.939E-02</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.133</td>
<td>109</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results presented in table 4.24 indicate that there was no significant difference between Support ratio score and age of children. Hence, the stated null hypothesis above was accepted.

4.3.11 Difference between the 12 POI Scales Mean Scores of Female Children in Rehabilitation School as Compared with Male Children

H011 There is no significant difference in POI scales mean scores of sampled female and male children in rehabilitation schools.
Table 4.25: Mean test scores and t-value on sampled female and male children in rehabilitation school

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>Std error</th>
<th>Std</th>
<th>t-value</th>
<th>2-tail-sig</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence (Tc)</td>
<td>9.8276</td>
<td>2.4860</td>
<td>9.7885</td>
<td>2.4442</td>
<td>0.2341</td>
<td>0.007</td>
<td>0.934</td>
<td></td>
</tr>
<tr>
<td>Direct (I)</td>
<td>58.000</td>
<td>5.7124</td>
<td>55.9808</td>
<td>5.8695</td>
<td>0.5577</td>
<td>3.338</td>
<td>0.070</td>
<td></td>
</tr>
<tr>
<td>Motivational Value (SAV)</td>
<td>14.1724</td>
<td>2.9088</td>
<td>14.2308</td>
<td>2.8188</td>
<td>0.2721</td>
<td>0.110</td>
<td>0.915</td>
<td></td>
</tr>
<tr>
<td>Self-efft (SE)</td>
<td>10.6034</td>
<td>2.6553</td>
<td>9.9231</td>
<td>2.4079</td>
<td>0.2434</td>
<td>1.965</td>
<td>0.164</td>
<td></td>
</tr>
<tr>
<td>Reactivity (Fr)</td>
<td>10.5690</td>
<td>2.1693</td>
<td>10.8269</td>
<td>2.1118</td>
<td>0.2037</td>
<td>0.398</td>
<td>0.530</td>
<td></td>
</tr>
<tr>
<td>Sensitivity (S)</td>
<td>8.0000</td>
<td>2.1684</td>
<td>6.9231</td>
<td>1.6550</td>
<td>0.1915</td>
<td>8.424</td>
<td>0.004*</td>
<td></td>
</tr>
<tr>
<td>Self-regard (Sr)</td>
<td>9.3276</td>
<td>2.2036</td>
<td>10.0769</td>
<td>1.4396</td>
<td>0.1822</td>
<td>4.347</td>
<td>0.039*</td>
<td></td>
</tr>
<tr>
<td>Acceptance (Sa)</td>
<td>9.5345</td>
<td>2.1375</td>
<td>8.8269</td>
<td>2.1118</td>
<td>0.2045</td>
<td>3.039</td>
<td>0.084</td>
<td></td>
</tr>
<tr>
<td>Man (Nc)</td>
<td>10.1552</td>
<td>2.0070</td>
<td>9.3462</td>
<td>1.5704</td>
<td>0.1765</td>
<td>5.454</td>
<td>0.021*</td>
<td></td>
</tr>
<tr>
<td>Sy (S)</td>
<td>5.2414</td>
<td>1.7097</td>
<td>4.6923</td>
<td>1.5021</td>
<td>0.1555</td>
<td>3.169</td>
<td>0.078</td>
<td></td>
</tr>
<tr>
<td>Nature of Aggression (A)</td>
<td>11.6379</td>
<td>2.5867</td>
<td>11.7115</td>
<td>2.5231</td>
<td>0.2427</td>
<td>0.023</td>
<td>0.880</td>
<td></td>
</tr>
<tr>
<td>Intimate Contact</td>
<td>11.1724</td>
<td>2.9566</td>
<td>12.0577</td>
<td>2.6377</td>
<td>0.2701</td>
<td>2.720</td>
<td>0.102</td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 0.05 confidence level

Table 4.25 shows that three of the 12 POI scales revealed a significant difference for spontaneity, self-regard and nature of man. Nine (9) POI scales indicated no significant differences between mean scores of the two groups. Hence, the null hypothesis stated was accepted for the nine POI and rejected for the three.

4.3.12 Difference between the 12 POI Scales Mean Scores of Children in Rehabilitation School on the Basis of Time Spent in the Rehabilitation School

H012 There is no significant difference in POI scales mean scores on the basis of time spent in the rehabilitation school
Table 4.26: Mean test scores and f-value (ANOVA) on sampled children in the rehabilitation schools on the basis of time spent in the rehabilitation school

<table>
<thead>
<tr>
<th></th>
<th>Less than 1 yr</th>
<th>1-2</th>
<th>3-5</th>
<th>Over 5</th>
<th>(df=)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Aggression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>btc (Tc)</td>
<td>9.750</td>
<td>2.488</td>
<td>9.724</td>
<td>2.403</td>
<td>10.407</td>
</tr>
<tr>
<td>Final (I)</td>
<td>56.556</td>
<td>5.277</td>
<td>57.172</td>
<td>5.849</td>
<td>57.148</td>
</tr>
<tr>
<td>Reaction Value</td>
<td>14.139</td>
<td>2.664</td>
<td>14.379</td>
<td>2.717</td>
<td>13.778</td>
</tr>
<tr>
<td>E (Ex)</td>
<td>11.028</td>
<td>2.646</td>
<td>10.379</td>
<td>2.258</td>
<td>9.9630</td>
</tr>
<tr>
<td>Anxiety (Fr)</td>
<td>10.389</td>
<td>1.793</td>
<td>11.069</td>
<td>2.250</td>
<td>10.444</td>
</tr>
<tr>
<td>S (S)</td>
<td>8.000</td>
<td>2.216</td>
<td>7.586</td>
<td>1.615</td>
<td>7.074</td>
</tr>
<tr>
<td>Harm (Sa)</td>
<td>9.583</td>
<td>2.047</td>
<td>9.862</td>
<td>1.705</td>
<td>9.444</td>
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<tr>
<td>Harm (Ne)</td>
<td>9.167</td>
<td>2.223</td>
<td>8.620</td>
<td>2.145</td>
<td>9.481</td>
</tr>
<tr>
<td>of Aggression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of Intimate</td>
<td>10.583</td>
<td>2.842</td>
<td>11.827</td>
<td>2.346</td>
<td>12.666</td>
</tr>
</tbody>
</table>

*Significance at 0.05 confidence level

Table 4.26 shows that three of the 12 POI scales revealed a significant difference for Capacity for intimate contact and nature of man. Ten (10) POI scales indicated no significant differences between mean scores of the four groups. Hence, the null hypothesis stated was accepted for ten POI scales and rejected for two POI scales.
CHAPTER FIVE
CONCLUSION

5.1 Introduction

The study set out to explore the personal orientation of children in rehabilitation schools in Kenya. In this chapter, the major findings of the study are discussed and interpreted. A summary, conclusion and recommendations based on the findings are also presented.

5.2 Discussion

The discussion of the findings of the present research were centred around the major research questions investigated, starting with research question one.

Research question one: What are the characteristics of the core personal orientation of children in Kenyan rehabilitation schools?

Table 4.1 presented the respondents’ reaction to this question. The findings indicate that the major scales of time orientation and support orientation are significantly below the nominated POI mean scores for none-self-actualizing groups given in POI manual.

Comparing the children in rehabilitation with non-self-actualized ratio of 1:3, their time orientation was 1:0.8103, which is far below the non-self actualized sample mean score according to the manual. This means that these children are comparatively time competent, which suggests that they are past oriented and do not discriminate well between their past and future.

The support ratio for these children was 1:0.8541 which was far below the non-self actualized range of 1:1.3 meaning that they are other-directed or dependent on others.
A critical look at the major scales achieved by the sampled children in rehabilitation schools may indicate that: the low time competence score reflects these children feelings which are still clinging to feelings of guilt and resentment about past events that may have contributed to their present situation. This may include blaming a significant person who may have given them harsh treatment during their early development. The harsh home environment may have contributed to their relocation to the street or stealing. The low scores on support ratio indicated that these children are other-directed rather than inner directed. This means that they do not have confidence and cannot make decisions affecting them, although this is what is expected at their age. Most of them are still functioning on peer influence and street clicks. In general, these results are in line with Varma's (1993) observation that vulnerable children exhibit such characteristics as: being easily wounded, lacking self-confidence in the extreme, having little or no emotional robustness, or resilience, often there being almost a peculiar quality of fragility, rather a brittleness about them. They are more than usually secretive from themselves and others, either consciously or unconsciously and they live in the past. These children may seek to satisfy their self-actualizing needs but encounter various barrier and threatening situations within their environment. These situations arise mainly out of lack of acceptance. This may create doubt about themselves and their abilities so that they tend to give up and to rely on others to do things for them or let nature take its own course. According to Maslow (1970) people who are non-self actualized are those who are considered to have experienced “identity crisis”. Such persons are not able to sort out their personality in relation to where they have been (past) or are (present), or heading (future). These individuals are said to experience difficulties of making choices in various aspects of life.
The results of this study therefore, indicate that the counseling provided in the rehabilitation schools is not yet directing the children to self-actualize. The situation shows that they can still be easily influenced by others, blame others for their situation and are not focused about their future.

Research question two: What are the characteristics of the core personal orientation of children in Kenyan rehabilitation schools on the basis of school, gender, age, area of origin, person the child lived with before joining the rehabilitation school and time spent in the rehabilitation school?

Tables 4.2, 4.3, 4.4, 4.5, 4.6 and 4.7 indicated the respondents' reaction to this question. Trends observed in examining these tables disclose that the major scales of time orientation and support orientation have no significant difference on the basis of school type, gender, age, area of origin, person the child lived with before joining the rehabilitation school and time spent in the rehabilitation school.

Both the time and support ratio on the basis of these variables were falling far below the non-self-actualized mean score ratio according to POI manual. These groups may therefore be described as being other-directed and living in the past.

These findings concur with those of Hattie (1979), and Wamocho (2003) who reported that there is no significant difference between gender and other individual characteristics and their personal orientation.
The findings of this study therefore mean that the counseling of these children may not have been focused on their personal differences but on general issues. They are thus unable to improve but remain the way they were when admitted in the rehabilitation schools. Lack of difference on the basis of schools may be a pointer that there is need to separate these children according to the nature of their problems. Lumping them together rather may complicate the situation since no focused counseling is provided for a particular group. This concurs with Coleman (1984) who points out that it seems essential to correct the "bizarre lumping" of major felonies, minor misdemeanors, and trivial violations of social norms under the general label of juvenile delinquency.

Some of the children were even unaware of the reason why they are in the rehabilitation school. This means that these children could be in rehabilitation on the wrong reasons. That is, they are not really children who require rehabilitation as delinquents, but rather, require other forms of care.

Research question three: What are the psychological characteristics of the children in rehabilitation schools in Kenya?

Data in table 4.8, presented the findings on the psychological characteristics of children in rehabilitation schools. A critical look at the table reveal that the children scored lower means on all the POI scales of time competence, inner directed, self actualizing values, existentiality, feeling reactivity, spontaneity, self regard, self acceptance, nature of man, synergy, acceptance of aggression and capacity for intimate contact.
This means that children in rehabilitation schools are other-directed, hold on to values so rigidly that they become compulsive, are not able to accept their weaknesses, and instead of seeing man as fundamentally good as does an actualizing person, they have been raised to regard the nature of human beings as fundamentally evil.

A comparison of the mean scores on the basis of school, age, gender, area of origin and time spent in the rehabilitation school showed no differences. All these categories of children scored lower than the non-self actualizing mean score on the POI mean score scales. This means that these children feel oppressed, desperate, isolated and without family support because of their perceived delinquent behavior. Due to this assumption nobody cares to guide the children on the values of changing behavior. The counseling service in the schools also seem not to be achieving its objective as the children still show no change on their perception of the world. To help this situation, guidance and counseling for children in rehabilitation schools should be intensified.

Research question four: What are the challenges facing guidance and counseling department in the rehabilitation schools

Table 4.14 presented the challenges faced by the departments of guidance and counselling in the rehabilitation schools. The top ranked challenges were: lack of resource materials and facilities for guidance and counselling; lack of support from school management; lack of professionally trained counselors; lack of support from other staff members; and misinformation on the nature of child’s problem.
Lack of resource materials and facilities for counselling means that the guidance departments in most of the rehabilitation schools are ill equipped with relevant resources and reference materials that can help improve the guidance and counselling services. It seems the schools have little budgetary allocation for guidance and counselling, and leave it upon the teacher counsellors to be resourceful in getting materials and finding ways of varying the programmes. This has seriously posed a challenge to the teachers and thus has affected the quality of counselling provided.

Lack of adequate skills in guidance and counselling and in-service training opportunities in guidance and counselling has also posed a major challenge. Majority of the teacher counsellors did not have professional training in guidance and counselling. This means that they are inadequate to handle cases such as those of children rehabilitation schools that require professional training in guidance and counselling. This situation is made worse by the fact that they lack opportunities for in-service training in guidance and counselling. Schools, though expecting the teacher counsellor to help in rehabilitating the children, rarely make any effort in ensuring that the teacher/counsellor acquires the right skills.

The other teachers rarely volunteer to assist the guidance and counselling department. They leave it to those in the department committee to provide this very important service.

Majority of the teachers perceive guidance and counselling as an extra load that should not be added to the already packed up duties that they have.
The other serious challenge is that some pupils do not provide the right information about their problem during admission. This means that the teacher counsellor ends up providing the wrong counselling services to such pupils. This self-defeating conspiracy comes from the parents or guardians who seek admission for their children so that they can benefit from free education and upkeep provided by the rehabilitation schools. These findings agree with those of Save the Children –UK (2004), which says that most institutionalised children are from single parent families and decision to institutionalise is made by the mother, partly because of the greater poverty of female-headed households, and partly institutionalisation helps women to remarry. The reasons are mainly paternal poverty or illness or desertion.

Coming from a delinquent background some children refuse to cooperate with the counsellors remaining absolutely adamant about their problems. Attempts by the teacher counsellor to try to make them open up falls on hard rock. Having minimum professional qualification compounds the situation for the counsellors as they find themselves in a situation they are unable to handle. The schools equally find themselves with children who are dumped without a parent or guardian checking on the child. This sets the problem of hopelessness as the child finds himself or herself abandoned in a completely new environment.

5.3 Implication for programme development and policy on discharge

The main aim of this study was to collect baseline data, which may be used by programme developers in designing a comprehensive guidance and counseling programme for children in rehabilitation schools. The findings of the study revealed that these children were well below non-self actualized groups. All their mean scores on the
The POI major scales of time competence and inner directedness and the ten POI sub scales; self-actualizing value, existentiality, feeling reactivity, spontaneity, self regard, self acceptance, nature of man, synergy and acceptance of aggression were all significantly lower than the POI validating nominated non-self actualizing group scores. Based on the 12 POI scales, these findings suggest that students in rehabilitation schools have the following characteristics:

(i) **Time Incompetent**

By scoring lower in time competence, it means that children in rehabilitation schools are time incompetent. They live in the past burdened by guilt, regrets and resentments from the past arising from their life experiences. They find it hard to think ahead and plan for their future and take initiative to improve their situation. They perceive the world and everyone as being against them and blame them for their problems. Therefore to improve their situation the study recommends that a responsive guidance and counselling programme be developed to help correct their excessive orientation to the past and focus on activities that can enable them self actualize.

(ii) **Other Directed**

This means that children in rehabilitation schools suffer excessive dependency and are unable to stand on their own and make decisions and stand by them. Their peers in the street or back at home influenced their behavior and they find it hard to break away from this dependency. To correct this anomaly there is need to come up with counselling programmes that will enable these children acquire self-autonomy and act responsibly and independently.
(iii) Non-self-actualizing

This means that these children reject values of self-actualizing people. Due to their life experiences, they are threatened and live with a lot of fear, they are unsure whether they can perform in anything, are not sure of where they are coming from and heading and are very dependent on their peers. They therefore find it difficult to make individual choices.

To alter this situation, they need help to overcome the attitudes, which presents obstacles to their development. They need to be reassured of their potential and the ability to determine their future.

(iv) Low Existentiality

This means that children in rehabilitation schools hold values so rigidly that they become compulsive or dogmatic. Due their past experiences, these children find values, goals and beliefs of the society meaningless. The society casts them off as delinquents and unable to conform to the norms. This creates the strong belief that it is they versus the rest of the society. They thus become locked up in their own nest and do not attempt to change their status because after all the society has condemned them to be misfits. To correct this perception, counseling needs to help these children to discover the significance of their existence and understand that the society will embrace them as long as they are ready to change.

(v) Feeling reactivity

The children in rehabilitation schools are insensitive to their own needs and feelings. These indicate that they do not respond to their own needs, as they should. Being viewed as delinquents, they encounter many barriers, which hinder them from achieving their
needs. Everyone is suspicious about them. They are unsure of their feelings and reactions and are unable to communicate their feelings to other persons, they tend to hide their feelings. Counseling in this area could focus on helping them communicate their feelings, ideas and needs accurately. They should be counseled to understand that there are people who love them and they can develop a healthy relationship.

(vi) Spontaneity

The children in rehabilitation schools are fearful of expressing feelings behaviorally. Being branded delinquents leads them to believe that whatever they do does not conform to the norms of the society. They are therefore afraid to express themselves, lack courage and withholding what they feel within themselves. To correct this, the children need to be helped to gain confidence and express themselves freely.

(vii) Self regard

The children in the rehabilitation schools have low self regard. Their deviant personalities make them not like themselves and to feel that other people too do not like them. This makes them feel insecure, anxious and depressed. This in turn injures their self-worth. To correct this, counseling services should focus on helping these children achieve a high level of personal adjustment and feeling of ones worthiness and eliminate the negative attitude.
(viii) **Self acceptance**

Children in rehabilitation schools do not accept their weaknesses. They have failed to recognize that as human beings we have our individual weaknesses. To correct this these children need to be helped to accept their weaknesses and identify their strengths.

(ix) **Nature of man constructive**

The children see man as being essentially evil or bad. This means that they have a very negative constructive view of man and do not trust man. This could be due to the neglect they have experienced and were not able to develop that basic trust during early stages of development. They are despised by the society because they are branded misfits. They therefore, grow up regarding the nature of man to be fundamentally evil because they are victimized by society. To correct this there is need to help them trust themselves and consequently trust others.

(x) **Synergy**

Children in rehabilitation schools see opposites of life as antagonistic. Which means that to them work and play are not different, that lust and love, selfish and unselfishness are really not opposites at all. Because of neglect the children feel lonely, inadequate and afraid to try any new experiences since they feel antagonized. Correction should focus on helping them to reconstruct their ability to be synergistic.
(ii) Acceptance of Aggression

Children in rehabilitation schools do not accept their own natural aggression as opposed to defensiveness, denial and repression of aggression. This shows that as a way of defending themselves they often become aggressive. In the street the game of survival is aggression. They believe that the only way they can hit back on the society is to be militant. Correction should focus on helping them understand that their aggressiveness should not focus on getting back on the society but for positive personal development.

(xii) Capacity for intimate contact

The children in rehabilitation schools have difficulty with warm inter-personal relationships. This may arise from neglect at an early stage thus missing the privilege of experiencing parental love. They become frustrated with life, lonely and hopeless. Correction in this area should focus on developing their intimate relationship with others. They should be counseled to love themselves and be shown that they can be loved too.

The above mentioned characteristics clearly indicate that children in Government rehabilitation schools are not adjusting to normal life and cannot be expected to re-integrate well back into the society. Information gathered through focus discussion groups and observation checklist revealed the probable reasons for lack of adjustment by the children. The information includes:

Use of harsh disciplinary measures: This was more evident in the primary rehabilitation schools, mainly by the welfare staff/social workers. There was an impression by the staff that the children are criminals, and should be treated so. They therefore use harsh language on the children. This has been clearly proved by the
Recent highlights by the media on the plight of children under rehabilitation due to harassment by staff, including serious beatings leading to hospitalisation. This finding concurs with those of Save the children-UK (2004) when they assert that the danger is that the sometimes "difficult" behavior can be interpreted as "naughtiness" and must be punished by caning, isolation and insulting, factors which mitigate against healing of psychological wounds.

**Sexual abuse:** In the process of observation, children in a skills training session by an NGO at a girl's rehabilitation school revealed that they are coerced into sexual relations by staff especially during the time when they are in remand. This findings are in agreement with those of Save the child –UK (2004) when they point out that children, and especially young girls who have been raped, are exposed to the risk of further sexual abuse in institutionalized settings by staff members, older children and even visitors... Obviously, children are maximally vulnerable in an institution since they have nowhere else to go, and may be threatened with expulsion if they expose the perpetrator.

**Child labour:** This was very clear at the reception centre where children do a lot of farm work for much of the morning, and no meaningful learning. The children also generally cook for themselves in some of the primary rehabilitation centres. This is quite detrimental to the adjustment of these children especially being a reception centre. This is because some of these children have been rescued from child labour while others ran away from home because parents, guardians and stepparents were mistreating them and overworking them. If they are taken to a similar environment, then expecting them to adjust psychologically is impossible.
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Understaffing: The observation checklist revealed that the institutions are understaffed. This was clearly illustrated by a primary rehabilitation school with about twenty-two children in upper primary, but with only two teachers— the head teacher and another teacher. As Save the children-UK (2004) puts it, this kind of situation makes the staff to be geared towards administration and control of the children. This leaves no time for recognition of and response to personal needs, concerns, resources and questions i.e. the children are not given individual attention at all. The situation also leads to job burnout for the staff and even if they were willing to give attention to the children individually, they cannot manage.

Facilities/ Resources: Some of the primary rehabilitation schools are not well maintained to facilitate effective rehabilitation of children in difficult circumstances. In one of the primary schools, children were learning in an environment that looked liked ruins. In another, children were learning in classes that are not cleaned and are bushy, and have no lights at all even though the institution has electricity. The same institution had the classes without windowpanes, yet the weather is very cold almost on daily basis. The children lamented over the cold, which was evidently affecting them.

Generally, most of the primary schools had old dilapidated buildings, which were constructed during the colonial era and have not been reconstructed to date. This situation is not conducive for rehabilitation since some of the children came from abject poverty which lowered their self esteem and keeping them in such an environment makes them to feel that they are condemned to poverty and lowers their self esteem even further.
Lack of trained personnel in the care of children: The children in rehabilitation centres are largely under staff known as welfare staff. Most of these staff lack counseling knowledge and skills and still hold onto the belief that these children are criminals and treat them so. It is important that they are equipped with the necessary skills on child psychology and development so that they may understand that these children are just victims of circumstances who need care, love and acceptance. This concurs with Coleman (1984) when he observes that too often, however, as in the case of institutional and probation programmes, lack of trained personnel and other resources prevent such programmes from succeeding.

Some of the staff are also not aware of the children’s act, and if they do, they have chosen to ignore it.

Literature suggests that;

'a child with a damaged personal orientation is like a tree which has grown in a terrible land where all sorts of mishaps have compelled her to outgrow branches prematurely, or twist her trunk to seek light out there, and to grow as many leaves as possible to get some air in the stifling atmosphere. She has been forced to wait to bud in that climate where no sun or heat would reach her. She has grown thorns to prevent sap-thirsty animals to suck her to skeleton-body. She has lost the feelings of being with brother and sister trees, and the warmth of sharing sunbeams, raindrops, and the tickling of flying insects. She doesn’t feel her roots anymore, and the terror in her trunk has become but a habit of constriction. All her might she put in reaching sufficient height, that she may not be barely cut off the land as wood to burn in refuse treatment plants. And she forgot that she has a core and that she has had a past.

In the author’s view the situation would have been all the worse, had it not been for the gardener, who seeing her in this desolate spot, has taken her to a nursery. Talking to her, he reassured her that she would live and grow, and bloom when the blast could be over. He paid attention to her uneasy off brunches and began to trim them, trying not to pain her too much. He had to take off all the hard scales that prevented her trunk to breathe and the sap to spring in her slender body. He has to dig for her roots as soon as she was strong enough to bear the nakedness of her depths for a while. He put many good ingredients in the soil, which was here of the best quality, and used the richest nutrients. He had to cut off some badly mangled branches that prevented her to grow. He eased the knots in her so that the sap could freely flow again. He provided abundant light and careful orientation that she might profit from warmth and know the way of the world around her. Slowly she learned that the world was safe here and that she may open up and let buds out without fear of seeing them scathed away by an unseen blind rage. She learned that trees could be happy, talk to each other, and have high and green tops, and she even began to consider letting her flowers come from her and adorn her frail new foliage. She began to straighten up her trunk and her branches and twigs, which were of no reachers of light. She shed off the former twisted branches and twigs which were of no use and became humbler and taller. The gardener let her grow by herself now, visiting her solely from time to time for the beauty and pleasure of talking with her.

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Policy on discharge from rehabilitation schools after three years: The new policy in the children's department that requires every child to leave the rehabilitation centre after three years is surely going to stagnate the little adjustment that had so far been acquired.

Focus discussion groups revealed that the children had panicked and were wondering where they would go when their time comes, especially those who came from the streets and homes which were hostile. They revealed that some had already ran away claiming that they would rather go and start preparing their lives on the streets that wait to be released to nowhere.

5.4 Implication for Children in Rehabilitation Schools

The implications of these findings indicate that a comprehensive guidance programme for children in rehabilitation schools should be put in place. Such a programme should focus on orientations of these children towards their realization and potentialities to self-actualization. The programme should therefore focus on the 12 areas identified by POI scale.

It is important for the rehabilitation schools which are centres meant for rehabilitation of children to normal life to develop comprehensive guidance and counseling services to help each child achieve self-actualization and an optimum development. The guidance and counseling programme should focus on the factors and conditions that have prevented children in rehabilitation schools from transforming into responsible citizens even after staying in the schools for many years. It should also seek to help the children
to develop holistically and to discover their real selves and make the best out of it. It should further address these children’s individual psychological needs and problems adequately. The current programme in the schools tends to focus more on group rather than the individual child.

To help implement such a programme, there is necessity to provide adequate facilities, resource materials and professional counselors. The professional team should include:

- Counseling psychologists
- Rehabilitation counselor
- Physio/occupational therapist
- Teacher counselor

Facilities and Resource materials should include the following:

- Office block
- Reception area
- Waiting rooms
- A special room for counselor’s office with private exit
- A conference room
- A multi-purpose guidance room
- Storage closet
- Reading rooms
- Desks/Tables
- Chairs and sofa sets
- Filling cabinets
- Bookcases
The practice of guidance and counseling usually encompasses several services. The following services have been identified as being able to implement the findings:

❖ Personal Orientation Inventory: Having POI of individual child to help the counselor assist each child achieve self-actualization.

❖ Reporting Questionnaire for children (RQC), Impact of Event Scale (IES) and Children's Depression Inventory (CDI): This will greatly assist the counselors to identify traumatized children and attend to them accordingly (Betty Phefferbaum as quoted by Bovard and Ndethiu 2002).

❖ Individual and Group Counseling: Individual counseling will help counselors to apply individual treatment plans. This should be emphasized a great deal due to varied categories of children in Kenyan rehabilitation schools. Only after identifying individual needs of the children should group counseling be used.

❖ Out door adventure therapy and Residential care. Outdoor adventure is aimed at providing both psychosocial support and life skills training. It
promotes teamwork, trust and self worth by teaching conflict management, coping skills and problem solving skills using outdoor activities.

- Information service: Focus on procurement and disbursement of valid and usable data about all personal-social opportunities in the environment meant to help the children improve their decision making efforts.

- Evaluation: Evaluation of guidance programme is desirable as it gives a careful examination of the purpose of the programme and a check up on how effective the programme is so that new plans can be adopted.

5.5 Implication of Findings to Policy Makers

1. There is need to provide adequate financial support in terms of facilities, staff and resource materials for counseling.

2. Develop comprehensive criteria for identifying professional counselors who will implement an effective guidance and counselling programme for children in rehabilitation schools. Such professionals should have knowledge of different problems of children who get admitted to rehabilitation schools.

3. Rehabilitation schools should provide to children environment for self-discovery, self-acceptance and an opportunity to self-actualize. It is therefore ideal for these processes to be addressed accordingly in trying to help children in rehabilitation schools rectify their behavior. Based on this, it would be ideal to start a programme of guidance and counseling for different categories of children in terms of their problems and time of admission.

4. The new policy on discharge of children after three years should be reconsidered and better options sought, as it will water down all the effort and resources spent...
on rehabilitating these children. The department should instead borrow from Namibia and Uganda who have embraced the community approach by involving community members in the rehabilitation of their children. (UNICEF, 2001, Namibia, 2000).

Save the children-UK (2004) confirms this when they assert that community-based foster homes may be a solution for children requiring long-term care, whom no relatives can be found, or who have been rejected by them.... although not without problems, some of the results have been encouraging in terms of integration of children into the local community.

They further add that whether or not homes for children are privately or government run, information to the public through notices, radio, meetings etc about the role of an institution/child care centre is vital. This helps because it enables social welfare departments to monitor their activities, to ensure they are keeping with the national policies and laws regarding children.

There is also the need for the government to create a new institution to house care leavers, educational grants and work schemes, funded by the government. This will help combat the problem of care leavers having to face difficulties both in finding work and in re-integrating into the family and society.

Most children were placed into rehabilitation schools because the parents could not afford their education. With the advent of free primary education, such children should be given back to their parents in order to create room for the
children who are in very difficult circumstances and those whose parents lack
where to house them.

6. The family is one of the organs that generate problems for children and lead them
into rehabilitation centres. Along with educating the public on the role of
rehabilitation institutions, the government should give services such as radio and
television broadcasts among others on good parenting and its benefits as far as
proper child development is concerned. This is because most parents are ignorant
of child upbringing and the developmental stages, and tend to repeat the same
mistakes that their parents committed.

Coleman (1984) supports this when he asserts that the great need is for long-range
programmes aimed at the prevention of delinquency by educating parents,
alleviating slum conditions, providing adequate educational and recreational
opportunities for disadvantaged youth, and delineating a more meaningful societal
role for adolescents-tasks for the whole society.

The programme of guidance and counseling in rehabilitation schools should be
subjected to a comprehensive continuous evaluation with the help experts in this
area.

General recommendations and Conclusions

Based on the findings of this study there is need for a comprehensive programme of
guidance and counseling tailored to effectively rehabilitate the personal orientation of
dr en in rehabilitation schools in order to help them re-integrate into the society and
them live realistically and to become self-actualized. The study recommends that:

✓ The programme be implemented to see if there will be any change in these
children
The guidance programme should be evaluated using POI after implementing to test its applicability and adaptation to be made where necessary.

Children in rehabilitation schools should be separated on the basis of their problems. Those who need special protection like rape, child labour e.t.c should be in separate schools, while street children and other delinquents should be in their own. This will enhance proper counseling/rehabilitation. This is on the basis that behavior is learned, and therefore, children without delinquent behavior can easily pick such unacceptable behavior from others.

The psychological tests should be administered on admission and regular administration as a follow-up to ascertain whether the children are improving.

### Suggestion for Further Research

- Determine the procedure of hiring counselors to rehabilitation schools and admitting children to such schools.
- Determine the impact of rehabilitation schools on the behavior of the children admitted in the schools.
- Assess the personal orientation of children in Kenyan rehabilitation schools using the Northridge Developmental Scale by J.C Gowan (2005), in order to compare the results since the instrument is an improvement of the POI.
REFERENCES


Save the Children, UK (2005) *Responding to the HIV/AIDS challenge in Africa* at b.hunka@scfuk.org.uk

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APPENDIX I
PERSONAL ORIENTATION INVENTORY

INTRODUCTION

My name is Susan Ambira from Kenyatta University. I am conducting a research in the area of counselling in rehabilitation schools. I will be very grateful if you could spare your time to provide information relating to the questions that follow. Your response will be treated confidentially and used for this research only. Your co-operation is highly appreciated. Thanks in advance.

DIRECTIONS

The inventory consists of numbered statements. Read each statement and indicate by ticking or filing in the answers for section A, and marking which of the two-paired statements most consistently applies to you for section B. You are to mark your answers on the answer sheet you have. Look at the examples shown below. If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR OWN opinion of yourself and do not leave any blank space if you can avoid it.

Examples.

1. a. I like taking milk 
   b. I don’t like taking milk.

2. a. Football is my game
   b. Football is not my game

Section A: Contextual and Personal Data

(Tick where appropriate)

1. Name of the institution

98
1. Your Sex  Male ( )  Female ( )

2. Your age  10-13 ( )  13 – 17 ( )

3. Area of origin  Rural ( )  Urban ( )

4. Are your parents alive?

<table>
<thead>
<tr>
<th></th>
<th>Alive</th>
<th>Dead</th>
<th>Don’t know</th>
</tr>
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<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
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</table>

6. With whom did you live before being brought to the rehabilitation school?

- Mother
- Father
- Both parents
- Grand parent(s)
- Relative
- Guardian
- Alone
- Others (specify)

7. Did you live in a single parent home?  Yes ( )  No ( )

8. If yes, please indicate the nature of your single parent family (tick one)

- Through divorce
- Through separation
- Through broken relationship
- Through bereavement
- Through choice
- Others (specify)

9. How many are you in the family

- One
- Two
- Three
- Four
- Five
- Above five
- Don’t know
10. Please indicate the level of education of your parents

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<tr>
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<th>Mother</th>
<th>Guardian</th>
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<tr>
<td>Primary level</td>
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<td>Secondary level</td>
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<tr>
<td>Tertiary level (college or university)</td>
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</table>

11. Are you aware of the reason why you were brought to the rehabilitation centre?

Yes ( ) No ( )

12. If yes, why?

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<th>Reason for admission</th>
<th>Father</th>
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<th>Guardian</th>
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<td>was found on the street</td>
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<tr>
<td>because of stealing</td>
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</table>

Section B: Personal Orientation

1. a. I like being fair to people
    b. I do not worry about being fair to people

2. a. When a friend does me a favor, I feel that I must pay back the favour
    b. When a friend does me a favor, I do not feel that I must pay back the favour

3. a. I feel I must always tell the truth
    b. I do not always tell the truth.

4. a. No matter how hard I try, I find myself often unhappy
    b. If I make effort to live well I may no longer be unhappy

5. a. I feel that I must strive for perfection in every-thing I do
    b. I don’t feel I must strive for perfection in everything I do.

6. a. I often make my decisions without thinking.
    b. I never make my decisions without thinking.

7. a. I am afraid to be myself.
    b. I am not afraid to be myself.

8. a. I feel indebted when a stranger does me a favour.
    b. I do not feel indebted when a stranger does me a favour.

9. a. I feel that I have a right to expect others

20. a. My moral values come from
to do what I want of them.
b. I do not feel that I have a right to expect others to do what I want them.

10. a. I live by values which are in agreement with others.
b. I live by values which are primarily based on my own feelings.

11. a. I am always concerned about how to improve.
b. I am not always serious about how to improve myself.

12. a. I feel guilty when I am selfish.
b. I don’t feel guilty when I am selfish.

13. a. I do not worry about getting angry often.
b. Anger is something I try to avoid.

14. a. I believe I can achieve good success if I believe in myself.
b. I have a lot of natural limitations even though I believe in myself.

15. a. I put others’ interest before my own.
b. I do not put other’s interests before my own.

16. a. I sometimes feel embarrassed when people praise me.
b. I do not feel embarrassed when people praise me.

17. a. I believe it is important to accept others as they are.
b. I believe it is important to understand why others are as they are.

18. a. I often put off until tomorrow what I ought to do today.
b. I don’t put off until tomorrow what I ought to do today.

19. a. I can give without requiring the other person to appreciate what I give.
b. I have a right to expect the other person to appreciate what I give.

20. a. I fear to fail.
b. I don’t fear to fail.

21. a. I do what others expect of me.
b. I feel free not to do what others expect of me.

22. a. I accept my weaknesses.
b. I don’t accept my weaknesses.

23. a. In order to grow emotionally, it is necessary to know why I act as I do.

24. a. Sometimes I get angry when I am not feeling well.
b. I am hardly ever angry.

25. a. It is necessary that others Approve of what I do.
b. It isn’t always necessary that others approve of what I do.

26. a. I am afraid of making mistakes.
b. I am not afraid of making mistakes.

27. a. I trust the decisions I make Without thinking.
b. I do not trust the decisions I Make without thinking.

b. My feelings of self worth do not depend on how much I achieve.

29. a. I live in terms of my wants, likes, dislikes and values.
b. I do not live in terms of my

30. a. My moral values are self-determined.
b. My moral values are self-determined.
30. a. I do what I see others do, whether good or bad.
   b. I do not always do what I see others do.

31. a. It is possible to live life in terms of what I want to do.
   b. It is not possible to live life in terms of what I want to do.

32. a. I can cope with the ups and downs of life.
   b. I cannot cope with the ups and downs of life.

33. a. I believe in saying what I feel in dealing with others.
   b. I do not believe in saying what I feel in dealing with others.

34. a. Children should realize that they do not have the same rights and privileges as adults.
   b. It is not important to make an issue of rights and privileges.

35. a. I can "stick my neck out" in my relations with others.
   b. I avoid "sticking my neck out" in my relations with others.

36. a. I believe in the pursuit of self-interest as opposed to interest in others.
   b. I believe in the pursuit of self-interest as not opposed to interest in others.

37. a. I find that I have rejected many of the good things of life that I was taught.
   b. I have not rejected any of the rules of life I was taught.

38. a. I often feel it necessary to defend my wants, likes, dislikes and values.

39. a. I trust my ability to size up a situation.
   b. I do not trust my ability to size up a situation.

40. a. I believe I have an innate capacity to cope with life.
   b. I do not believe I have an innate capacity to cope with life.

41. a. I must justify my actions in the pursuit of my own interests.
   b. I need not justify my actions in the pursuit of my own interests.

42. a. I am bothered by fears of being inadequate.
   b. I am not bothered by fears of being inadequate.

43. a. I believe that humans are essentially good and can be trusted.
   b. I believe that humans are essentially evil and can't be trusted.

44. a. I live by the rules and standards of society.
   b. I do not always need to live by the rules and standards of society.

45. a. I am bound by my duties and obligations to others.
   b. I am not bound by my duties and obligations to others.

46. a. Reasons are needed to justify my feelings.
   b. Reasons are not needed to justify my feelings.

47. a. There are times when just being silent is the best way I can express my feelings.
   b. I find it difficult to express my feelings by just being silent.

48. a. I strive always to predict what will happen in the future.
   b. I don't feel it necessary always to predict what will happen in future.

59. a. It is important that others
49. a. I like everyone I know.
    b. I do not like everyone I know.

50. a. I do not like being criticized.
    b. I do not mind being criticized.

51. a. I believe that knowledge of what is right makes people act right.
    b. I do not believe that knowledge of what is right necessarily makes people act right.

52. a. I am afraid to be angry at those I love.
    b. I feel free to be angry at those I love.

53. a. My basic responsibility is to be aware of my own needs.
    b. My basic responsibility is to be aware of others’ needs.

54. a. Impressing others is most important for me.
    b. Expressing myself is most important for me.

55. a. To feel right, I need always to please others.
    b. I can feel right without always having to please others.

56. a. I will risk a friendship in order to say or do what I believe is right.
    b. I will not risk a friendship just to say or do what is right.

57. a. I feel bound to keep the promise I make.
    b. I do not necessarily for me to avoid sorrow.

58. a. I must avoid sorrow at all costs.
    b. It is not necessary for me to avoid sorrow.

59. a. I already know all I need to know about my feelings.
    b. As life goes on, I continue to know more and more about my feelings.

60. a. I hesitate to show my weaknesses
    b. I do not feel it necessary to defend my past actions.

61. a. I only feel free to express warm feelings to my friends.
    b. I feel free to express both warm and hostile feelings to my friends.

62. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.

63. a. I welcome criticism as an opportunity for growth.
    b. I do not welcome criticism as an opportunity for growth.

64. a. Appearances are all-important.
    b. Appearances are not all important.

65. a. I hardly ever gossip.
    b. I gossip a little at times.

66. a. I feel free to reveal my weaknesses among friends.
    b. I do not feel free to reveal my weaknesses among my friends.

67. a. I should always assume responsibility for other people’s feelings.
    b. I need not always assume responsibility for other people’s feelings.

68. a. I feel free to be myself and bear the consequences.
    b. I do not feel free to be myself and bear the consequences.

69. a. I already know all I need to know about my feelings.
    b. As life goes on, I continue to know more and more about my feelings.

70. a. I hesitate to show my weaknesses
    b. I do not feel it necessary to defend my past actions.

81. a. Two people will get along best if each concentrates on pleasing the other.
    b. Two people can get along best if each person feels free to express themselves.

82. a. I have feelings of resentment.
among strangers.
b. I do not hesitate to show my weaknesses among strangers.

71. a. I will continue to grow only by setting my sights on high level, socially approved goals.
   b. I will continue to grow best by being myself.

72. a. Humans are naturally both strong and weak at the same time.
    b. Humans naturally oppose each other.

74. a. I don’t mind laughing at a dirty joke.
    b. I hardly ever laugh at dirty joke.

75. a. Happiness is a by-product in human relationships.
    b. Happiness is an end in human relationships.

76. a. I only feel free to show friendly feelings to strangers.
    b. I feel free to show friendly feelings to strangers.

77. a. I try to be sincere but I sometimes fail.
    b. I try to be sincere and I am sincere.

78. a. Self-interest is natural.
    b. Self is unnatural.

79. a. A neutral party can measure a happy relationship by observation.
    b. A neutral party cannot measure a happy relationship by observation.

80. a. For me, work and play are the same.
    b. For me, work and play are opposite.

83. a. I like only masculine men and feminine women
    b. I like men and women who show masculinity as well as femininity

84. a. I actively attempt to avoid embarrassment whenever I can
    b. I do not actively attempt to Avoid embarrassment.

85. a. I blame my parents for a lot of my troubles
    b. I do not blame my parents for my troubles.

86. a. I feel that a person should be silly only at the right time and place
    b. I can be silly when I feel like

87. a. People should always repent their wrong doings
    b. People need not always Repent their wrong-doings

88. a. I worry about the future
    b. I don’t worry about the future

89. a. Kindness and ruthlessness must be opposites
    b. Kindness and ruthlessness need not be opposites

102. a. Living for the future is as important as living for the moment
    b. Only living for the moment is important

103. a. It is better to be yourself
    b. It is better to be popular

104. a. Wishing and imagining can be bad
when they sometimes result in undesirable consequences.
b. I am unable to express my feelings if they are likely to result in undesirable consequences.

94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.
b. I do not feel ashamed of my emotions.

95. a. I have had mysterious and ecstatic experiences.
b. I have never had mysterious or ecstatic experiences.

96. a. I am naturally religious.
b. I am not naturally religious.

97. a. I am completely free of guilty.
b. I am not free of guilt.

98. a. I have a problem in combining sex and love.
b. I have no problem in combining sex and love.

99. a. I enjoy detachment and privacy.
b. I do not enjoy detachment and privacy.

100. a. I feel dedicated to my work.
b. I do not feel dedicated to my work.

101. a. I can express affection regardless of whether it is returned.
b. I cannot express affection unless I am sure it will be returned.

102. a. Living for the future gives my life its primary meaning.
b. Only when living for the future ties into living for the present, does my life have meaning.

103. a. I follow diligently the motto, “Don’t waste your time.”
b. I do not feel bound by the motto, “Don’t waste your time.”

104. a. What I have been in the past dictates the kind of person I will be.
b. What I have been in the past does not necessarily dictate the kind of person I will be.

b. Wishing and imagining are always good.

105. a. I spent more time preparing to live.
b. I spent more time actually living.

106. a. I am loved because I give love.
b. I am loved because I am lovable.

107. a. When I really love myself, everybody will love me.
b. When I really love myself, there will still be those who won’t love me.

108. a. I can let other people control me.
b. I can let other people control me if I’m sure they will continue to control me.

109. a. As they are, people sometimes annoy me.
b. As they are, people do not annoy me.

110. a. Women should be trusting and yielding.
b. Women should not be trusting and yielding.

111. a. It is good ideal to think about one’s greatest potential.
b. A person who thinks about their greatest potential gets proud.

112. a. Men should be assertive.
113. a. It is important to me how I live in the here and now.
b. It is of little importance to me how I live in the here and now.

114. a. I have had an experience where life seemed just perfect.
b. I have never had an experience where life seemed just perfect.

115. a. Evil is the result of frustration in trying to be good.
b. Evil is an intrinsic part of human nature, which fights good.

116. a. A person can completely change his or her own essential nature.
b. A person can never change his or her own essential nature.

117. a. I am afraid to be tender.
b. I am not afraid to be tender.

118. a. I am assertive and affirming.
b. I am not assertive and affirming.

119. a. I am self-sufficient.
b. I am not self-sufficient.

120. a. I like to withdraw from others for extended periods of time.
b. I do not like to withdraw from others for extended periods of time.

121. a. I always play fair.
b. Sometimes I cheat a little.

122. a. Sometimes I feel so angry I want to destroy or hurt others.
b. I never feel so angry that I want to destroy or hurt others.

123. a. I am able to risk being myself.
b. I am not able to risk being myself.

124. a. I feel the need to be doing something significant all the time.
b. I do not feel the need to be doing something significant all the time.

125. a. I am disturbed by my past memories.
b. I am not disturbed by past memories.

126. a. Men and women must be both yielding and assertive.

127. a. I like to participate actively in intense discussions.
b. I don’t like to participate actively in intense discussions.

128. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.
b. I haven’t had moments of intense happiness when I felt like I was experiencing a kind of bliss.

129. a. People are naturally wicked.
b. People are not naturally wicked.

130. a. For me, the future usually seems hopeful.
b. For me, the future often seems hopeless.

131. a. People are both good and evil.
relationships with others.
b. I feel uncertain and insecure in my relationships with others.

133. a. I like to withdraw temporarily from others.
b. I do not like to withdraw temporarily from others.

134. a. I can accept my mistakes.
b. I cannot accept my mistakes.

135. a. I find some people who are stupid and uninteresting.
b. I never find some people who are stupid and uninteresting.

136. a. I regret my past.
b. I do not regret my past.

137. a. Being myself is helpful to others.
b. Just being myself is not helpful to others.

138. a. I can like people without having to approve of them.
b. I cannot like people unless I also approve of them.

139. a. People are basically good.
b. People are not basically good.

140. a. Honesty is always the best policy.
b. There are times when honesty is not the best policy.

141. a. I can feel comfortable with less than a perfect performance.
b. I feel uncomfortable with anything less than a perfect performance.

142. a. My past is a stepping stone for the future.
b. My past is a handicap to my future.

143. a. “Killing time” is a problem for me.
b. “Killing time” is not a problem for me.

144. a. For me, past, present and future are interconnected.
b. For me, the present is an island, unrelated to the past and future.

145. a. My hope for the future depends on having friends.
b. My hope for the future does not depend on having friends, but on working hard to improve myself.
APPENDIX II
POI ANSWER SHEET

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<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Sex</th>
<th>Date</th>
<th>Number of years of school completed</th>
<th>Religious preference</th>
<th>Occupation</th>
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PERSONAL ORIENTATION INVENTORY

By
EVERETT L. SHOSTROM

EdITS/Educational and Industrial Testing Service
P.O. Box 7234 • San Diego, CA 92167

SCORES

0. NA
1. T
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10. Sa
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HAND SCORING STENCIL

DIRECTIONS

Place this stencil over the completed POI Answer Sheet. Count one point for each mark appearing through one of the punched holes. The total score is the sum of these points.
**PERSONAL ORIENTATION INVENTORY**

By

EVERETT L. SHOSTROM

EdITS/Educational and Industrial Testing Service
P.O. Box 7234 • San Diego, CA 92167

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## HAND SCORING STENCIL SCALE 2 Symbol Tc

### DIRECTIONS

Place this stencil over the completed POI Answer Sheet. Count one point for each mark appearing through one of the punched holes. The total score is the sum of these points.

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**RSONAL ORIENTATION INVENTORY**

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**Directions**

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# Personal Orientation Inventory (POI)

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**Directions**

Place this stencil over the completed POI Answer Sheet. Count one point for each mark appearing through one of the punched holes. The total score is the sum of these points.
# Personal Orientation Inventory (POI)

**By**

EVERETT L. SHOSTROM

**EdITS**/Educational and Industrial Testing Service

P.O. Box 7234 • San Diego, CA 92167

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**Directions**

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# PERSONAL ORIENTATION INVENTORY

**By EVERETT L. SHOSTROM**

EdITS/Educational and Industrial Testing Service  
P.O. Box 7234 • San Diego, CA 92167

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## DIRECTIONS

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POI
PERSONAL ORIENTATION INVENTORY
By
EVERETT L. SHOSTROM

EdITS/Educational and Industrial Testing Service
P.O. Box 7234 • San Diego, CA 92167

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HAND SCORING STENCIL

Scale
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DIRECTIONS
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POI
PERSONAL ORIENTATION INVENTORY
By
EVERETT L. SHOSTROM

Scale 8
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HANDB SCORING STENCIL

DIRECTIONS
Place this stencil over the completed POI Answer Sheet. Count one point for each mark appearing through one of the punched holes. The total score is the sum of these points.
### PERSONAL ORIENTATION INVENTORY

**Hand Scoring Stencil**

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**Directions**

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**1963 Edition**

**Educational and Industrial Testing Service**

**By**

**Everett L. Shostrom**

P.O. Box 7234
San Diego, California 92107

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**Hand Scoring Stencil Scale 9 Symbol Sr**

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**Personal Orientation Inventory**
HANDS SCORING STENCIL

Scale 10
Symbol Sa

DIRECTIONS

Place this stencil over the completed POI Answer Sheet. Count one point for each mark appearing through one of the punched holes. The total score is the sum of these points.
POI
PERSONAL ORIENTATION INVENTORY

By
EVERETT L. SHOSTROM

HANDS SCORING STENCIL SCALE 11 Symbol Nc

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Hand Scoring Stencil

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PERSONAL ORIENTATION INVENTORY

By

EVERTT L. SHOSTROM

EDUCATIONAL AND INDUSTRIAL TESTING SERVICE

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DIRECTIONS

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POI
PERSONAL ORIENTATION INVENTORY
By
EVERETT L. SHOSTROM

EdITS/Educational and Industrial Testing Service
P.O. Box 7234 • San Diego, CA 92167

HAND SCORING STENCIL

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DIRECTIONS
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PERSONAL ORIENTATION INVENTORY

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DIRECTIONS

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APPENDIX IV

OBSERVATION CHECKLIST

SECTION A: STAFFING

1. The number of staff in the rehabilitation school
   Males
   Females

2. Number of counselors among them; Male Female

3. General presentation of the staff

4. Interpersonal relationships between staff and children

SECTION B: FACILITIES

1. Condition of buildings- old, new, falling etc

2. Level of furnishing

3. Types of buildings- stone, wood. Etc

4. General environment and if conducive for rehabilitation of the children

5. Amount of space occupied by the rehabilitation school and if sufficient for the number of children.

6. The kind of equipment available in the rehabilitation schools.

7. Learning, sleeping and eating facilities

SECTION C: ACTIVITIES / SERVICES

1. Engaging activities

2. Counseling services/ facilities- office, type of counseling and quality etc
APPENDIX V

FOCUS GROUP DISCUSSION QUESTIONS

1. Do you have anything to add that the questionnaire did not address?
2. Given a choice, would you still prefer to be in this school?
3. Do you know what progress your fellow students who have been discharged from here are making out there?
4. In summary, what can you say about yourself as of now compared to before?
APPENDIX VI
TEACHER COUNSELOR QUESTIONNAIRE

PART A: CONTEXTUAL CHARACTERISTICS

1. Name of the Institution

2. Type of the institution
   (01) Boys only ( )
   (02) Girls only ( )
   (03) Mixed boys and girls ( )

3. Gender of the counselor
   (01) Male ( )
   (02) Female ( )

4. Training
   (01) Trained as regular teacher only ( )
   (02) Specialized training in counseling ( )

PART B: TYPE OF COUNSELING SERVICES

5. What type of counseling services do you provide? (Check ✓ the ones you provide)

<table>
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<tr>
<td>Individual counseling</td>
</tr>
<tr>
<td>Guest speakers</td>
</tr>
</tbody>
</table>

6. Which counseling areas do you focus mostly on? (Check ✓ the ones you provide)

<table>
<thead>
<tr>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational counseling</td>
</tr>
<tr>
<td>Vocational counseling</td>
</tr>
<tr>
<td>Behavior change</td>
</tr>
<tr>
<td>Self esteem</td>
</tr>
<tr>
<td>Emotional stability</td>
</tr>
</tbody>
</table>

125
7. Rate the effectiveness of counseling on the area(s) you focus on (rate only the area you focus on)

<table>
<thead>
<tr>
<th></th>
<th>Very effective</th>
<th>Effective</th>
<th>Slightly effective</th>
<th>Not effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational counseling</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vocational counseling</td>
<td></td>
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<tr>
<td>Behavior change</td>
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<tr>
<td>Self esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional stability</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

8. Do you receive regular in-service training in guidance and counseling?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Very regular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irregular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None at all</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

9. What problems do you face in carrying out your responsibilities as teacher counselor?

(a) Institutional related

(i)........................................................................................................

........................................................................................................

........................................................................................................

........................................................................................................

(b) Child related (children in the school)

(i)........................................................................................................

........................................................................................................

........................................................................................................
10. What recommendation in your view would help improve guidance and counseling as away of helping children in rehabilitation schools?

(a) Institutional related
(i) .................................................................
(ii) .................................................................
(iii) .................................................................

(b) Child related (children in the school)
(i) .................................................................
(ii) .................................................................
(iii) .................................................................
APPENDIX VII

RESEARCH AUTHORIZATION LETTER

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

Telegrams: EDUCATION", Nairobi

Fax No.
Telephone: 318581
When replying please quote

MOEST 13/001/35C 261/2

Susan Ambira
Kenyatta University
P.O. BOX 43844
NAIROBI

Dear Madam

RE: RESEARCH AUTHORIZATION

Following your application for authority to conduct research on “Counseling needs of children in some selected Rehabilitation Schools in Kenya: A study in personal orientation”. I am pleased to inform you that you have been authorized to conduct research in Rehabilitation Schools in Kiambu and Nairobi Districts for a period ending 31st December, 2006.

You are advised to report to the Directors of the Rehabilitation Schools you will visit before embarking on your research project.

Upon completion of your research project, you are expected to submit two copies of your research findings to this Office.

Yours, faithfully

B. O. ADEWA
FOR: PERMANENT SECRETARY