



**Progress Report of a Street-Child  
from Children's Primary Unit to Children's School House**

**Prepared by: Anum Rehman  
June 2019**

## Story Line

Kamran, a 14-year-old Bengali boy, belongs to the lower socioeconomic stratum in Karachi. He grew up with his immediate family, and is the third-born among his siblings. This humble Bengali boy was affectionately close to his mother, until she died of cancer. This tragic incident occurred when Kamran was only eight. It left him emotionally unstable; moreover, his life derailed towards some of the worst consequences of trauma.

Soon after, his father remarried and the situation only helped to worsen. His stepmother noticed that household items were disappearing from home as each day passed by. On further observation, she found that it was Kamran who had been stealing – though the reason to this deviant behaviour was unclear. She brought this into his father's notice, who punished him by sending him to jail. This reaction from his father is what instigated Kamran to take drugs and consequently become addicted to them.

Kamran started smoking charas when he was ten. For in the hope of escaping the disturbing environment at home, he found refuge in the streets and spent days on end with wanderers he wasn't aware of. Smoking charas made him curious enough to experiment with other similar substances. Four years down the lane, he found himself addicted to ice.

Having left home without a plan to come back, he found the streets as his shelter. All his earnings – both from legal and illegal sources i.e. from working at a fishery and pick pocketing – served his purpose of drawing satisfaction from the intake of drugs.

However, today, Kamran's life is categorically different. The feedback that the counselors and psychologists at AAS centres provide us tell a story of transformation that is worth admiring. The Trust's field staff provided him with medical treatment and therapeutic counselling in step-by-step process that lead towards recovery.

### **Stage I - Children's Primary Unit (CPU)**

Kamran enrolled at the CPU on November 18, 2018 for a 3 months' treatment program. Initially, he faced immense difficulties while adjusting to the environment. He used to have severe mood swings and found it very hard to interact with others. In order to tackle this, the team made use of the PACE model to assist him; PACE is an abbreviated form of Playfulness, Acceptance, Curiosity & Empathy.

This approach, which focuses on personal qualities, allows the counselors to support the child's development in terms of (a) self-awareness, (b) emotional intelligence and (c) resilience. Through this model, over time, the troubled child gains necessary means to understand and regulate their emotions. Similar was the case with Kamran. For gradually he began to trust those who occupied his vicinity. He began to welcome such a supportive space where he could hone and develop his thinking abilities.

By the end of the third month, Kamran was cognizably doing better. He had also started working on managing his anger and impulsivity. The team of counselors, at this time, rejoiced for Kamran was showing such positive signs in a considerably short span of time.

## **Stage II – Children’s Halfway House (CHH)**

After successfully completing the first stage, Kamran was skeptical about initiating the next one. So much so that he wanted to quit the rehab program altogether. However, the field staff did not cease to convince him until he finally agreed to get admission at the CHH on February 20<sup>th</sup>, 2019.

Again, the initial period proved to be very difficult, for Kamran would fight with his peers and sometimes, even with the staff. Time and again, he would urge to run away from the House.

The counseling team had initially planned to focus on its basic program of skill development, elementary education and counselling. However, according to the situation that had arose, a complementary program had to be effected i.e. of relapse prevention. A crucial part of this program was the weekly sessions with counselors that sought to provide him emotional support. During these intervals of meeting, Kamran would learn about his strengths and development areas and would explore on ways to improve. This initiative helped in Kamran’s recovery in such a way that he learnt to manage his cravings and held back from those elements that could potentially have led to relapse.

### **The current situation & the future roadmap**

Contrary to how he would feel at the CPU, Kamran increasingly showed an interest of meeting with his family while staying at the CHH. Therefore, with the help of AAS’s field staff, the family of Kamran was located. After four years of separation, he reunited with his family and managed to interact normally with his community. No doubt, his parents were very delighted to welcome their son back.

Kamran’ story reflects the success of AAS in many ways, for he was a runaway to begin with. It is true that Kamran still needs to work on anger management; nevertheless, the fact remains that his personality has been transformed by way of the rehab program. Lately, he has also expressed willingness to begin the 3<sup>rd</sup> stage of recovery and get admission at the Children’s School House. He has also expressed his desire to become a counselor one day, so that he could also help those who go through difficult times.

### **Behavioral Therapy applied in this case**

- Anger management
- Ventilation of suppressed emotions
- Self-esteem
- Relationship skills
- Craving management

**END OF DOCUMENT**