Community Counsellor Training Toolkit

Module 2

Basic Counselling Skills

Participant Manual

LifeLine/ChildLine Namibia

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Developed by Lisa Fiol Powers, Family Health International (FHI), Namibia, in collaboration with staff from LifeLine/ChildLine, Namibia

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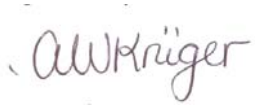
Foreword

In 1988, I started working as a young community liaison officer for a Namibian non-profit organisation. This experience opened my eyes to the tremendous gaps between the values, norms and cultural influences of the country's different ethnic and racial groups and between those living in urban and rural settings. These differences in experience and perspective added to the tension amongst people, leading to a lack of trust and an inability to work together.

Fortunately, Namibians have experienced tremendous social growth since then, as these manuals for training community counsellors demonstrate. They include such sensitive subjects as stigma, coercion and cultural practices detrimental to health. These pioneering learning tools reflect the significant progress made as a result of the great partnerships developed throughout Namibia over the last 18 years. It is heart-warming to witness the openness and trust people from different cultures have achieved by offering counselling to a neighbour, a friend, a stranger.

I am proud to be associated with these manuals. I am proud of every trainer of LifeLine/ChildLine Namibia and every Namibian trainee who contributed. Thanks go to the many partners in faith-based organisations, non-governmental organisations, and the Ministry of Health and Social Services, especially NACOP—Special Programmes Division, which made such important contributions. Ms. Lisa Fiol Powers, a consultant seconded by Family Health International to upgrade and develop these manuals, deserves special thanks. In addition to these dedicated partners, we also want to thank the U.S. President's Emergency Plan for AIDS Relief, which provided funding. We will forever be grateful to you all.



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Acknowledgements

Over the last eight months I have lived, breathed and dreamt about community counselling, training and curricula. Developing the Community Counselling Training Toolkit has been an incredible experience for me. It enabled me to share my passion and concern to provide psychosocial support and counselling to meet the needs of so many around the world, particularly those affected by and infected with HIV. For me, it has been an honour to live and work in Namibia and to share in the lives of so many who are tirelessly working to fight HIV and its effects.

As is true with all curricula development, the entire team creates the finished product. The team I have worked with at Family Health International (FHI) and LifeLine/ChildLine has been especially generous, delightful and supportive.

Let me start by thanking the training team at LifeLine/ChildLine. The training team includes staff trainers Nortin, Frieda, Maggy, Angela and Cornelia, and volunteer trainers Dube, Christine, Hilarie, Emmy, Emelle and Jonas who have been absolutely fabulous to work with. When I rushed to complete drafts of Facilitator Manuals just days before a training workshop, the trainers never lost patience, even though it meant they had limited time to prepare for their sessions. Their enthusiasm and willingness to try new material has never ceased to amaze me. They have welcomed new ideas and significant changes to both the training materials and the methodology. The encouragement and feedback I have received from the trainers has been invaluable! You have been a delightful group of people to work with on this project.

I would also like to thank Amanda Kruger, Hafeni Katamba and Simon Kakuva at LifeLine/ChildLine for recognising the need to make substantial changes in the Community Counsellor Training Toolkit and for their support throughout the process of curricula development, encompassing piloting and testing new material as well as training trainers in process facilitation.

None of this would have been possible without the incredible support from the entire staff at Family Heath International/Namibia. You are all a truly talented, dedicated and fun group of people. I would specifically like to thank Rose de Buysscher for making this whole project possible, not only through the allocation of funds, but also for her support in turning what began as a “harmonisation” into a more extensive project involving significant changes to existing curricula and the design and development of new material. The technical contributions and support for person-centred counselling offered by Dr. Fred van der Veen enabled me to challenge some of the rigid tenets of HIV counselling, and encourage counsellors to focus on their client’s emotional needs rather than adhering to fixed protocols.

Finally, I would like to express my deepest gratitude to Patsy Church for her inspiration and generosity in providing so many resources, for engaging in so many stimulating conversations, for being a cheerleader at times, and for always believing that these materials could make a difference. Patsy tirelessly read through drafts and offered valuable feedback and encouragement. Patsy has not only become a role model, she has become a dear friend.

My hope is that, with this Training Toolkit, community counsellors in Namibia will be better equipped to support their clients emotionally, offering them hope as they wrestle with so many difficult issues such as stigma, loss, coping with their HIV status, death and treatment, as well as financial and emotional uncertainty.

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Basic Counselling Skills Module: Participant Manual
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REVIEW ASSIGNMENT FROM PERSONAL GROWTH

Write your responses in a journal. We will be asking you about each activity when you return for Basic Counselling. Make a note in your journal for each one; write about what it was like to do the exercise.

1. **Count Your Blessings**: One way to do this is to write down 3 - 5 things in your journal for which you are thankful. These can include ordinary things that happen (such as a wonderful rain shower) to the big things (like a child's first step or getting a good job). Do this once a week. Keep it fresh by being thankful for a variety of things.

2. **Practise Acts of Kindness**: These should be both random (unplanned), such as letting a busy mom go ahead of you at the grocery store, or planned like visiting a neighbour who is sick.

3. **Enjoy Life's Little Joys**: Pay close attention to the small and momentary (short) pleasures, like the crunch of an apple when you bite into it, the warmth of sunlight on your back, or the cool crisp air on a winter night. Take "mental photographs" on these moments so that you can remember them in less happy times. You can write about these pleasures or draw pictures of them in your journal so you can remember them.

4. **Thank a Mentor**: Is there someone who has been there for you at a turning point in your life, such as a difficult time in your life or when you had to make an important decision? It could be a family member, an old friend, a teacher or principal who believed in you, etc. Do not wait to express your thanks in detail, and if possible, speak to them directly. If you cannot speak to them directly, write them a letter of thanks. Write in your journal what it was like to thank them.

5. **Learn to Forgive**: Work actively at letting go of anger and resentment by writing a letter of forgiveness to a person who has hurt or wronged you. Not being able to forgive results in holding onto negative emotions which keep "eating away" at your happiness.

6. **Invest Time and Energy in Friends and Family**: Work on spending time and developing strong personal relationships. If you have experienced some conflict or misunderstanding in the past, try to repair it.

7. **Take Care of Your Body**: Getting plenty of sleep, exercising, stretching, smiling and laughing can all improve our mood in the short term. Practised regularly, they can help make your daily life more satisfying.

Another part of your homework is to write in your journal every day. You can write about any of the topics we have discussed during this week of Personal Growth.

- If there were any questions or journal suggestions that you have not written about, this is a good opportunity to write about them. Take another look at the journal topics and questions at the beginning of the Personal Growth Manual.

- Write about your thoughts and feelings about becoming a community counsellor. Include your answers to the following questions:

    - Why do you want to become a counsellor?
    - What are you looking forward to?
    - What are you nervous or scared about?
    - How are you feeling about the training?

COUNSELLING INTRODUCTION

Definition of Counselling:
Counselling is a **process**, based on a **relationship** that is built on empathy, acceptance and trust. Within this relationship, the counsellor focuses on the client's feelings, thoughts and actions, and then empowers clients to:

- cope with their lives,
- explore options,
- make their own decisions, and
- take responsibility for those decisions.

Differences between counselling and other relationships:

- Power difference: not an equal relationship.
- Client/patient is vulnerable/in need.
- Focus is on client's needs, **not** counsellor's needs.
- Time difference: you do not have the luxury of time to establish the relationship. This is why elements of trust, understanding and acceptance are so important.
- Confidentiality is essential, and must be discussed with the client.
- Boundaries and limits are placed on the relationship.

Key Point: Developing a counselling relationship is like developing any other kind of relationship, but the counsellor should take the lead. It is the counsellor's responsibility to set up the safe and trusting environment for the relationship to grow.

Aims of Counselling:

- Empower the person/client to cope with his/her life.
- Explore options and help the client make his/her own choices and decisions.
- Client takes responsibility for his/her decisions.

Once the counselling relationship has been established and trust has begun to be developed, the counsellor and client can work together towards:

- Immediate steps to empower and enable the client(s).
- Understanding, insight and acceptance.
- Enabling the exploration of options and making choices.
- Discovery of appropriate community resources/referrals.

What is counselling?
(for reference)

- Counselling has to do with feelings.

- Counsellors are people who help others express, understand and accept their own feelings.

- This process helps people to:
  - feel less anxious,
  - make decisions,
  - take actions, and
  - grow and change.

- People solve their own problems. Counselling gives no advice, only helps people to be able to face their problems, examine their options, understand their feelings and choose alternatives that seem best to them.

- The main tools of the counsellor are:
  - empathy
  - active listening
  - reflecting feelings
  - asking good questions
  - affirming and accepting

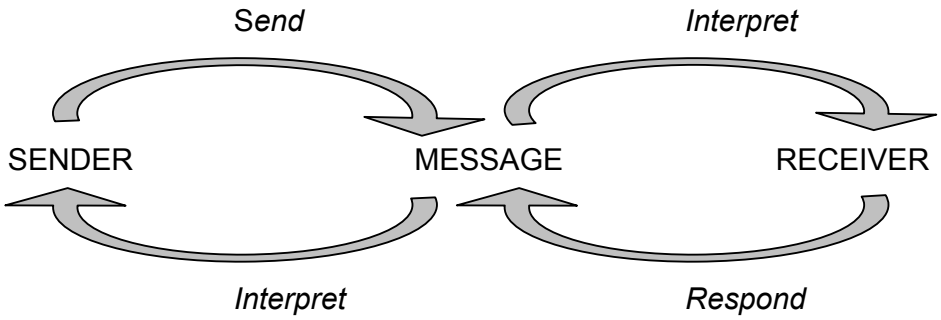
- Counsellors create conditions where clients can become better acquainted with their thoughts and feelings by hearing themselves talk about them.

Adapted from *AIDS/STD Education and Counselling: Training Manual*. AIDSTECH/Family Health International.

BASICS OF INTERPERSONAL COMMUNICATION

Interpersonal Communication

- Person-to-person communication: it goes two ways. It is a dialogue.
- Involves the sharing of information, thoughts and feelings.
- Both verbal and non-verbal.



- What is said and what is heard, or received, are two different things.
- There is much more to interpersonal communication than the message, or what is said.
- Interpretation plays a large role in communication.
- Interpretation is the way a message is understood.

Key Point:
The purpose of interpersonal communication is to understand and be understood.

Key Point: What is said and what is heard are often different. In order to make sure that you are heard and understood, it is often important to check the client's understanding by asking them what he/she understood. It is also important to make sure you regularly check your understanding of what the client has said to you.

There are two other key concepts to understand about interpersonal communication:

- Verbal communication
- Non-verbal communication

What is verbal communication?

- What is said out loud

- Includes the message, but is not limited to that
- Includes volume (how loudly or softly the words are said)
- Tone of voice
- Language
- Sighs

What is non-verbal communication?

- What is communicated that is not oral (or is not heard)
- Uses other senses besides hearing, such as seeing and touching
- There is a great deal more to communication than words that are exchanged back and forth.
- Also called body language
- Includes:
    - Gestures – legs crossed or folded arms
    - Facial expressions
    - Posture – sitting upright or slouching
    - Eye contact
    - Seating or height
    - Proximity – how close or far away you are from the person you are communicating with (closeness or distance)
    - Touch

Noise: anything that interferes with the process of communication. Noise is barriers or things that hinder communication.

Examples of noise in communication:

- Language barriers
- Lack of communication skills, i.e. poor verbal and non-verbal communication
- Distance
- Environment, i.e. interruptions
- Interpretation of message
- Attitude or values
- Cultural differences
- Gender
- Emotional issues
- Religious beliefs

PERSON-CENTRED COUNSELLING

We have highlighted the fact that counselling is a relationship. There are many theoretical approaches to counselling that highlight different aspects of counselling.

- Most of the counselling training you will be receiving here as community counsellors will be based on the person-centred approach to counselling.

- Person-centred counselling focuses primarily on the **relationship** between the client and the counsellor.

Person-centred counselling began as a result of Dr. Carl Rogers' work in the 1930's and 1940's.

- The central part of Carl Rogers' theory is that **the client, or the person, knows best**.

- The client is essentially the **expert** on his or her life, and what he/she is thinking and feeling, etc.

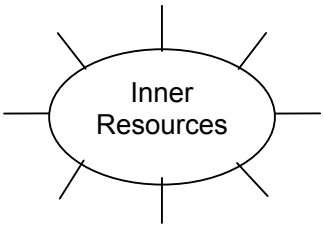
- This style of counselling has also been called "**non-directive" counselling**, to emphasise that the counsellor's role is to enable the client to rely on his/her own inner resources rather than the counsellor guiding the client or offering advice.

- The person-centred approach **highly values the experience of the individual person and the importance of his or her subjective reality (perspective)**. *See the "Perceptions" session in Personal Growth for more information.*

- This approach challenges each person to accept responsibility for his or her own life and to trust in the inner resources which are available to all those who are prepared to set out along the path of self-awareness and self-acceptance.

Inner Resources:

- Skills and abilities
- Mind
- Emotions
- Coping mechanisms
- Willingness to seek help
- Faith in God
- Ability to find solutions



Based on Carl Rogers' theory, there are some basic assumptions to this counselling approach we will be teaching you.

Basic theoretical assumptions:

- People are responsible for and capable of making their own decisions. *Refer to "Decision Making: Locus of Control" session from Personal Growth for more information.*

- People are controlled to a certain extent by their environment, but they are able to direct their lives sometimes more than they realise. People do have options available to them. *See "Circles of Influence and Concern" in "Decision Making: Locus of Control" session from Personal Growth for more information.*

Additional Explanation: There are things that people cannot change in their environment. For instance, they may not be able to change their living situation. However, they often do have more options or choices than they may perceive. In a difficult living situation, for instance, they may be able to rearrange the rooms, suggest a cleaning schedule, or change an attitude. People often feel trapped when in fact they have more options than they realise.

- Behaviours have a purpose and are goal-directed. People are always trying to meet their own needs.

Additional Explanation: Understanding that people are simply trying to meet their needs can sometimes help in treating them with compassion. People do things for a reason and sometimes looking past the behaviour in order to understand the purpose can be helpful.

- People want to feel good about themselves and continuously need positive confirmation of their own self-worth from significant others (important people in their lives, loved ones). *Refer to "Self-Concept" session in Personal Growth Course for further information.*

Additional Explanation: When someone does something well, tell them. Reinforce people for their successes by telling them.

- People are capable of changing; they can learn new behaviours and unlearn existing behaviours.

Additional Explanation: While old habits are hard to break, people are capable of change. So much depends on one's self-motivation and willingness to change.

- People feel trusted and respected when you have enough confidence in them to offer honest and constructive feedback and allow them to make their own choices and direct their own growth.

Implications of these Assumptions on Counselling:

- The focus is the relationship between the counsellor and the client and the process of change.
- The counsellor is not the expert to provide all of the answers and solutions.
- The client is the expert, and the relationship with the counsellor allows the person to trust him/herself through trusting the counsellor.
- The counselling relationship is healing in and of itself. If the relationship is healthy, then the counselling outcome has the best chance of being productive.
- Simply talking to someone about your problems can be healing by itself. It can allow a person to "vent" their feelings, to feel heard and accepted.

In order for the relationship to be healing, it must focus on different things than most relationships.

Person-Centred Counselling focuses on:

Feelings	**NOT**	Facts
People	**NOT**	Problems
People	**NOT**	Principles
Exploring	**NOT**	Advising or analysing
Accepting people	**NOT**	Judging behaviour or thoughts
Listening	**NOT**	Talking
Empathy	**NOT**	Sympathy
Reflecting	**NOT**	Leading, agreeing or moralising
Respect	**NOT**	Patronising or being authoritative
Empowerment or enablement	**NOT**	Dependence
Genuineness	**NOT**	Playing a role (pretending)
Openness	**NOT**	Manipulation
Facing pain and reality	**NOT**	Avoidance or a quick fix

- In some ways this approach is very difficult, because it runs counter to our society that thrives on efficiency, quick answers and the role of the expert. Because of this social influence, the counsellor may feel pressure from the client to act in the role of the expert and to try and "fix" things. The counsellor should stick to the process and the experience of the client.

Phases of a Counselling Session

There are five main stages or phases in the process of a counselling session:

1. Trust Building
2. Establishing the Relationship (Greetings and Introduction)
3. Exploration (Understanding the Problem)
4. Resolution (Decision-Making)
5. Termination

1. Trust Building (Building the Relationship)

- Trust building is the foundation for counselling. It is crucial in the beginning, but is always something to go back to during the course of the session.

- Notice that in the counselling model, it lies at the centre of the diagram and underlies each stage of the counselling process. Remember that counselling is a relationship; building trust is part of developing a relationship. Building trust continues throughout the counselling relationship for as many sessions as a counsellor and client work together.

- We need to create a warm and safe environment for counselling.

- Physical Environment:

    - Room: it should be quiet with doors that close. This should be a room where people do not walk through so there are few, if any, interruptions or disturbances. Small rooms are also better than large rooms.
    - Seating arrangement: chairs should be arranged so they face each other and should not be too far apart. Ideally, the chairs should be the same height.

2. Establishing the Relationship (Greeting and Introduction):

- This is the first thing you do to build trust. You are setting the framework for the counselling relationship.

- Introduction: introduce yourself and give a short explanation of your role and the length of time you have together (i.e. half an hour or 45 minutes).

- Confidentiality: explain that what is discussed in counselling is confidential, which means that it is not talked about with other people, but is private. However, there are two exceptions—two situations where what is said in counselling will not be kept in confidence:

    1. Supervision: in order to improve the care a counsellor give clients, the counsellor will share details of the case with his/her supervisor and supervision group. However, the counsellor will not disclose the client's name and personal information.

    2. Harm: the other situation in which the counsellor will break confidentiality is when the client is a danger to himself or

someone else, i.e. if the client says he or she will kill himself or someone else.

- Ways to begin a counselling session after introduction and explanation of confidentiality:
    - We have about 50 minutes together now. How would you like to use the time?
    - Can you tell me what brought you here today?
    - Where would you like to begin?
    - When you are ready, please feel free to start where you would like.

- If your client seems uncomfortable, you can always start with easier questions to put the client at ease. These questions should be common knowledge questions or questions you would ask someone when you first meet them. Think about things that would fall into the "Free Self" window of Johari's Window. Some examples of these questions:
    - Can you tell me a little bit about your family?
    - Where are you from?
    - How long have you lived in _____?

- There is no magic formula for establishing trust. The experience of being heard and understood is in and of itself a powerful tool for creating trust. If the counsellor can show empathy from the beginning, this also will help to develop a trusting relationship.

- Some clients are so ready for counselling that they almost instantly trust the counsellor and very quickly develop a high level of self-disclosure, but for others this will be a slower process.

- For clients who are more sceptical or suspicious, continuously rely on empathic listening skills and reflecting skills. These are ways to develop a trusting relationship.

- Ventilation (expression) of the client's feelings and problems begins in the "Trust Building" phase and continues into the "Exploration" phase.

3. Exploration (Understanding the Problem)

- This phase focuses on the expression and exploration of the pain or the problem that the client is presenting.

- Notice that in the counselling model, "Exploration" is the longest (or the largest based on the model) stage or phase of the counselling session. This is where you will spend most of your time.

- Ventilation continues in the Exploration phase. Let the client talk about the thoughts, feelings and actions around the problem or problems he/she is experiencing.

- Use empathic listening and reflecting skills during the beginning of the exploration phase.

- Often clients are so stuck in their own emotions, experiences and circular thought patterns that they are unable to find solutions for their problems or even to think straight to sort it out. In this middle stage, you can help the client to organise his/her thoughts and feelings as well as explore some options or choices.

- After the client has "vented" (expressed their thoughts and feelings), you can start to help him/her focus by defining the problem. In order to do this, you will use more probing or action skills. You will start to ask more questions and maybe make some interpreting statements.

- Make sure that when you define the problem you give it clarity, both in terms of the situation as well as the thoughts and feelings associated with the issue.

- There may be multiple problems to address, in which case you should help the client to organise and distinguish between the different problems. Then you may help the client prioritise which issues to address first.

- The counsellor may use some confrontation towards the end of the "Exploration" phase if the trusting relationship has been established.

- The counsellor may also begin to use information sharing and problem-solving techniques at the end of the "Exploration" Phase.

4. Resolution (Decision-Making)

- Towards the end of the counselling session, you move into the resolution phase.

- It is often important that the counselling process generate some kind of focus or plan for problem-solving or future action. Sometimes this plan or focus is simply a change in perspective or choosing to accept the situation.

- Remember to keep the focus on something that is realistic and obtainable.

- It is very important that the decision-making come from the client. The counsellor can help the client explore the options, but it is ultimately the client's decision to make.

- The client might not be ready to make a decision by the end of the counselling session. If that is the case, let the client leave with the resolution to make a decision before he/she returns. Do not force the client to make a decision prior to the end of the session.

Note (Model of Counselling Session): the arrows back and forth on the sides between Exploration and Resolution mean that it does not always move smoothly from exploration to resolution.

- Sometimes a client will be ready to resolve only a small portion of the problem and then they will jump back to exploration of the broader issue.
- If the client is hesitant or resistant to come to a resolution about the problem, it could mean that there are other issues involved that he/she has not talked about. In this case, jump back to the exploration phase. Explore the thoughts and feelings around the problem at length.
- Especially for beginning counsellors, there is a tendency to race through these phases because of our anxiety about helping the client. Slow down, take deep breaths and allow full exploration of the problem before trying to work with the client to resolve it.
- Remember that it may come as a huge relief to the client to just talk openly about his/her problems. Often clients feel as though they have no one to talk to, so just being able to talk freely is healing in and of itself.

5. Termination (Ending the Session)

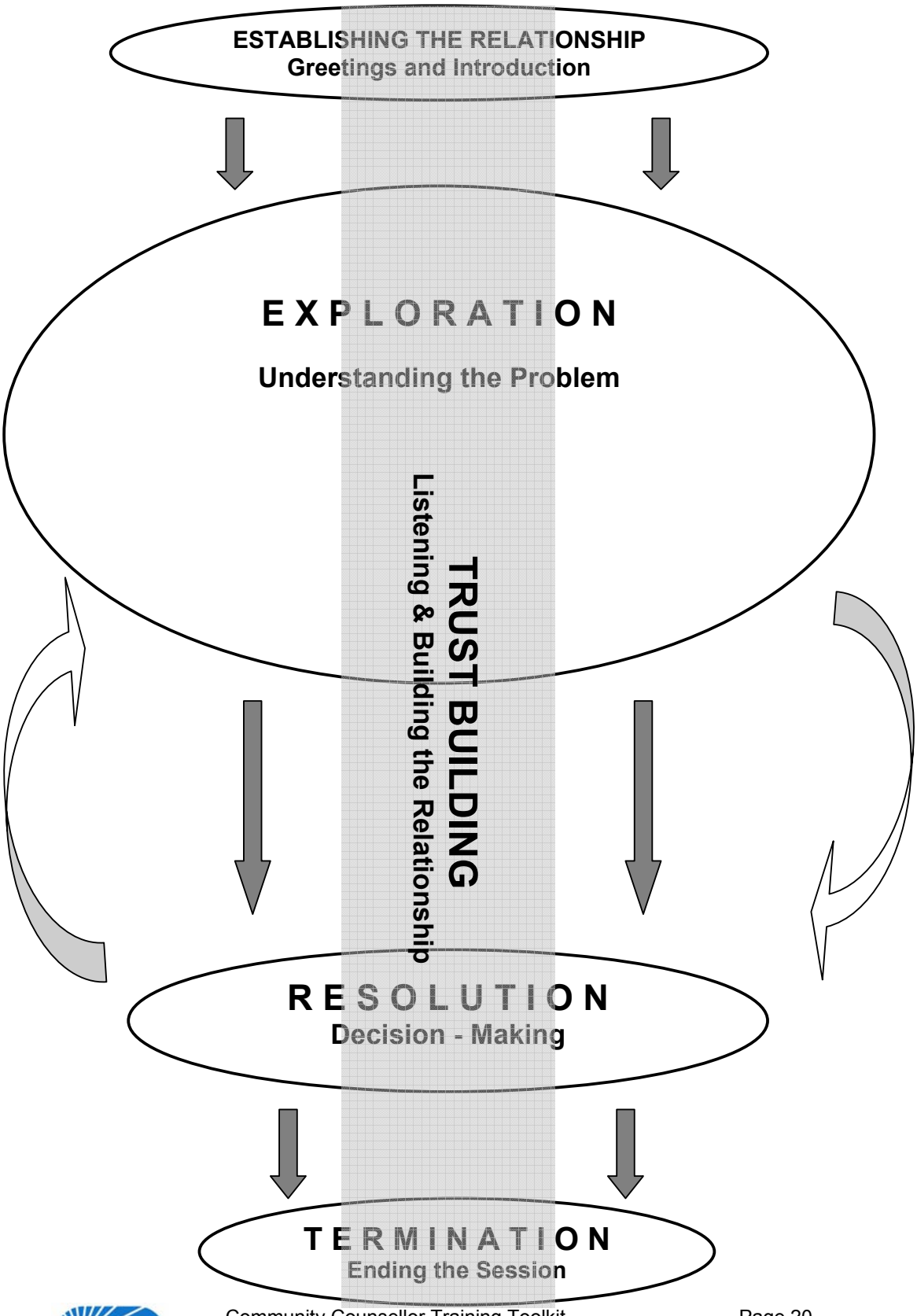
- Summarise what was discussed during the session; include the focus and any decisions or plans that were made.

- Reiterate the focus. This is important in order to make sure the client stays focussed on what he/she has control over and lets go of what he/she cannot change.

- Highlight any referrals that were provided to the client.

- Discuss any future counselling sessions and make necessary appointments.

Model of a Counselling Session



ROLE PLAYS AND FEEDBACK

There are three different roles we will be using in role plays:

1. **Counsellor**: to put into practice new communication and counselling skills. Put him/herself into the role of the counsellor.

    - Remember: the purpose of the role play is to practise new skills, NOT to solve a problem. Avoid giving advice and offering solutions.

    - Remember person-centred counselling: the client knows best. Honour the experience and perspective of the client.

2. **Client**: to behave appropriately as a client.

    - This means that the client in a role play should use a real-life example. This can be a minor problem that may have already been resolved.

    - You can also role play a problem which you have observed troubling someone else or with which you are familiar.

    - If you present a problem that you are not familiar with, it will be much harder for the counsellor to practise his/her skills.

    - Ask yourself the following questions before putting yourself in the role of the client:
        - How would I feel?
        - How would I cope? What sorts of things would I do if I were experiencing this problem?
        - Who else is involved in this problem and how are they involved?
        - What is my general background and how will this affect my problem?

    - When playing the client's role, respond as naturally as you can to the counsellor. Share the things that seem appropriate to what the counsellor says. Do not deliberately try to make it difficult, or easy, for the counsellor.

3. **Observer**: to listen to what is said and how it is said, as well as to watch the non-verbal communication between client and counsellor.

    - Focus is on the counsellor.

    - During the role play, the observer should not say anything.

    - After the role play is over, he/she will provide feedback to the counsellor.

Guidelines for Giving Feedback

Always give feedback soon after the role play. It can be helpful to think of giving feedback like a sandwich. The bread on the top and bottom of the sandwich represents positive feedback and the filling is the constructive criticism or areas for improvement.

Positive Comment: very specific thing/things that the counsellor did well

Constructive Suggestions for Improvement: be very specific

Positive Comment on overall performance

Before providing feedback, ask the counsellor and the client how the role play was for them. **Always** let the counsellor evaluate his/her own performance first before you give feedback. It is part of developing self-evaluation skills for the counsellor in training.

1. First, emphasise the positive aspects of the role play. It is encouraging to know what we have done right.

2. Be very specific and provide examples. For example, "your tone of voice conveyed concern," or "the way you asked the question and your tone of voice were really empathetic."

3. Be gentle and caring when you comment on aspects that could be improved. For example, "When you asked the question if she had told her partner her status, it sounded a bit harsh. A better way to word that question would be to ask if she had shared her status with anyone close to her. Make sure to ask the questions gently with a compassionate facial expression." You can also ask the counsellor for other ideas or ways they could have done something better.

4. Do not ignore things that could be improved just to be kind. We can learn much from kind, constructive and supportive criticism.

5. End with another positive comment about the counsellor's overall performance in the role play. This is like a summary, highlighting at least one aspect of the counsellor's performance that was good. For example, "your non-verbal communication was very good at portraying empathy and acceptance."

> I praise loudly.
> I blame softly.
> *Catherine the Great*

EMPATHY: WHAT IS IT?

What is empathy?

- Putting yourself in someone else's shoes.
- An attempt to penetrate the "aloneness" of the other.
- Respectfully stepping into someone else's life.
- Temporarily living in the other's life; moving around in it delicately without making judgements.
- Entering the private perceptual world of the other person, being sensitive to any changes, stumbling blocks or experiences.
- Empathy translates your (the counsellor's) understanding of the client's experiences, behaviour and feelings into a response through which you share that understanding with the client.
- View an experience from another's perspective (view the other's perception).

Requirements for Empathy: It is hardest to empathise with those who are different from us. In order to empathise with another, you must have the following characteristics:

1. Open-mindedness: you must set aside for the moment your own beliefs, values and attitudes in order to consider those of the other person.
2. Imagination: To picture another's background, thoughts and feelings.
3. Commitment: a desire to understand another.
4. Knowing and accepting yourself: knowing yourself and accepting who you are also helps to develop empathy for others. This is why we spent a week exploring ourselves in Personal Growth.

> "To empathise is to see with the eyes of another, to hear with the ears of another and to feel with the heart of another."
> *An anonymous English tutor*

Distinctions between Empathy and Sympathy

Often we hear the words sympathy and empathy together. What is the difference between sympathy and empathy?

- Sympathy: feeling what another person is going through. For instance, feeling the sadness a family is feeling from the loss of their child.

- Empathy: putting yourself in another's shoes and trying to see the world though their eyes. This does not mean that you feel exactly what they are feeling or that you have been through everything they have been through.

What is important as a counsellor: sympathy or empathy? Why?

- Empathy because you cannot possibly experience everything that people go through. You use your experiences and your attention to the client and what they are going through in order to understand the client's situation.

Empathy is important for a counsellor because being sympathetic is limited to an emotion or a feeling. Empathy allows the counsellor to also understand the thoughts and perspective of the client, not simply the feelings.

LISTENING SKILLS

Key Points about Listening:

- Listening is active.
- There is more to listening then simply not talking, or lending your ears to somebody.
- There are verbal and non-verbal components to listening. You can listen without saying anything.

> There is none so blind as those who will not listen.
> *William Slater*

- Listening involves more than just one sense. It is not just hearing with your ears, but also involves observing with your eyes and saying things at times. It can include touch as well.
- Active listening is also communicating what you have heard and understood.

Active Listening

Non-Verbal Listening in Counselling:

S Sit **S**quarely facing the other person
O **O**pen non-defensive body posture
L **L**ean slightly toward the client
E **E**ye contact
R Be **R**elaxed and comfortable

Verbal Listening in Counselling:

- Minimal Verbal Response (MVR): These are verbal responses showing that you are listening. Verbal responses that include: "mmm…mmm," "uh-huh," or "yes." These minimal responses allow the client to know that you are listening to them, and give them encouragement to continue talking.

Empathetic or active listening involves:

- Participating in the world of the other person and being a part of what that person is experiencing.
- Not just hearing words but listening to how the words are being said, what tone of voice is being used, what words are being used to describe the experience, what body language the person is displaying, what facial expressions show, what gestures indicate, the flow of words and the hesitations.

- Listening to what is not being said, or listening to the silences.

- In counselling, caring or empathetic listening is an experience where your whole being becomes tuned into the world, experience and being of another person.

*A combination of empathy and listening is a basic requirement for all counselling behaviour and in itself is often very therapeutic for the client. There is healing power in being listened to, and in being able to talk and be heard by another.

Empathetic listening is not:

- Defensive: interpreting what is being said into either what you want to hear or what you think you are hearing.

- Selective: not listening to the full message of what is being said, but "hearing" only what you want to hear.

- Distracted: appearing to listen when really your mind is a million kilometres away and you have not actually heard a word that has been said.

- Sympathetic: listening to the story and taking sides.

- Deliberate: listening attentively to all the details (and words) of what is being said but ignoring the emotions being expressed, either verbally or non-verbally, by the other person.

Why should we use active or empathetic listening?

- Empathetic listening encourages the client to elaborate on what has been expressed, and makes it easier for the client to continue talking. This allows you as a counsellor to gain a better understanding of the client's perspective and his/her view of the world.

- It leaves the speaker or client with the understanding and appreciation that he/she has been heard. Remember in person-centred counselling, the relationship is the focus. Just the experience of being heard can be healing.

- Active listening is key to establishing a relationship between client and counsellor.

Have you ever had an experience when you talked with someone about a problem? It could have been a friend or family member who simply listened to you. They did not give you a solution or tell you what to do; they simply listened while you talked about your thoughts and feelings. Afterwards you

felt better, just because you talked about it and felt heard. Often just the experience of talking while another person listens can be healing.
What hinders active or empathetic listening?

- Culture: our cultures are different.
- Language: many times we are not speaking in our native languages and there can be communication difficulties with this.
- Personal values (what we believe to be important): each of us has different values.
- What is happening in your own life: this may change your perspective about what your client is going through.
- Your own emotions or emotional things happening in your life.
- Preparing response: if you are preparing what you will say, you cannot be listening to the client.
- Prejudice or becoming defensive.

Information for Reference

You **are not listening** to me when….

You do not care about me.

You say you understand before you know me well enough.

You have an answer for my problem before I have finished telling you what my problem is.

You cut me off before I have finished speaking.

You finish my sentence for me.

You find me boring and do not tell me.

You feel critical of my vocabulary, grammar or accent.

You are dying to tell me something.

You tell me about your experience making mine seem unimportant.

You are communicating with someone else in the room.

You refuse my thanks by saying you have not really done anything.

You **are listening** to me when…

You come quietly into my private world and let me be me.

You really try to understand me even if I am not making much sense.

You grasp my point of view even when it is against your own sincere convictions.

You allow me the dignity of making my own decisions, although you think they might be wrong.

You do not take my problem from me, but allow me to deal with it in my own way.

You hold back your desire to give me good advice.

You do not offer me religious solace when you sense I am not ready for it.

You give me enough room to discover for myself what is really going on.

You accept my gift of gratitude by telling me how good it makes you feel to know you have been helpful.

REFLECTING SKILLS: REFLECTING FEELINGS

Reflecting Skills:

- Reflecting skills act like a mirror; they reflect back to the client what he/she is communicating.
- They are a way of communicating your understanding of the client's perspective.
- Reflecting skills also communicate empathy.

Importance of Reflecting Skills

- Are valuable in building a relationship with the client by communicating trust, acceptance and understanding.
- Help clients clarify for themselves their problems and feelings.
- Help the counsellor gain information about the client and how he/she views his/her situation.
- Verification: it helps the counsellor check his/her perception of what the client communicates.

We are going to highlight four different reflecting skills. These are skills that can be used at any stage of the counselling session, but are especially important for trust building and exploration.

1. **Reflecting feelings**
2. **Restating/Reframing**
3. **Affirmation**
4. **Summarising**

1. Reflecting Feelings: reflect what the client is feeling; focus on feelings, NOT content.

Example:

Client: "I'm the only one working in my family. My mother, my sister and her two children stay with me and my three kids. My sister just came a month ago and she can't find any work. I can't afford the school fees for my own children so I don't know what to do about schooling for my sister's kids."

Counsellor: "You sound tired and overwhelmed."

Tips for reflecting feelings:

- Listen for and reflect both verbal and non-verbal communication of feelings.
- Read body language and reflect what you see if feelings are not expressed verbally.

Feeling Word Continuums

- It is important to know many words, but it is also important to know different words for the same feeling. The different words will have different meanings and different intensities. Take the example of "anger:"

Exercises for Practising Reflecting Feelings
Instructions: First, name the feelings. Then provide possible responses that would reflect the client's feelings.

1. "I do not know what to do about my daughter. She is 14 and she has not been attending school regularly. I found out from her teacher that she has been absent from classes a lot over the last couple of weeks. She also is not coming home until late in the evenings."

2. "I cannot stand my boss. She is so demanding. Whenever she asks me to do something she is so rude. She just interrupts whatever I am doing and tells me that I need to do it right away. Then when I do it she always finds a way to criticise how it was done."

3. "Things have been difficult with my husband for a while. He works far away in Walvis Bay and is only home a few times a year. When he comes home we argue. Sometimes I wish that he just would not come home."

4. "For years and years I worried about my son. Now he finished grade 12 and just found a job last week."

5. "I just lost my job on Monday. Where am I going to find another job? Why do things never work out for me?"

6. "I have been going through a difficult divorce this year. It has been unfair and especially hard for my kids."

7. "Since I came in for my HIV test last week I have not been able to sleep waiting for my test results."

8. "I have been unemployed for 5 years. I do not know what to do about money. My kids and I have been staying with my sister's family but yesterday her husband said that we have to leave because they do not have money either."

Feeling Words List
Comfortable/Pleasant Feelings

HAPPY/GOOD	INTERESTED	CONTENT	AFFECTIONATE	STRONG
affectionate	absorbed	calm	appealing	adamant
blissful	captivated	comfortable	close	bold
calm	concerned	peaceful	considerate	brave
cheerful	curious	satisfied	loved	certain
comfortable	engrossed	secure	loving	courageous
content	excited		passionate	daring
delighted	fascinated		sensitive	determined
ecstatic	inquiring		sexy	enterprising
enchanted	inquisitive		tender	fearless
energetic	intent		warm	gallant
enthusiastic	intrigued			heroic
excited	keen			reassured
exhilarated	nosy			resolute
exuberant	snoopy			secure
glad	zealous			self-reliant
joyful				undaunted
peaceful				
playful				
pleased				
relaxed				
satisfied				
thankful				
thrilled				
wonderful				

Uncomfortable/Unpleasant Feelings

BAD/SAD	DEPRESSED	HURT	ANGRY	AFRAID	ANXIOUS
bitter	apathetic	aching	aggressive	apprehensive	distracted
dark	ashamed	afflicted	annoyed	careful	fidgety
dejected	cheerless	agonised	bitter	cautious	flustered
depressed	crushed	crushed	combative	cowardly	hesitant
disappointed	dismal	dejected	cross	fearful	ill at ease
discontented	downcast	distressed	disturbed	frightened	intimidated
discouraged	dull	grieved	enraged	hesitant	nervous
disheartened	flat	heartbroken	exasperated	hysterical	shaky
dismayed	gloomy	humiliated	frightened	insecure	tense
downhearted	lousy	in despair	frustrated	panicky	uptight
dreadful	miserable	in pain	fuming	petrified	worried
dreary	powerless	injured	furious	scared	
grumpy	sad	mournful	impatient	terrified	
guilty	terrible	offended	incensed	threatened	
in the dumps	useless	pathetic	indignant	timid	
insecure	worthless	sad	infuriated	trembling	
jealous		suffering	irate		
low		tortured	irritated		
melancholy		victimised	offended		
moody		withdrawn	provoked		
mournful			resentful		
out of sorts			up in arms		
quiet			worked up		
sulky					
sullen					
unhappy					
upset					

Uncomfortable/Unpleasant Feelings
(Continued)

DOUBTFUL	HELPLESS	SURPRISED	TIRED	BETRAYED	CONFUSED
distrustful	empty	alarmed	burdened	cheated	ambivalent
dubious	incapable	appalled	defeated	deceived	bewildered
hesitant	inferior	astounded	empty	offended	divided
indecisive	insecure	awed	exhausted	resentful	fragmented
perplexed	paralyzed	horrified	overwhelmed		frazzled
questioning	pathetic	shocked	weary		
sceptical	useless				
suspicious	vulnerable			**LONELY**	
unbelieving	worthless			abandoned	
uncertain				alone	
undecided				ignored	
wavering				isolated	

REFLECTING SKILLS: RESTATING/REFRAMING, AFFIRMATION & SUMMARISING

1. Restating/Rephrasing: stating what you understand the client to be communicating. Repeat the content and feelings of the message using slightly different words.

Example:

Client: "I'm so angry with my husband. I just want to kill him; he makes me so mad."

Counsellor: "It sounds like your irritation and frustration with your husband has increased and is reaching a climax."

Tips for restating:

- Use your own words to communicate your understanding of what the client is saying.
- Use slightly different words that have the same meaning; do not just repeat what the client said.
- Rephrase both content and feelings.
- Be tentative and respectful, i.e. "I hear you saying…," or "It sounds like…"

Exercises for Practising Restating/Rephrasing

Instructions: First, how would you normally respond? Then, how would you respond by restating or rephrasing? Use your reflecting skills.

1. "I started seeing this guy. We have spent quite a bit of time together and I really like him. We have been really careful and had protected sex. It has been about two months and now my boyfriend does not want to use a condom. He says that if I trust him I should not ask him to use a condom. I am so confused. I do not know what to do."

2. [crying] "Last night my husband came home really late. He was drunk again. We started arguing, but it is no use. I am so angry at him. He will never change."

3. "My mother is getting sick. She is alone in the village up north and only has one of my brother's children staying with her. But, I am not sure that the boy is really taking good care of her. I am so worried because they are far from the hospital and he will not know what to do if she gets sicker."

4. “Lately my last-born girl has been teased a lot at school. They call her names and say that she is ugly. Last night she was crying again. I get so angry at those cruel kids and want so badly to protect her.”

5. “My wife passed away a few weeks ago. She was sick for some time but she refused to be taken to the hospital. I am scared that she might have had AIDS but I do not know.”

6. “Both my good friend and I were looking for work. We talked to the same company. Yesterday I was told that I got the job. I feel so guilty: why did they want me instead of my friend? How am I going to tell Simon?”

7. “My best friend just got tested and found out she is HIV positive. I know that there is a lot that can be done for treatment now, but I still feel so sad and hopeless.”

8. “I am so tired all the time. There never seems to be enough time in the day to do everything. I finish work and have to do the shopping, then go home and care for the kids and make supper. I am so overwhelmed and feel like everyone depends on me.”

2. Affirmation: acknowledges the client; affirms or encourages them in the choices they have made. Affirmation can be for choices, knowledge or behaviour.

- This skill is very similar to how a teacher affirms or verbally rewards a learner, or how a parent might encourage a child by saying “well done” or “you have done a good job” or “you have done your best.”

- This may begin with the counsellor affirming the client for his/her choice to come for counselling.

- <u>But</u>, unlike the affirmation of a teacher to a learner, the key skill of affirmation in counselling is <u>encouraging the client to affirm him/herself</u>; this is something the client can do for him/herself, rather than to depend on the counsellor for it. For instance, instead of saying, “I am so proud of you for coming back to get your test results,” the counsellor should say, “<u>You should be very proud of yourself for</u> …returning for your results” or “…for making the choice to use a condom this weekend.”

- Affirmation is an important skill for empowering clients; by affirming them, we are encouraging clients in the healthy decisions and behaviours they have chosen and thereby empowering them to continue making similar choices.

- If we use the language of the self-concept from Personal Growth, we are giving our clients “uppers” to build their self-concept.

3. Summarising: organises and highlights the most important areas, feelings, or themes of what the client is communicating.

Example:

Counsellor [at the end of the counselling session]: "Today you have been talking a lot about the overwhelming amount of responsibility you feel for all the family members staying with you. We have looked at ways for you to let go of things that you have no control over and to look at choices for responding and behaving where you didn't see yourself as having a choice before. In our next counselling session we'll look at whether your new perspective made any difference in your feelings of being overwhelmed."

Tips for summarising:

- Helpful for organisation and clarification.
- Reviews the session, then prioritises and focuses future counselling.
- Useful for beginning or ending counselling sessions.
- Useful in transitions during the counselling session.

PROBING AND ACTION SKILLS: ASKING QUESTIONS & INTERPRETATION

Probing/Action Skills:

- Ways or skills for exploring the client's thoughts, feelings, actions and behaviours.
- Skills used to get more information from the client.
- These skills are a little more invasive and directive than listening or reflecting skills.

Importance of Probing/Action Skills:

- Move the client's focus from others to self.
- Move the client's focus from vague to concrete, from general to specific.
- Move the client's focus from scattered to focussed.
- Move the client's focus from content to feeling.
- Helpful when the patient is making decisions, and taking action.

Tips for using probing or action skills:

- Use with gently and with care.
- Use sparingly. Do not use them too often.
- Always go back to listening and reflecting skills.
- Listening and reflecting skills should come before and after probing or action skills. It should be a like a sandwich.

We are going to highlight four different probing or action skills that can be used in counselling. These four skills are:

1. **Asking Questions (Clarifying)***
2. Interpretation or Making Statements
3. Confrontation or Challenging
4. Information Sharing and Education

1. Asking Questions (Clarifying): asking questions is a very important part of counselling. However, as a counsellor you must be careful about what kinds of questions you ask and how you ask them.

Open & Closed Questions

- Closed Questions: questions that can be answered with one word. Sometimes they are called yes/no questions. Can you give me some examples?

  Examples: Do you want to be tested?
  Do you know how to use a condom?
  How old are you?
  What is your name?

Key point: Used closed questions when you need specific information.

- Open Questions: questions that invite others to talk; they lead to a conversation or a dialogue. Open questions encourage longer, more explanatory answers. They cannot be answered in one word.
  Examples: What brings you here today?
  What are your main concerns?
  How are you coping with your medicines?

Open/Closed Questions Worksheet

Instructions: Read each statement and determine whether it is an open or closed question by placing a tick in the correct column. Then for each closed question, rewrite it as an open question at the bottom of the page.

Open	Closed	Is it an open or closed question?
		1. Where did you grow up?
		2. What brings you here today?
		3. Are you willing to come back for a follow-up visit?
		4. Have you solved problems before in your life?
		5. Do you want to stay in this relationship?
		6. Have you ever thought about walking as a simple form of exercise?
		7. Is it not important for you to have safe sex and use a condom?
		8. Are you willing to try this for one week?
		9. In the past, how have you overcome problems in your life?
		10. Do you care about your health?
		11. What date did you start taking the medication?
		12. What are your reasons for wanting to be tested?
		13. Do you have any children?
		14. What keeps you in this relationship?
		15. What do you want to do about your smoking: stop smoking, cut down or stay the same?

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Types of questions to ask:

- Open questions: these are questions that cannot be answered with one word like "yes" or "no." The purpose of these questions is to explore the client's thoughts, feelings and experiences. Be careful that the question is not too open so that it becomes vague and unclear.

  Examples:
  - Can you tell me more about what that was like for you?
  - How have you been doing since you started caring for your mother?
  - What happened after your husband came home drunk?

- Probing questions: questions starting with how, who, when, or where. The purpose of these questions is to get more concrete information or to clarify.

  Examples:
  - How did you react to your test result?
  - Who have you disclosed your HIV status to?
  - When were you first tested?

- Hypothetical questions: these are questions involving a pretend situation. The purpose of these questions is to help the client think of other possibilities or scenarios that allow him/her to visualise possible outcomes of behaviour. It also allows him/her to imagine behaving differently.

  Examples:
  - If you were to disclose your status to your boyfriend, how do you think he would react?
  - If your boyfriend found out from your best friend that you were pregnant, what do you think would happen?
  - If you asked your brother to help with the cooking, what do you think his response would be?
- "Nth-degree" questions: these types of questions help define and prioritise a client's agenda. They may be particularly appropriate at the beginning of a session. Also, these questions can help encourage the client to be specific about describing sensitive issues.

  Examples:
  - What is the worst thing that could happen?
  - If we could only deal with one thing today, what would be most important to you?

Tips for asking questions:

- Ask questions directly and clearly.
- Ask questions concisely; be specific and brief. Do not ask long, drawn out questions.
- Share your purpose for asking the question.
- Ask questions gently, even tentatively at times.

Unhelpful questions to avoid:

- "Why" questions or "how come…" because these questions can sound judgemental.

- Closed questions that have a "yes" or "no" answer. Questions that start with "did…" or "are…" These questions can occasionally be used for clarification but are not good for exploration.

- Either/or questions because they can be leading. The client will want to answer them with what they think you want to hear. For example: "In the future, would you stay at the bar late on the weekends or would you stay home?"

- Multiple questions: if you ask more than one question at a time, it can be confusing. It can also make the client feel interrogated. Ask only one question at a time. Let the client answer that question before asking another one.

- Leading questions – these are questions that imply or communicate that there is a desired or expected answer. Clients will respond in a way which is seen to be acceptable to the counsellor. This does not allow space for exploring other options. Be careful because leading questions can be communicated non-verbally as well.

Asking Questions Scenarios

1. "I started seeing someone. We have spent quite a bit of time together and I really like him. We have been really careful and had protected sex. It has been about two months and now my boyfriend does not want to use a condom. He says that if I trust him I should not ask him to use a condom. I am so confused. I do not know what to do."

2. [crying] "Last night my husband came home really late. He was drunk again. We started arguing, but it is no use. I am so angry at him. He will never change."

3. "My mother is getting sick. She is alone in the village up north and only has one of my brother's children staying with her. But, I am not sure that the boy is really taking good care of her. I am so worried because they are far from the hospital and he will not know what to do if she gets sicker."

4. "Lately my last born girl has been teased a lot at school. They call her names and say that she is ugly. Last night she was crying again. I get so angry at those cruel kids and want so badly to protect her."

5. "My wife passed away a few weeks ago. She was sick for some time but she refused to be taken to the hospital. I am scared that she might have had AIDS but I do not know."

6. "Both my good friend and I were looking for work. We talked to the same company. Yesterday I was told that I got the job. I feel so guilty: why did they want me instead of my friend? How am I going to tell Simon?"

7. "My best friend just got tested and found out she is HIV-positive. I know that there is a lot that can be done for treatment now but I still feel so sad and hopeless."

8. "I am so tired all the time. There never seems to be enough time in the day to do everything. I finish work and have to do the shopping, then go home and care for the kids and make supper. I am so overwhelmed and feel like everyone depends on me."

2. Interpretation or Making Statements: this skill involves making a statement about the counsellor's understanding of what the patient is communicating.

> **Key Point**: **Interpretation** or making statements is different from reflecting because you are including your thoughts or interpretation of the client's experience. You as the counsellor are adding your interpretation or understanding to what the client said.

Example:

Client: "I am so overwhelmed with trying to make enough money to support my family, keeping the kids in school, cooking food and cleaning the house. There is just so much to do and not enough time."

Counsellor: "Maybe it feels like you are the pillar of strength holding your family together."

Example:

Client: "I seem to be continually tired. I do not ever seem to have any energy. When I get home from work my wife starts nagging me and the kids are all over the place. All I feel like doing is climbing into bed and sleeping."

Counsellor: "You just want to escape by sleeping."

Tips for interpretation:

- Make your statement or interpretation gentle; do not state it as a fact. How would you do this?
- Include verbal and non-verbal communication when interpreting.
- State tentatively, and check for validity and verification. Make sure that the client confirms what you say.

PROBING AND ACTION SKILLS: CONFRONTATION/CHALLENGING & INFORMATION SHARING

3. Confrontation/Challenging: a statement that helps to highlight contradictory or conflicting messages, either verbal or non-verbal. Egan defines confrontation as when we invite clients to examine behaviour that is self-defeating or harmful to themselves or others, and also the examination of discrepancies which are being overlooked.

- The word confrontation makes us uncomfortable; we associate it with awkward, angry and hurtful interactions.

- Confrontation in counselling is not the counsellor confronting the client, but rather the counsellor facilitating a process of **self-confrontation** for the client.

Purpose of confrontation:

- To invite clients to challenge the defences that prevent them from managing problems and developing opportunities for growth and change.

- To help clients focus on themselves and their own inconsistencies and not be distracted by inconsistencies in others. *Refer to the "Decision Making: Circles of Influence and Concern" from Personal Growth.*

- To help clients become more aware of themselves. Awareness leads to change.

What to confront in counselling:

- Discrepancies in content or statements that conflict
  Example: "Earlier you said that you and your mother always get along, but just now you have been talking about how you feel poorly treated by your mother."

- Discrepancies in manner; inconsistencies between verbal and non-verbal communication
  Example: "You have been crying since you arrived and told me that your husband left, yet you keep insisting that you do not care."

- Distortions of reality
  Example: "You have made the choice to not breastfeed when your baby is born. But, you are unemployed and so is your husband. How are you planning to pay for the formula to make milk?" OR "Have you thought about how you will pay for the infant formula?"

- Unrealistic expectations

  Example: "We have talked a couple of times about how your husband has been drinking heavily for years. After the last binge you are now telling me that he has promised that he will stop drinking now. What makes you believe him this time?"

- Issues that are being avoided

  Example: "We have been talking about your concerns about the multiple times you have had unprotected sex with partners you do not know well. Yet you have neglected to go for testing. Can you tell me about that?"

- Self-defeating attitudes and beliefs

  Example: Client: "I found a part-time job. But, I am sure it will not last long. I always seem to mess up every job I get."
  Counsellor: "I am wondering why you have already decided that you will fail when you have just gotten a job. You should be very proud of yourself."

- Harmful or illegal behaviour

  Example: "Just for fun sometimes on the weekends, we get some dagga from my friend and we hang around and smoke some weed."

Tips for confronting:

- Be gentle and tentative, i.e. "I'm wondering…" or "It seems…"
- Use warm body language, i.e. lead forward, kind facial expression, soft voice.
- Be respectful and empathetic.
- Be as specific as possible and give examples.
- Only confront one thing at a time.
- Confront the behaviour or action, not the person.

Confrontation Scenarios

1. “I have just been through a very painful and difficult divorce” [said with a smile].

2. “She kept my secrets last time. But, I do not know if she can be trusted now.”

3. “I feel OK” [said with a sigh and drooped shoulders, eyes looking at the floor].

4. “My wife makes me so angry sometimes. But, it is OK. It is not a problem. I usually just forget about it.”

5. “I feel trapped in my family. You must help me.”

6. “May I ask a question? What do you think I should do next?”

7. “I guess I do not mind really…” [crying while saying this].

8. “I know my relationship with my husband is not great, but I want to talk about our future together and not dwell on the past.”

9. “My friend is giving me a lot of pressure. He knows that some people are going to be out of town this weekend and he wants to break in and take their new DSTV. It would be great to have DSTV.”

10. “I am not angry with anyone” [said through clenched teeth].

4. Information Sharing/Education: to be used only when specific factual information is required or requested. It will be used more frequently when talking with clients in VCT, ART adherence counselling and PMTCT counselling.

Tips for information sharing and education:

- Make sure the information is relevant and that the client is open to it.
- Build on what the client already knows, so you must ask what the client knows before giving information.
- Check to make sure that the client wants the information before giving to him/her.
- Information should be shared with warmth, respect and caring.
- Be careful when educating clients that you do not lecture or preach to them. Provide small pieces of information at a time and make it a conversation. Ask interspersed questions.
- Do not overload the client with too much information.
- Present the information as an option. Remember, the decision is the client's, NOT the counsellor's.
- **Do not confuse information with advice**. Advice is telling a client what to do; information is presenting them with options.

PROBLEM MANAGEMENT SKILLS

The purpose for problem management in counselling:

- Help clients with tools for approaching and solving their problems.
- Guide clients through ways of exploring their problems.

Problem Management Techniques in Counselling

1. **Alternatives/Options**

    - Many clients' problems stem from their beliefs that they have no options. They feel stuck in a certain situation. Often clients have options or alternatives that they have not considered. These options can include a potential action, a new perspective or even an alternate attitude.

    - Counsellors can ask the simple question, "Have you thought of any options open to you?"

    - In non-directive, person-centred counselling, the client should come up with his/her own options if possible.

    - Often part of exploring alternatives with clients is to help them make the distinction between what they have control over and what they cannot change. People often feel stuck when they try to change things they have no control over, such as others' behaviour. That is part of their "circle of concern" which they have no influence or control over.

    - Focus on the client's attitudes, emotions and behaviour. Take the focus off others and onto their "circles of influence."

    - Help the client walk through potential outcomes or consequences of different choices. This can help them focus on realistic outcomes.

2. **Balancing Out Sheet**

    - Ask the client to draw (mentally or actually) a balance sheet of advantages and disadvantages for the options open to them.

    - This can help the client gain clarity, objectivity and perspective about his/her problem.

    - This works well when someone is paralysed in a decision-making process.

3. Creative Bridging of Realities

- Sometimes the counsellor can ask the client to create a preferred reality to the one he/she is experiencing. This means that the client puts into words how he/she would like the situation to be.

- Then the gap between reality and preferred reality can be explored.

- We can bridge that gap by working though the emotions involved, the facts, implications and practicalities of the situation.

- The counsellor can help the client think of steps that need to be taken in order to reach a goal.

Example:
Goal/Dream: To get a job as a nurse.

Currently: Unemployed and living off your husband's job at the local Pick-n-Pay.

Steps:

1. Talk to two nurses to find out what their jobs are like. Find out about the pay, the training, the requirements, etc.

2. Explore what the profession is like and what the possible options are. Ask as many people as you can, and include doctors and enrolled nurses in your interviews.

3. Contact UNAM and other nursing training programs to find out what requirements are for entrance as well as school fees.

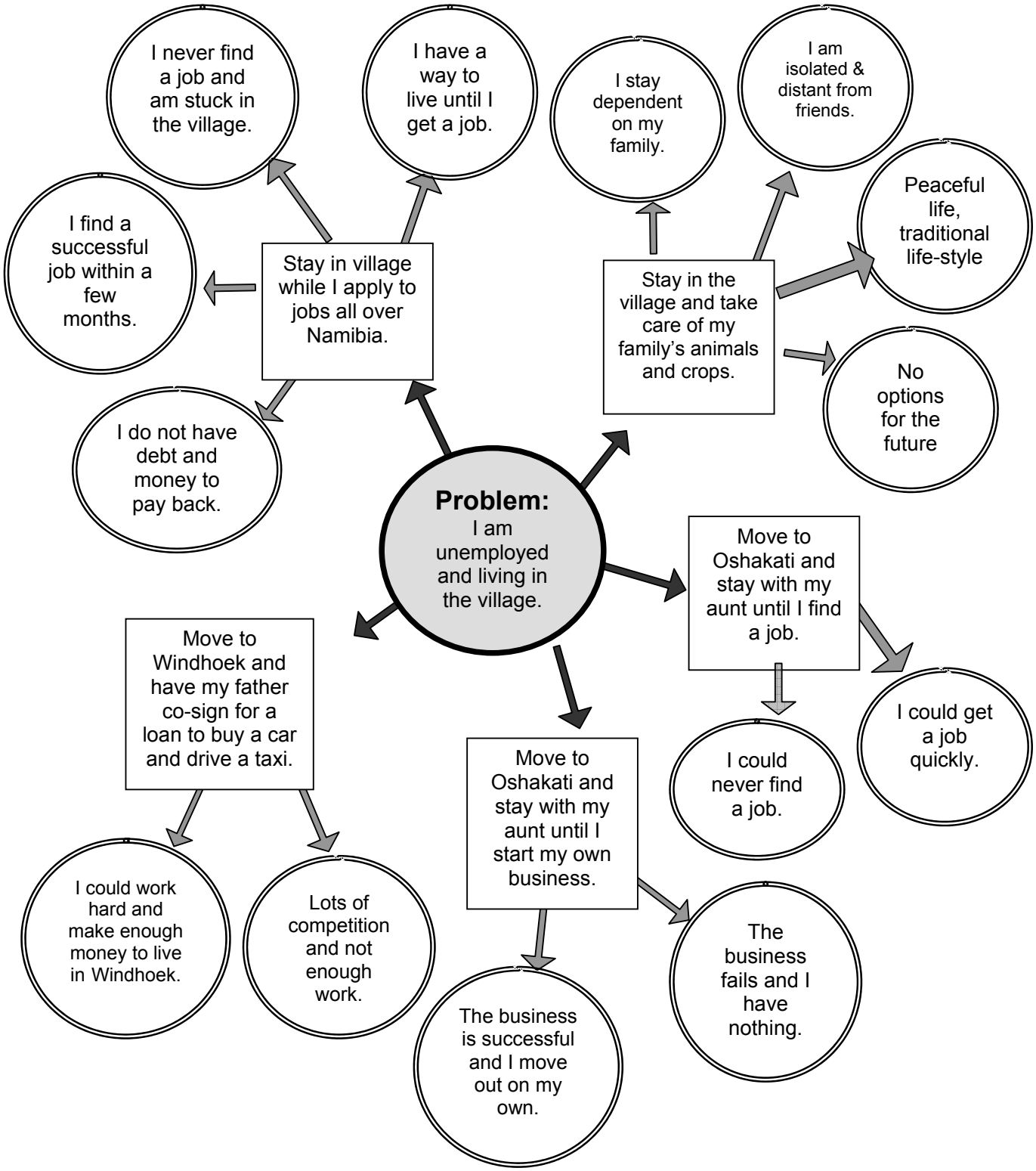
4. If you currently do not meet the academic standards, explore ways to improve your secondary school scores. Come up with a plan to meet the training program requirements.

5. Apply to nursing programs.

6. Explore ways to pay for training, i.e. enrolled nurse training programs or potential resources, loans, etc.

7. Attend a nursing training program.

Brainstorming Activity Example



Advantages/Disadvantages Activity

Potential Decision:_____
I.e. Disclose my positive HIV status to my mother

Advantages (+)	Disadvantages (-)

Once your advantages and disadvantages are listed, you can rank them in terms of importance. You can also divide them into categories, i.e. for myself, for my family, etc.

DEVELOPING EMPATHY

Barriers to Empathy:

- Attitudes: a state of mind or feeling; a mental position in relation to the rest of the world. Attitudes can be positive or negative. A negative feeling or behaviour towards others hinders the development of empathy.

- Values: what is important to someone. A value is based on social principles, goals or standards held by an individual or group to which we attach importance. Values are influenced by culture, family, religion, friends, etc. *Refer to Values Session from Personal Growth.*

- Labels: Categorising people as members of a group rather than as individuals. *Refer to "Labels" session from Personal Growth.*

- Stereotypes: giving individuals the characteristics of a group to which they belong. This is an assumption that since someone is part of a specific group, they must have the values, attitudes and characteristics of that group. Stereotypes may have some accuracy, but you do not know unless you get to know someone through talking and interacting with him/her.

- Prejudice: when someone has formed a negative attitude about an individual based on the characteristics of the group they belong to without taking into account the individual. Prejudice is based on stereotypes, but prejudice is based on a negative attitude towards an individual based on a stereotype.

ETHICS IN COUNSELLING

Ethics are standards, moral rules, or principles for a particular profession.

We are going to focus on two aspects of ethics that relate to counselling:

1. **Boundaries/Limit Setting**: boundaries are limits set around the counselling relationship.

    - Defines who the counsellor should counsel (who you should see in counselling).

    - Counselling is a relationship that is unequal in power. The counsellor is in a position of power over the client.

    - Boundaries in a counselling relationship protect the client. For instance, a counsellor should not have other relationships with a client in addition to the counselling relationship. These other relationships could include a sexual relationship, a dating relationship, a business relationship or as a close family member.

    - The counsellor is bound to the limits or boundaries of the counselling relationship even if the client pushes these and wants to extend the relationship. For instance, even if the client may make sexual advances at the counsellor, the counsellor may not act on this and engage in a sexual relationship.

    - Counsellors must be comfortable with setting limits as well as following the agreed-on boundaries to ensure that clients feel secure within the counselling relationship.

    - Avoid multiple relationships. The counselling relationship is most effective if there are not other relationships between the counsellor and the client, i.e. if the client is a stranger to the counsellor.

2. **Confidentiality and Privacy**

    - This is a way of providing safety and privacy to the client. What is discussed in counselling is private and will not be shared with others.

    - Even the fact that someone has gone to counselling is confidential. You as the counsellor cannot disclose that you have seen someone in counselling.

    - Confidentiality and privacy are also part of the MoHSS Policy on HIV/AIDS Confidentiality, Notification, Reporting and Surveillance.

- However, there are two exceptions:
    - Counselling Supervision: the counsellor will be sharing the case with his/her supervisor in order to provide good counselling. In counselling supervision, it is best to avoid identifying the client (do not mention his/her name and personal characteristics) when discussing the case.

    - Harm: If the client is at risk of causing harm to him/herself or to someone else, the counsellor can break confidentiality. For example, if a client is suicidal and will not develop a safety plan, then the counsellor will call the police. *Allow participants to come up with more examples.* Other examples could include situations related to child abuse and domestic violence.

Case Scenarios:

Case Scenarios:

1. A married woman comes in for voluntary counselling and testing and is found to be HIV-positive. She refuses to disclose her status to her husband.
2. At the beginning of a counselling session, you (the counsellor) realise that this client is your mother's sister's husband.
3. When you go to introduce yourself to your new client, he is your former boyfriend from two years earlier.
4. Your sister has started dating a man that she is madly in love with. When you meet her new boyfriend, you realise that you counselled him 6 months ago. He came in for VCT and tested positive.

Discuss the case and address the following issues:

- Identify the ethical issue.
- Outline at least two different plans of action or approaches to the situation. If you have time, you can outline more than two different approaches.
- Make a recommendation for what your group thinks is the best plan of action.

Excerpt from Government Republic of Namibia. (January 2002)
Policy on HIV/AIDS Confidentiality, Notification, Reporting and Surveillance
Ministry of Health and Social Services.

2.3 Notification

Notification may take the form of partner notification or of notification of family, care givers and sexual partner(s).

Traditionally, partner notification has been an essential component of STD prevention. It has been facilitated by the fact that most STDs are curable and that there are obvious benefits for the index patient, his or her sexual partner and for public health. In the context of HIV/AIDS however, partner notification is a more complex issue, particularly in view of the stigma attached to HIV/AIDS, unequal relations between men and women and the fact that HIV/AIDS is incurable.

Voluntary partner notification is an important way of protecting the uninfected partner, providing the information necessary to take protective action and an opportunity for education for prevention. It is also an important way of helping the already infected partner in terms of access to early treatment and care.

Public health experience has, on the other hand, shown that partner notification carried out mandatorily is a relatively ineffective means of breaking the chain of transmission. In view of the stigma attached to HIV in Namibia, there is a risk that HIV-infected people will not make use of health care and testing facilities if they know that their partners will be informed of their status without their consent.

In terms of the ethical guidelines applicable to medical practitioners* however they are entitled, but not obliged*, to disclose a patient's HIV status to an identifiable sexual partner at risk without the patient's consent where the patient fails to inform the sexual partner concerned of his or her HIV status despite having been adequately counselled about the need to do so.

**Note*: *underlining has been added for emphasis. Counsellors are NOT medical practitioners.*

UNDERSTANDING BEHAVIOUR CHANGE

Our Attempts to Change: Questions for Discussion

1. What habit or behaviour did you try to change?
2. What made you decide to change? OR Why did you want to change?
3. Were there good things you thought would happen if you changed? If so, what were they?
4. What steps did you take to change? OR What did you do to change?
5. Were you able to change? If yes, how long did it take to change?
6. Did you ever go back to the old behaviour?
7. What happened that made you slip back to the old behaviour?
8. Were there any times when it was harder than others? What was happening that made it more difficult?

Adapted from Ministry of Health & Child Welfare/Zimbabwe. Integrated Counselling for HIV and AIDS Prevention and Care, Primary Care Counsellor Training.

Key Points:

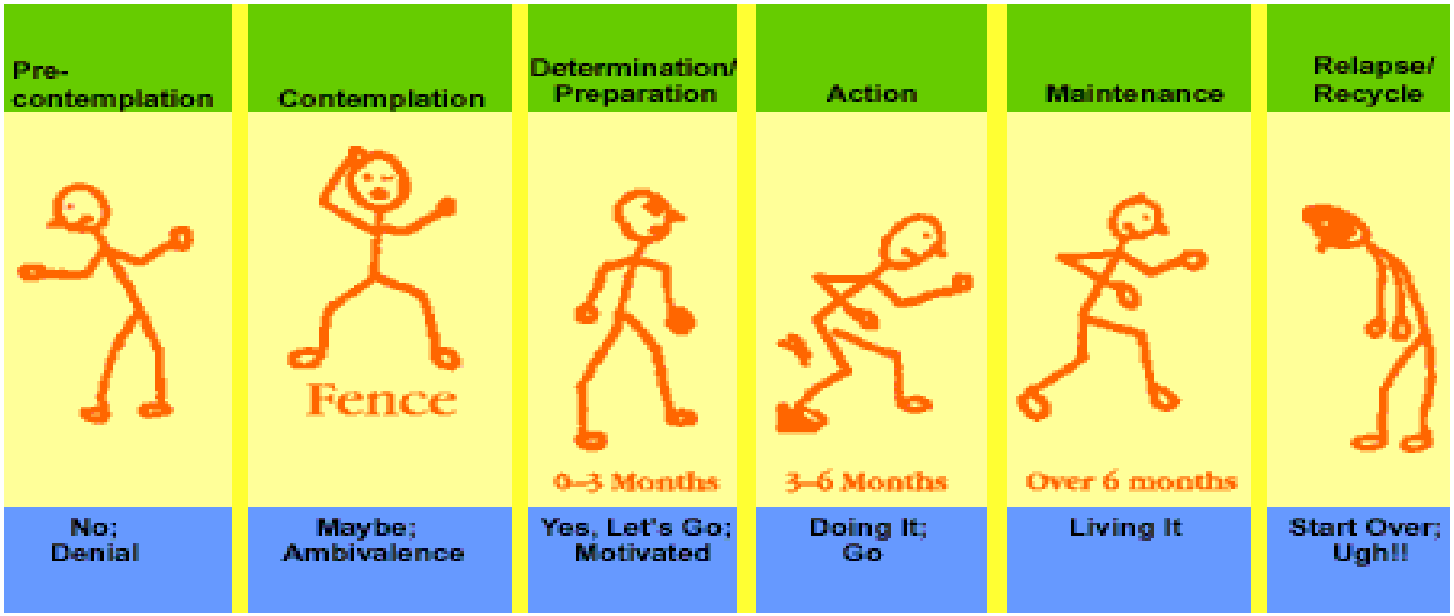
- Change takes time; change is a process.
- It takes more than information to change.
- People around us can help us or make it harder to change.
- We have setbacks when we try to change.

Key Point: Behaviour change is rarely a simple, single event. Usually a person moves from being uninterested to considering a change to deciding and preparing to make a change. Behaviour change happens gradually over time; it is a process.

Stages of Behaviour Change

Stage	Description
1. Pre-contemplation (not aware or thinking about change)	The person is not thinking about change. Believes there is no problem. Answers questions with "yes, but…" Possible feelings/thinking: ▪ resigned or hopeless (this is just the way things are) ▪ no control (cannot do anything to change) ▪ denial (this does not apply to me, there is not a problem) ▪ argumentative; believes consequences are not serious
2. Contemplation (thinking)	Acknowledges that there is a problem Increased awareness and knowledge related to the problem Weighs advantages and disadvantages of behaviour Begins to think about behaviour change
3. Preparation	Develops commitment to change Makes a detailed plan for change Perceives more benefits than barriers to change Experiments with small changes
4. Action	Takes action to change Takes six months before person moves to maintenance
5. Maintenance and Relapse Prevention	Maintains new behaviour over time

*Note: these stages do not happen in a linear pattern. A person usually slips backwards and goes between the stages like a spiral.



Adapted from UCSF AIDS Health Project, Building quality HIV prevention counselling skills: The Basic I training. 1998.

Reasons why understanding behaviour change is important in counselling:

- Many of the topics of counselling are about behaviour change.
- Communicating a realistic view of the work involved in behaviour change can prepare clients for the work and commitment required to make changes.
- To help clients gain an awareness of themselves in order to sustain the behaviour change.
- To distinguish between relapse and a setback. Setbacks are normal and part of changing behaviour.
- To understand that changing any behaviour is a process. It does not happen overnight, and as counsellors we must be patient with our clients as they are attempting to change their behaviours.

SUBSTANCE ABUSE

Substance abuse: repeated substance use that leads to one or more of the following situations:

- Failure to perform at home, work or school
- Physical hazards, i.e. drunk driving
- Legal problems
- Continues use, despite the above problems

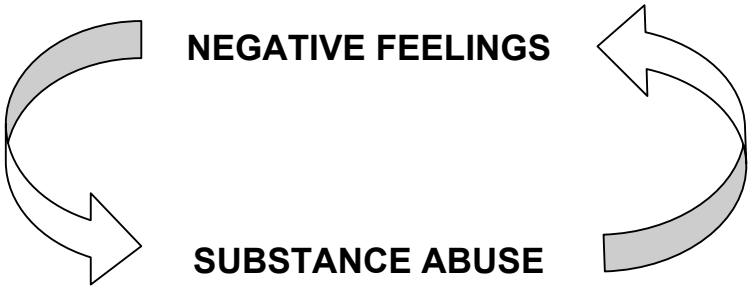
Key Point: Substance use becomes abuse when the individual is no longer in control of the substance and the substance controls the person.

Other noticeable characteristics of substance abuse:

- Tolerance: needing more of the substance to experience the same "high", i.e. needing to drink more alcohol in order to become intoxicated.
- Suffering from withdrawal when the individual stops taking the substance.
- Use more of the substance more often.
- The person wants the substance all the time, or finds it impossible to stop once they start. For instance, they may say that they will just have one drink, but they continue to drink until they are drunk, and cannot stop at one drink.
- The person spends lots of time getting, using or recovering from the substance.
- Important activities are sacrificed or cut down.
- There is often a secretive nature to the substance use. People may hide their use, or the extent of their use of the substance.
- The person carries on despite realising that it has caused so many problems.

Causes of substance use and abuse:

- People use substances to alleviate negative/unpleasant feelings.
- Substance dependence or addiction is a physical disease. Often people are powerless to change their behaviour on their own; they need outside assistance.
- Substance abuse has physical, emotional, social and spiritual causes and results.



Reflection Questions:

- ❖ In what ways has your life been affected by alcohol?
- ❖ How do you view the use of alcohol?
- ❖ What are your values and feelings about the use of alcohol and other substances?
- ❖ How do you think this might influence your ability to counsel a substance abuser?

Counselling and Substance Abuse

It can be very difficult and frustrating to counsel substance abusers. It is a hot debate whether counselling is useful to this population; some feel that someone who abuses substances should be in an in-patient programme that treats the addiction. Others say that a compassionate counsellor can have some effect. Many communities do not have a programme easily available to them in their area, so community counsellors need to fill the gap.

There are some approaches that are unique to working with substance abusers. Below is an outline for working with substance abuse in counselling:

1. **Counsellor's Attitude**
   - Very important, as the client will have encountered negativity from others, i.e. family and friends.
   - Need to be sure of your own attitudes about substance abuse. For instance, if your mother or husband abused alcohol, make sure that you have dealt with those feelings before trying to counsel an abuser.
   - Requires incredible patience.
   - Ultimately the counsellor has to accept whatever the client decides. Remember, the client is the expert on his/her life.
   - Confronting denial is not useful. Denial is such a key defence for substance abusers that there is no way the counsellor has the power to break that defence. The client will need to come to that point on his/her own.
   - Focus on building the relationship and then deal with the substance abuse.

2. **Assessment**: establish some of the following facts in order to assess (determine) the level of abuse:
   - What substances are used?
   - How much is used?
   - When are they used?
   - Where does this occur?
   - Why is it used?
   - What are the physical effects for the client?
   - What are the emotional effects?
   - What are the social effects?
   - How much does the client know about the relationship between substances and HIV care? *This will be covered more in the Adherence Counselling Module.*
   - What is the client's attitude? Is the substance use a problem for the client?

3. **Motivate the Client**
   Encourage change rather than force it.

   - Work on the basis that the client has inner resources, strength and motivation for change.

   - The counsellor should tell the client that he/she has the right and ability to decide what to do with his/her own life and to make informed choices.

   - Build up the client rather than tear him/her down. Empower the client to make a change.

4. **Goal Setting**
   - The first goal setting will simply involve establishing a good relationship and agreeing to counselling.

   - This could also include an agreement that the client will not be counselled if he/she is intoxicated or under the influence of the substance.

   - Later this may involve agreeing on certain goals and actions.

   - With alcoholics it is very important to make realistic goals, i.e. not to drink for one evening or over the weekend.

   - Anticipate difficulties: make the goals realistic and come up with supportive options, i.e. when client wants to drink who should he/she call, where should he/she go, etc.

5. **Affirm the Client**
   - Build the client's self confidence, but be careful to be realistic. Do not set the client up for failure; develop back-up plans.

6. **Identify Triggers**
   - Identify with the client what the things are that make him/her want to drink. For instance, is it a fight with his/her partner, Friday afternoon at the end of the month, or is it hanging out with his/her friends?

   - Be very specific in identifying the triggers that make them want to use the substance. These should include feelings and situations.

7. **Identify Harm Reduction Strategies**
   - Once the triggers have been identified, develop a plan or strategy for alternative action to using the substance. For instance, if anger or unpleasant feelings are a trigger for drinking, develop a plan for

the client to go for a walk or call a support friend if he/she has a fight with his/her partner or is feeling sad.

- In developing harm reduction strategies it is important that the client involves other supportive people in his/her life. Be careful that these people are not drinking buddies.

8. Improve Nutrition and Increase Physical Activity

- Help the client focus on healthy behaviours, including eating well and getting exercise.

- Healthy behaviours can also be part of the harm reduction strategies.

9. Seek the Support of Family and Friends

- Remember the secretive nature of substance abuse. Part of the healing process is to tell others about the problem and to involve supportive people in the process of change.

- Make sure that the client identifies people who will truly be supportive; sometimes they may have to change their behaviour as well. For instance, it may be difficult to attend a braai with beer, so friends and family may have to abstain themselves for a period of time in order to support the recovering alcoholic.

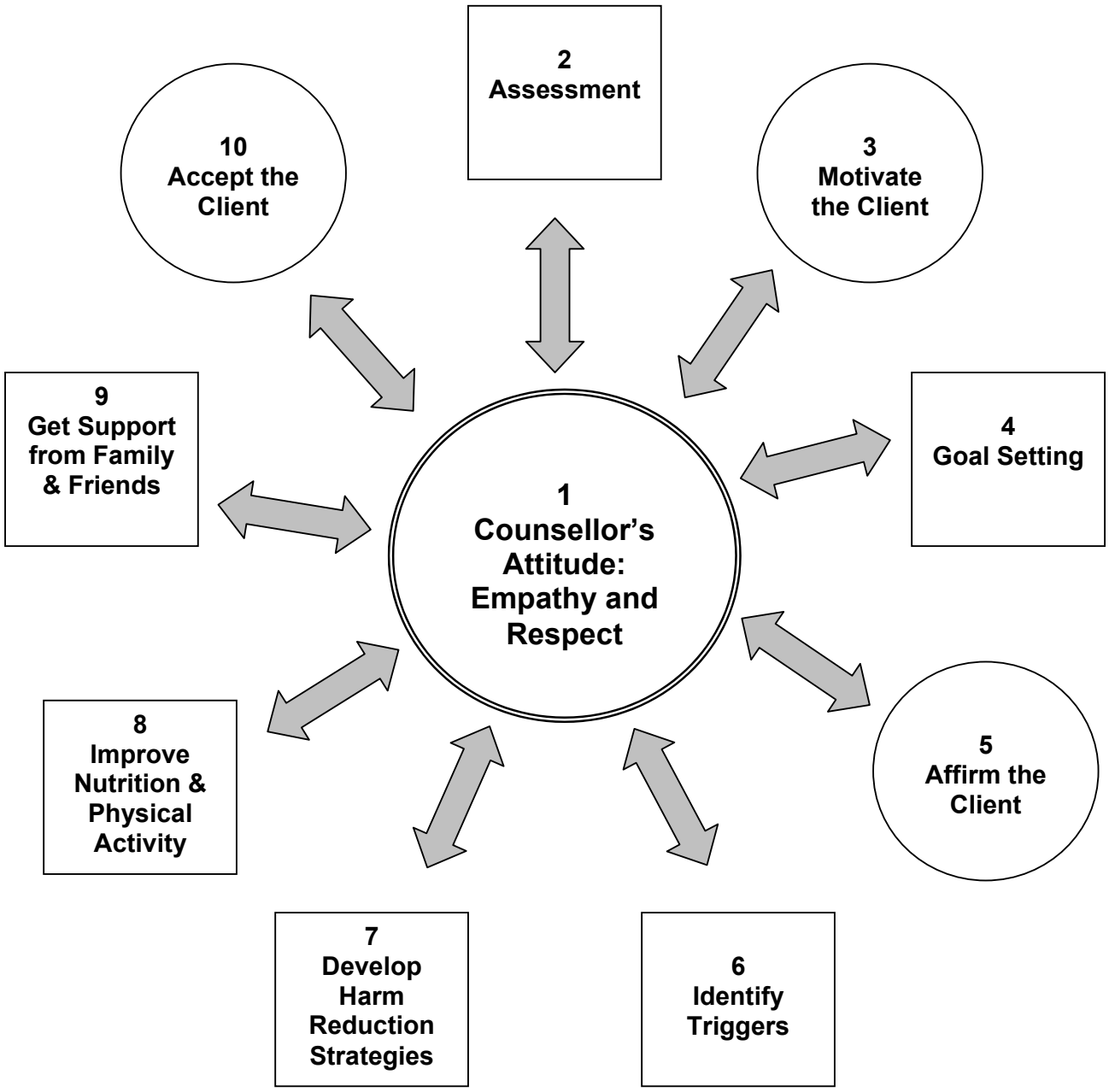
- If at all possible, it is important for recovering abusers to find others who are recovering as well to support them. Some communities have support groups associated with churches, etc.

10. Accept the Client

- Whatever the outcome, support the client.

- Recovering from substance abuse is a difficult process and inevitably the client will relapse or fail at times. Create an environment in counselling where he/she can disclose failures and talk about how to behave differently the next time.

Substance Abuse Counselling Model



Key Components of the "Alcoholics Anonymous" Recovery Program
(for reference)

The **Serenity Prayer** is used in AA Programs around the world to help alcoholics and substance abusers focus on recovery:

God, grant me the serenity
To accept the things I cannot change,
Courage to change the things I can,
and wisdom to know the difference.

There are 12 Steps that substance abusers focus on during their recovery. These twelve steps are listed below:

1. Honesty: We admit we are powerless over alcohol and that our lives have become unmanageable.
2. Faith: We have come to believe that a Power greater than ourselves can restore us to sanity.
3. Surrender: We have made a decision to turn our will and our lives over to the care of God, as we understand Him.
4. Soul Searching: We make a searching and fearless moral inventory of ourselves. We examine ourselves, our lives and our choices.
5. Integrity: We admit to God, to ourselves and to another human being the exact nature of our wrongs.
6. Acceptance: We are entirely ready to accept that we have character defects and have God remove all these defects of character.
7. Humility: We humbly ask Him to remove our shortcomings. It is not something we can do ourselves.
8. Willingness: We make a list of all persons we have harmed, and are willing to make amends to them all.
9. Forgiveness: We make direct amends to such people wherever possible, except when to do so would injure them or others.
10. Maintenance: We continue to take personal inventory and when we were wrong promptly admit it.
11. Making Contact: We seek, through prayer and meditation, to improve our conscious contact with God, as we understand Him, praying only for knowledge of His will for us and the power to carry that out.
12. Service: Having had a spiritual awakening as the result of these steps, we try to carry this message to other alcoholics and to practise these principles in all our affairs.

A.A. members will usually emphasise to newcomers that only problem drinkers themselves, individually, can determine whether or not they are in fact alcoholics.

All available medical testimony indicates that alcoholism is a progressive illness and it cannot be cured in the ordinary sense of the term, but that it can be arrested through total abstinence from alcohol in any form.

Adapted from Alcoholics Anonymous 12 Step Program. http://alcoholism.about.com. Accessed 07 November 2005.

DOMESTIC VIOLENCE

Domestic violence: behaviours used by one person in a relationship to control the other. Partners may be married or not married, heterosexual, gay, lesbian, living together, separated or dating.

Examples of domestic violence:

- Name calling or put-downs
- Keeping a partner from contacting their family or friends
- Withholding money
- Stopping a partner from getting or keeping a job
- Actual or threatened physical harm
- Sexual assault
- Stalking
- Intimidation

Note: these can happen all the time or once in a while.

Key point: Anyone can be a victim of domestic violence, regardless of age, sex, race, culture, education, employment or marital status.

Video: "The Story of Matlakala"

Discussion Questions:

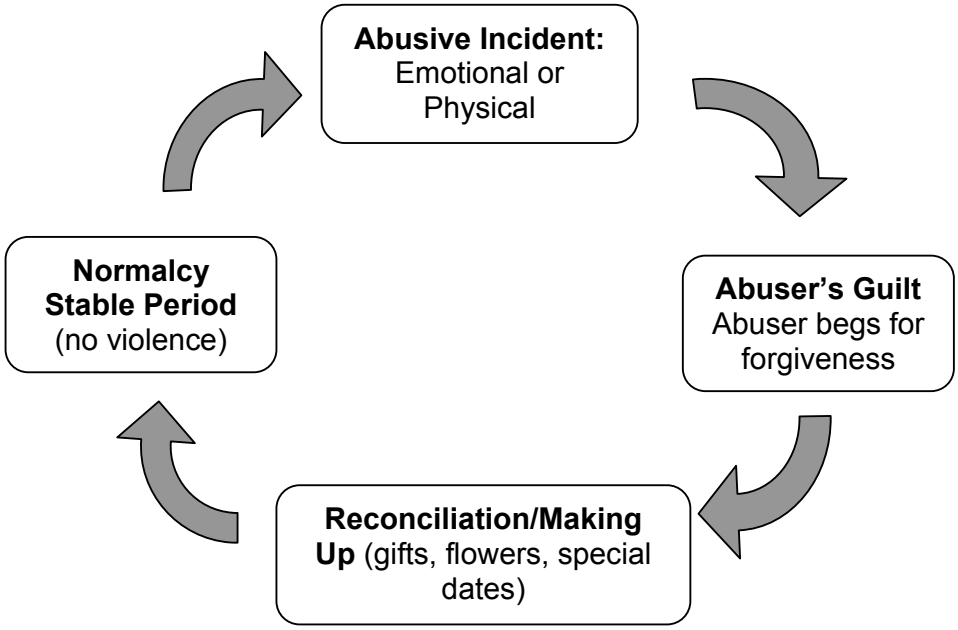
1. What form did Matlakala's abuse take?

2. What are some of the difficulties in helping someone who is a victim of domestic violence? What made it difficult for Matlakala to get help?

3. What did Matlakala do to resolve the problem?

Cyclical Pattern of Domestic Violence

Domestic violence has a typical pattern that is cyclical; it follows a pattern that goes around in a circle. This pattern makes it very difficult to intervene.



- After an abusive incident, the abuser usually feels very guilty and will beg the victim for forgiveness.

- This will then be followed by a period of reconciliation where the abuser will often give the victim many gifts and try to make up for the abuse by winning back the partner's love. Often promises are made at this time that the abuse will never happen again.

- A period of normalcy with no violence usually follows the reconciliation stage. This normalcy period can last for days, weeks or even months before the abuse starts again.

- This cycle of abuse makes it very difficult to intervene, because often the victim will only want to make a change right after the abusive incident, but the abuser will often promise to change his behaviour.

<u>Domestic Violence in Counselling</u>

- Denial characterises abuse, which makes it difficult to address in counselling. Many people who are abused do not see themselves as victims. Also, many abusers do not see themselves as being abusive.

- Some people only think of domestic violence as physical violence only, but it is much broader than that. This can also make it difficult to identify.

Abuse Checklist

If you or your client is unsure about whether he/she is experiencing abuse, use the following checklist.

If a partner uses one or more of the following to control their partner, the person is experiencing domestic abuse:

- ❑ Pushing, hitting, slapping, choking, kicking or biting
- ❑ Threatening you, your children, other family members or pets
- ❑ Using or threatening to use a weapon against you
- ❑ Keeping or taking your paycheck
- ❑ Putting you down or making you feel bad
- ❑ Forcing you to have sex or do sexual acts you do not want or like
- ❑ Keeping you from seeing family and friends or from going to work

In order to work with domestic violence in counselling, you will need to use all the skills that you have learnt so far, but you can also offer some concrete suggestions to your client:

- When you are in danger, call the police if you are confident that the police in your community are reliable.
- Tell your friends, family and neighbours. Choose to tell people who can support you to get help and take care of yourself.
- Find a safe place. This can be with a friend, neighbour or family member.
- Get medical help.
- Get a personal protection order.
- Make a **safety plan**.

Develop a **safety plan** (this is a problem management technique) that includes the following:

- Important phone numbers nearby such as police, friends, family, and the local Women and Child Protection Unit number.

- Tell friends and neighbours to call the police if they hear angry and violent noises.

- Practise ways of getting out of your home safely.

- Identify the safest places in your home where there are exits and no weapons.

- Remove any weapons from the house if possible.
- Think of where you would go if you have to leave very quickly.
- Consider putting together a bag of things you may need if you leave in a hurry.
- Go over your safety plan often.

If your client is considering leaving the abuser, he/she should think about the following:

- Four places you could go if you leave your home.
- People who might help if you left.
- Keep change for phone calls and getting a lift.
- Think about how to take your children with you safely.

Warning: Abusers try to control their victims' lives. When they feel a loss of control, like when victims are about to leave them or becoming more independent, the abuse often gets worse. Warn your client of this.

COUNSELLING IN CRISIS SITUATIONS

Crisis: an emotionally stressful event or change in a person's life.

- When we experience a crisis, we are thrown off-balance and have to develop ways of coping.
- Crises are a normal part of life; they happen to everyone.
- As people, we are resilient and have coping mechanisms that allow us to deal with stressful and difficult events.

Trauma: An event or situation that causes great distress and disruption; an emotional wound or shock that creates substantial, lasting damage to the psychological development of a person.

Trauma occurs when a person experiences or witnesses an event that involves:

- Actual death or serious injury OR threatened death or serious injury.
- Response of intense fear, helplessness or horror.
- A belief or knowledge that he/she or others who are present may be injured or killed.
- Great danger and powerlessness.

The extent of the trauma depends on several factors:

- Length of the event
- If it occurred once or multiple times
- Age at which the trauma occurred
- Relationship to those involved in the event, including both other victims and abusers
- Type of traumatic event

Difference between a crisis and a traumatic event:

- Crises happen to everyone; they are a normal part of life. Traumatic events are unusual or extraordinary events.

- We have coping mechanisms to handle crises, but traumatic events are usually outside the realm of those normal experiences.

Key Point: It is important to remember that trauma counselling is a very specialised field. Community counsellors would not be expected to do this kind of counselling without further training. But, it is important for community counsellors to:

- Identify clients who have experienced trauma
- Recognise the symptoms of PTSD
- Be able to refer people to the right places for specialised counselling

Trauma Counselling

Counselling Steps If You Think a Client Has Experienced a Traumatic Event:

- Trauma debriefing should take place 24 – 72 hours after the traumatic event. The purpose of trauma debriefing is to prevent the development of Post Traumatic Stress Disorder *(more information later).*

Key Point: After traumatic events or in times of crisis, rely on your "humanness:" sitting quietly together, sharing a cup of tea, or holding a hand can be very supportive. Rely on empathetic body language simply to be with someone. Do not feel like you have to talk.

Step 1: Establish if the event could be considered TRAUMA. Has the person experienced it as life-threatening?

Step 2: Allow the person to talk about the event in detail if he/she wishes to do so. Encourage the client to tell the story of what happened. Listen to facts, feelings and thoughts.

Step 3: Normalise their reaction to the event. Normalise the feelings and reactions such as numbness, avoidance, increased arousal, inability to sleep, etc.

Step 4: Reinforce coping strategies. Explore any feelings of guilt and/or self-blame, as well as any fantasies of retribution (getting even). Encourage problem solving and coping.

Step 5: Help the person make a plan for his/her own safety if necessary. Refer if you are concerned about him/her at this point. Successful trauma debriefing should be done within 24 – 72 hours after the event. This is one intervention that can be helpful in preventing Post-Traumatic Stress Disorder (PTSD).

Step 6: Inquire about usual ways of dealing with stress. Encourage exploration of coping mechanisms. If you feel the client will cope, arrange to see him/her again in 6 – 8 weeks to check that he/she is making a "normal recovery." If the client is experiencing symptoms of PTSD (see below), he/she needs to be referred at this point.

> **WARNING:** It is a grave error to assume that you know what the traumatic event means to the individual. Let them tell you what it means to them; don't assume you know!

What Your Client Can Do to Help Him/Herself:

If you think your client is likely to experience a normal recovery and does not need a referral, suggest the following activities.

It is important to try and reinstate your sense of control. A traumatic event often makes people felt helpless and out of control. If you think your client is likely to experience a normal recovery and does not need a referral, he/she can try the following in order to reassert a sense of control:

- Design a routine for yourself and structure your time so that you have times of rest and activity.
- Talk to people about what has happened to you.
- Try not to look to alcohol or non-prescribed drugs to reduce your pain.
- Try to have periods of physical exercise, followed by rest.
- Eat nutritious food regularly. Even if you are not hungry, eat small, healthy meals.
- Reach out to any of your friends, family or colleagues who have been through the same event.
- See if you can return to your normal schedule as soon as you feel ready.

- Allow yourself to feel down every now and then; you are not crazy and your reactions are normal. You do not have to fight the disturbing thoughts, and they are likely to get a bit better if you allow yourself to live with them.

- Try to be active in designing your immediate life, but try not to make any major life decisions for a while.

It is useful to enlist the help of the client's family members in the process of helping someone to put their life back together again.

Symptoms of Post Traumatic Stress Disorder (PTSD)

- PTSD usually begins 6 – 8 weeks following the trauma, although it can develop months later as well.

Here is a checklist of symptoms your client could experience. If the client says yes to more than half of these, he/she may be experiencing PTSD. Ensure that you refer the client for specialised counselling.

- ❑ You responded with feelings of horror and helplessness to a very disturbing event.
- ❑ You relive the event by thinking or dreaming about it frequently.
- ❑ You find that other areas of life such as family relationships and work become difficult.
- ❑ You start to avoid situations or people that might remind you of the event.
- ❑ You feel numb and empty.
- ❑ You feel that you have to be on your guard all the time.
- ❑ You feel hopeless.
- ❑ You feel overwhelmed by what would normally be considered everyday demands.
- ❑ You lose interest in things that you used to enjoy.
- ❑ You find that you cannot stop crying.
- ❑ You start to drink more alcohol than usual or use drugs to get through the day.
- ❑ You start to have nightmares or trouble sleeping.

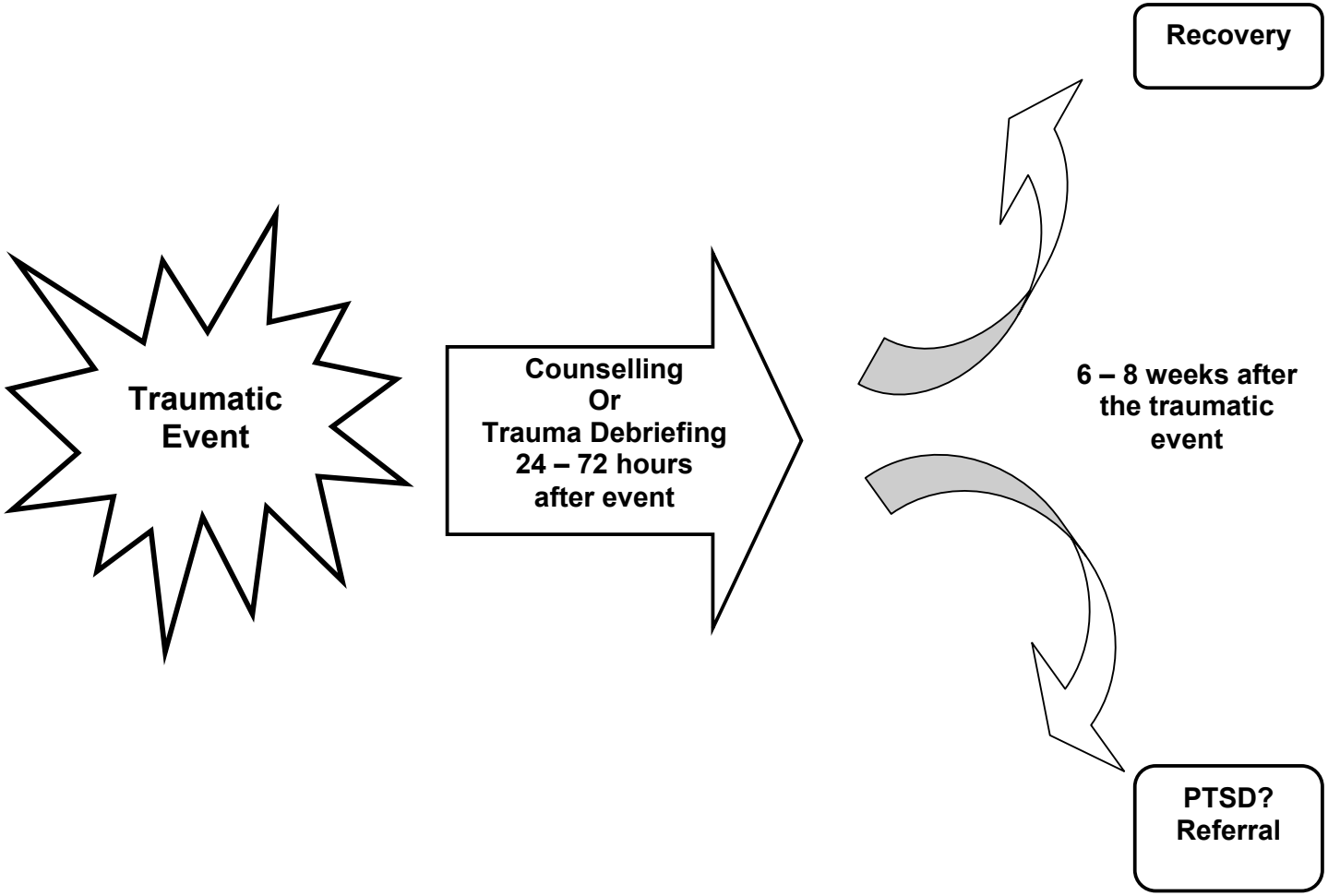
- You start to feel guilty about surviving the event or wish you had done something to prevent the disaster.
- You become very pessimistic about the future.
- You may have difficulty concentrating and may be very irritable.
- You may think that you are going mad or will never recover.

Note: children who have experienced a traumatic event may show extreme emotional distress or experience physical pain.

Referrals:

- LifeLine/ChildLine has a team of specially trained trauma counsellors. Telephone 061-226889
- PEACE is an organisation that offers counselling to people free of charge. Telephone 061-371551

Model for Crisis Counselling



CRISIS COUNSELLING: SUICIDE PREVENTION

Model for Suicide Prevention in Counselling

Stage 1: Connect

1. **Explore "clues."**

    - People who are considering suicide usually display "clues" that they are in pain or wanting their lives to end.
    - People who think about suicide are usually ambivalent: part of them wants to live and part of them wants the pain to end.
    - Always take suicidal comments very seriously. Do not assume that someone is talking about suicide to get attention; this can be a disastrous error.

Risk Factors or Warning Signs ("Clues") for Suicide

A person may be suicidal if he/she:

- Talks about committing suicide
- Feels and expresses hopelessness
- Appears depressed or sad most of the time
- Has trouble eating or sleeping
- Withdraws from family and friends and/or social activities
- Loses interest in work, school, hobbies, etc.
- Makes out a will and final arrangements
- Gives away prized possessions
- Has attempted suicide in the past
- Takes unnecessary risks
- Is preoccupied with death and dying (thinks and talks about death and dying a lot)
- Neglects personal appearance
- Increases use of alcohol or drugs
- Recently experienced severe losses, which can include loss of health, job, home, relationship, etc.
- Recently experienced a perceived "failure" or "humiliating" situation
- Irritable

Note: a suicidal person may not display all these characteristics, but the list can offer some guidelines of what to look for.

2. **Ask** about suicide.

    - If suicide comes up, talk openly and matter-of-factly about suicide.
    - Talking about suicide will NOT give someone the idea to do it.

- Ask the following questions directly:
  - "Are you having thoughts of suicide?"
  - "How long have you had these thoughts?"

Stage 2: Understand and Assess

3. **Listen** to the client's reasons for living and dying.

   - Listen empathetically.

   - Let the client talk and express emotions. Practise active listening and reflecting skills.

   - Listen to reasons for dying, which may include events, the meaning of events and the person's reactions to those events. For instance, a university student may have failed an important exam. To him/her, this might mean that he/she is a failure and will never succeed in life. The student's reaction might then be to kill him/herself since life is meaningless without success.

   - Listen to reasons for living, which may include both internal and external things. Internally, they might be feelings, hopes, beliefs, values, attitudes or skills. Externally, they might include resource or support people, hobbies, family, friends, etc.

4. **Review** risk.

   - Explore whether the client has a plan, and the details of that plan.

   - **Method?** "Have you thought about how you would kill yourself?" or "Do you have a plan for how you would end your life?"

   - **Means?** "Do you have what you need to carry out your plan?" For instance, if the client plans on shooting himself, find out if he/she has a gun and bullets, or if he/she has a way to get a gun.

   - **When?** "Have you thought about when you would do it?" or "Do you have a plan for when you will kill yourself?" It is important to know if the plan is for tonight, or next week, or after the holidays, etc.

   - **Tips:** Be specific; do not talk in generalities. Be direct and ask the hard questions.

> **Key Point:** Establish whether a client has a plan, and the details of that plan. A person who has a plan is at much greater risk than someone who only talks about not wanting to live any longer.

Stage 3: Assist (Help)

5. **Contract** a safety plan.

After you have explored the client's feelings and reviewed their risks, if the client has a plan, you should develop and contract a safety plan. The safety plan should include the following:

- Support People: Involve friends and family of the client. Have the client identify several people who he/she can disclose his/her feelings to. You can actually call one or two of those people during the session if the client agrees.

- Remove the Means: If the client's plan involves the use of a gun, call the police to remove the gun from the house. If the plan involves taking pills, remove extra medication from the house. You can involve friends and family in this process.

- Plan to Not be Alone: Develop a plan so the client will not be alone if the person is acutely (actively, i.e. has a plan, method and means) suicidal. Involve a support person or people to stay with the client or have the client make arrangements to stay with family or friends.

- Develop Alternative Activities: Develop a list of options or actions for when he/she is feeling suicidal. These options should include activities like: calling a friend (list several people so that if one person is unavailable there are others to contact), going to a family member's house, going for a walk or getting some exercise, writing in your journal or calling a hotline. Make sure to include the client's support people in this plan, i.e. a friend should know if they are on a list to be called if your client is suicidal.

- Make a Contract: Actually put a contract in writing. The contract should include the following: a time frame, a plan of action for when feeling acutely suicidal, and involvement of support people. (See the example of a Suicide Prevention Contract.) A contract can also be made verbally, i.e. over the phone; however, if you are with the client it is best to put it in writing.

- NOTE: Develop your own contract. Do NOT photocopy and use the example contract included in this manual.

- **If the client cannot agree to the contract or refuses to sign it, you should call the police.** Remember that harm to oneself (i.e. suicide) is an exception to the counsellor confidentiality or privacy pledge.

6. **Follow up** on commitments.

   - This would happen in future counselling sessions.

   - Did the client uphold the safety plan contract? Talk about how he/she did that, what worked and what did not work, what he/she needs for the future, etc.

   - At this stage you can also talk about triggers. Are there behaviours, situations or events that increase the intensity of the suicidal thoughts and feelings? For instance, are suicidal thoughts worse when the client is alone, or when he/she is drinking, etc.

   - Identify these triggers and develop ways to avoid them or reduce them.

DON'Ts for working with suicidal clients:

- **Don't** act shocked, but talk openly about suicide.
- **Don't** be judgemental.
- **Don't** talk in generalities; be specific.
- **Don't** agree to keep secrets. Seek support from client's friends and family, and involve them in a prevention plan.
- **Don't** leave an actively suicidal person alone.
- **Don't** offer glib reassurance; do not promise that things will get better.

SUICIDE RISK REVIEW

ARE YOU HAVING THOUGHTS OF SUICIDE? YES √

CURRENT FACTORS:

- **Current Suicide Plan**
  How? How Prepared? How soon? YES √
- **Pain**
  Do you have pain that sometimes feels unbearable? YES √
- **Resources**
  Do you feel you have few, if any, resources? YES √

BACKGROUND FACTORS

- **Prior Suicidal Behaviour**
  Have you ever attempted suicide before? YES √
- **Mental Health**
  Are you receiving or have you received mental health care? YES √

Suicidal Checklist

A person may be suicidal if he/she:

- ❑ Talks about committing suicide
- ❑ Feels and expresses hopelessness
- ❑ Appears depressed or sad most of the time
- ❑ Has trouble eating or sleeping
- ❑ Withdraws from family and friends and/or social activities
- ❑ Loses interest in work, school, hobbies, etc.
- ❑ Makes out a will and final arrangements
- ❑ Gives away prized possessions
- ❑ Has attempted suicide in the past
- ❑ Takes unnecessary risks
- ❑ Is preoccupied with death and dying (thinks and talks about death and dying a lot)
- ❑ Neglects personal appearance
- ❑ Increases use of alcohol or drugs
- ❑ Recently experienced severe losses, which can include loss of health, job, home, relationship, etc.
- ❑ Recently experienced a perceived “failure” or “humiliating” situation
- ❑ Irritable

Note: a suicidal person may not display all these characteristics, but the list can offer some guidelines of what to look for.

Suicide Prevention Contract
(EXAMPLE ONLY)

I, _____ agree to not harm myself or make any attempts at
Name of Client

ending my life. This agreement will be begin from today at _____
Date and Time

and continue until _____.
**Date and Time of Next Counselling Session*

If I feel that I am unable to keep this contract I will call _____.
Support Person's Name

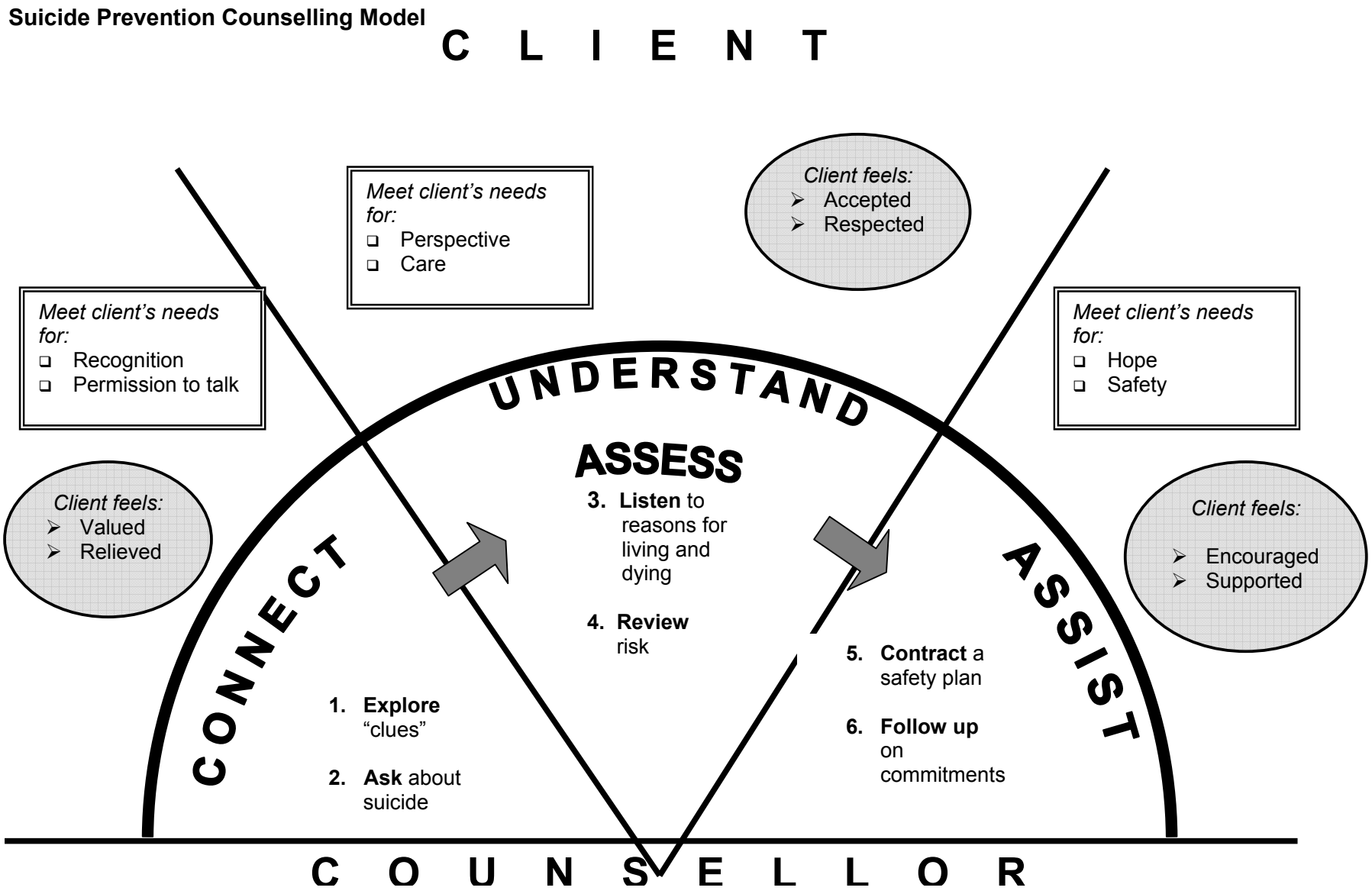
I will not take any action until after I have spoken with _____.
Support Person or Counsellor

_____ _____
Client's Signature *Date*

_____ _____
Counsellor's Signature *Date*

**The time frame of the contract should be no more than a week, but shorter, even overnight, if the client is acutely suicidal.*

Suicide Prevention Counselling Model



CHILD ABUSE

What is child abuse?

- Physical abuse (non-accidental injury)
- Sexual abuse
- Emotional abuse
- Neglect
- Bullying
- Ritualistic abuse

Namibian Definition of Child Abuse: "… all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child." Committee on the Rights of the Child, Namibia, Paragraph 19(1).

What are the signs that a child is being abused?

- Withdrawal, lack of confidence and poor self-esteem.
- Insecurity that may lead to aggressive behaviour.
- Poor social skills: an inability to form relationships or form relationships that last.
- In younger children: bedwetting, thumbsucking or babyish behaviour.
- Poor performance at school.

A child may not want to tell you about the abuse because he/she:

- Might have been threatened by the abuser.
- May think you will withdraw your love/respect if you know the truth.
- Feels ashamed.
- May want to protect the abuser if he/she is a family member.
- May not know the words to use to explain what happened.

It can be helpful to have a child draw pictures to help explain what happened.

Some of the things you might say when counselling a child who has been abused:

- "I believe you."
- "Thank you for telling me that this has happened to you. I am going to try and help you."
- "I am sorry that this has happened to you."
- "It is not your fault."
- "What this person did is very wrong."
- Encourage the child to talk it out.
- Answer the child's questions honestly.
- Explain what will happen next.

If you suspect a child is being abused:

- It is a time to act; do not simply reflect the child's feelings, but also do not try to take the matter into your own hands.
- Report the matter immediately to the nearest Women & Child Protection Unit of the Namibian Police. If you think a rape has just taken place, do not allow the child to wash, but go to the police immediately.
- A social worker will follow up the case and arrange for the child to have a medical examination.

What is unique about addressing child abuse in counselling?

- When working with the child, it is important to reassure the child.
- It is a time to act; it is a crisis or traumatic situation.
- Children are not a verbal as adults, so you may need to use other ways to find out what happened.

Child Abuse Checklist

- Withdrawn, prefers to be alone
- Lack of confidence
- Poor self-esteem
- Irritability
- Excessive crying
- Aggressive behaviour, i.e. getting into fights
- Withdrawal
- Poor social skills, i.e. inability to make friends, or keep friends
- Bedwetting, thumb sucking or babyish behaviour (especially in younger children)
- Poor performance at school

Common Mistakes When Talking to Children:

- Talking too much and not giving the child time to express him/herself.
- Being critical, judgemental or argumentative.
- Laughing at or humiliating the child (mocking the child).
- Being aggressive or bullying.
- Showing signs of being upset.
- Trying to get too much information on first contact or when child is ill.
- Assuming caregiver who brought the child is the best contact for the child.
- Not paying attention to non-verbal communication.
- Being uncomfortable or embarrassed when a child is upset.
- Not respecting the child's beliefs, ways of life, or concerns.
- Not creating a situation of trust.
- Constantly trying to reassure the child despite their legitimate fear, or the counsellor's inability to protect the child.
- Disclosing HIV status to caregiver and child at the same time.

Self-Assessment and Improvement Worksheet

Strengths:
My strengths as a counsellor; the basic counselling skills I am good at:
Example: I am good at establishing the relationship and making the client feel comfortable in counselling.

How will I use this to build on my skills as a counsellor?
Example: I will expand my ability to make an initial connection with a client to build trust to allow the client to explore very personal things that are often hard to talk about, such as sexual behaviour.

Areas for Improvement:
The areas where I need to improve as a counsellor, or the skills I struggle with:
Example: I am uncomfortable when my client is emotional and try and make her feel better by reassuring her, and then I usually give advice instead of helping the client explore her feelings and options.

How will I work on improving these skills?
Example: I will write in my journal every day about my own feelings to get comfortable with my own emotions. I will role play with my counselling colleagues, focussing on validating the feelings and not giving advice.

STRESS & CARING FOR YOURSELF

Definition of Stress:

- Stress exists when the demands of our lives are greater than our inner resources to deal with them.

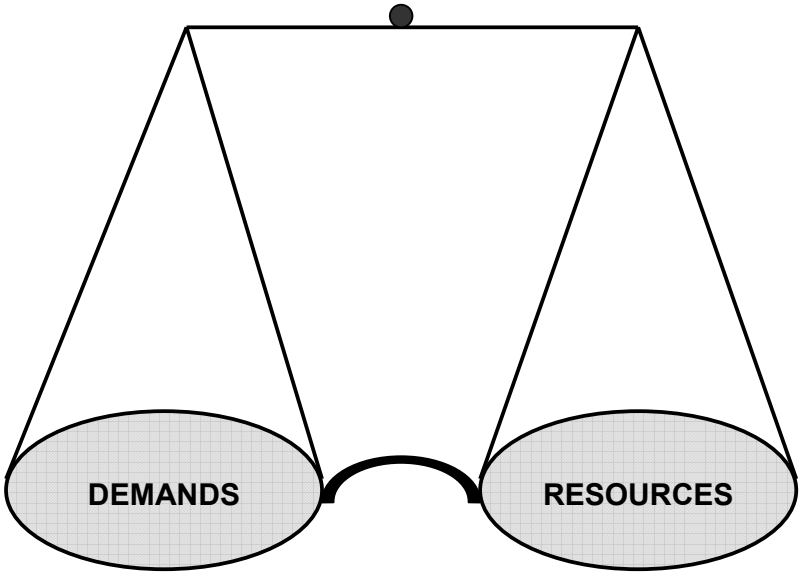
- However, since perceptions are so important, it would be more accurate to say the stress exists where we perceive our demands to be greater than our perceived coping resources.

- Our perceived demands are not only external demands (demands from others, i.e. paying school fees for our children), but also internal demands (expectations we have for ourselves, i.e. "I must always be independent and do everything on my own.") that can make it more difficult for us to cope.

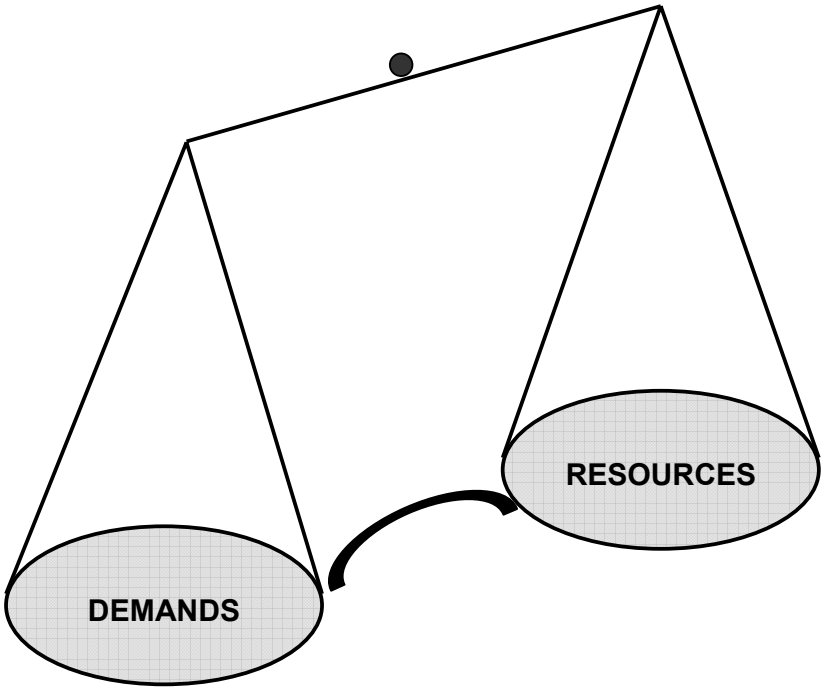
Key Point: Stress exists when our perceived (internal and external) demands exceed our perceived (internal and external) coping ability.

Key Point: It is important to know how you personally respond to stress so that you can identify the signs and signals in order to take care of yourself. It is also important to know how we each contribute to our own stress through our internal demands. You cannot help others if you do not take care of yourself.

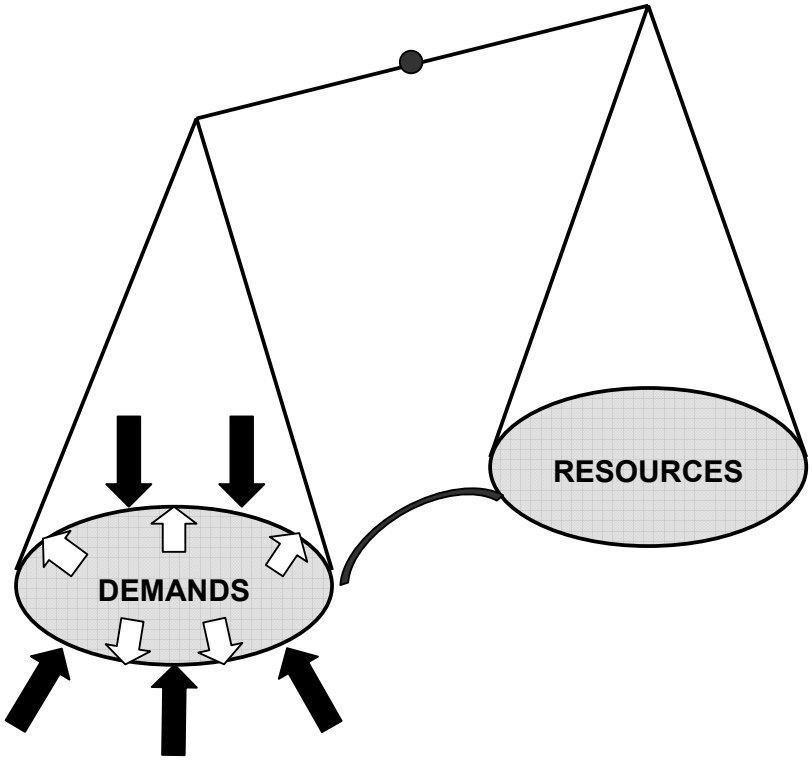
Equilibrium/No Stress: Perceived demands are equal to perceived resources.



Stress: Perceived demands are greater, or heavier, than perceived resources.



Stress/Distress: Perceived internal and external demands are greater, or heavier, than perceived resources.



Written Exercise: Internal Demands

Write down three internal demands that you place on yourself. These would be things that make you feel guilty if you do not manage to do or accomplish them.

Write these internal demands as follows:

I should always…

1. _____.
2. _____.
3. _____.

These internal demands you are writing down are just for yourself. You will not be asked to share them. They are for you to be able to identify ways you increase your own stress levels through your internal demands.

Written Exercise: Responses to Stress/Distress

Draw the outline of a body. Then shade in where your body signals its own particular reaction to stress or distress.

Now add other ways that you react to distress; you can draw or write them in.

REFERRALS & ASSIGNMENT

- Referral: sending a client to another agency or organisation for help or information.

- Importance of Referrals: as counsellors, we cannot always provide all the services our clients need. For instance, a social worker might be able to help a client with a social grant or other services.

Tips for referring:

- A referral can only be made after assessing the client's needs. You must know more about a client and what he/she wants in order to make a good referral.

- Always counsel and work with a client; never blindly refer, even if requested.

- Referrals should be discussed and the client invited to come back to share his/her experience with the referral organisation. This is to provide a back-up support system when people are perhaps disappointed or despondent because of waiting lists, answering machines or other stumbling blocks in the referral process.
- Referrals can sometimes be a part of the discussion on Problem Management in the Resolution Phase of a counselling session.

- You can also refer clients to address one aspect of their problems and continue with counselling. For instance, you could refer them to get social grants and continue to work with them for adherence counselling.

- Learn as much as possible about the resources in your community.

- Visit agencies and meet people working at places you may refer to so that you can better understand what services they provide.

Assignment: In order to meet the needs of our clients, we as counsellors need to know what services there are in our communities. During your week at home, I would like for you to find out about the other services in your community. These services can include social workers, government agencies, non-governmental agencies, church groups, etc. You are going to be compiling a Referral Resource File to be used with your clients in counselling.

Your assignment is to conduct at least three interviews with people at other social service agencies, but you are encouraged to meet with more people. The purpose of these interviews is to find out more about the agencies and what they do, as well as to introduce yourself and your role in the community.

Suggested questions:

- Please tell me about your agency and its history in Namibia/this community.
- What kind of services do you provide?
- What populations do you work with? Who do you help?
- What kinds of help do you provide?
- Are there any criteria that a client must meet in order to receive your services?
- Do you have a process for referrals?
- Is there a waiting list?
- What is the best way to contact your agency? Who is the contact person?

Additional Assignment: Though we have collected your journals, you are encouraged to purchase a small notebook and keep your own personal journal. This can help with stress reduction. It can also help you reflect on your life and your counselling skills in order to improve your work as a counsellor. Remember that knowledge, understanding and acceptance of ourselves improve our ability to help others.

Optional Assignment: This assignment is not required, but you are encouraged to go for an HIV test. You might wonder why we are encouraging you to do this. The rest of the training will be focussed on issues surrounding HIV. We will be talking about VCT (voluntary counselling and testing), so it would be helpful if you have experienced what it feels like to be a client before you are trained as a counsellor.

ROLE PLAY FEEDBACK FORM

Trainee's Name: _____

		Evaluation Out of 10
INTRO	**Introduction/Greeting (Establish the Relationship)**	
EXPLORATION	**Listening Skills** *(Tick if skill was used appropriately)* ❑ Non-Verbal Communication: facial expression, posture, eye contact, proximity ❑ Verbal: tone of voice, volume	
EXPLORATION	**Reflecting Skills** *(Tick if skill was used and write in examples)* ❑ Reflecting Feelings ❑ Affirmation ❑ Restating/Reframing	
EXPLORATION	**Probing/Action Skills** *(Tick if skill was used and write in examples)* ❑ Asking Questions (Clarifying) ❑ Interpreting/Making Statements ❑ Confrontation/Challenging ❑ Information Sharing & Education	
RESOLUTION	**Problem Management Techniques** *(Write in examples)* (Brainstorming, Balancing Out, Creative Bridges, Referrals or others)	
TERMIN	**Reflecting Skills** *(Tick if skill was used and write in examples)* ❑ Summarising	
	Trust Building/Empathy *(list ways counsellor built trust with client)*	

Overall Rating:

- ❑ Outstanding
- ❑ Very good
- ❑ Okay, needs some practise
- ❑ Weak, needs a lot more practise
- ❑ Very weak

Write comments on the back.

DO'S: WHAT TO DO IN COUNSELLING

Communication Skills for Good Interpersonal Relationships:
A response made to a person can have a positive or negative effect on the relationship. Be aware of your body language such as facial expression, gestures, closeness/distance and tone of voice. Remember empathy and putting yourself in the other person's shoes. Remember to try and see things through his/her perspective.

Below are some specific suggestions:

Trust Building

1. *Show interest in what the other person is saying*. This can be done through body language such as eye contact, nodding and responding appropriately.

2. *Listen carefully*: This is the most important skill in counselling and interpersonal relationships, but it takes time and practise. Remember that listening is not simply not talking, but also making sure that you understand what the client is communicating.

3. *Have a warm facial expression*. Check your expression in the mirror to see what you are communicating with your face.

4. *Be a good role model*. Behaviour is learned through imitation. You are a role model to your clients. Behave in a way that you would want them to behave.

Exploration: Understanding the Problem

1. *Ask if he or she would like to talk about the problem*. A person may not be ready to talk about a situation because they are too emotional. Be respectful of the client's feelings and wishes.

2. *Encourage the person to talk by reflecting his or her feelings*. This is repeating what the person has said by using synonyms, but without changing the meaning or adding any of your own ideas. Sometimes just listening and allowing a person to talk is helpful for him/her. You do not need to solve his/her problems or offer advice; just let the person know that he/she is heard.

3. *Make appropriate empathetic responses when indicated*. If someone says that their brother was diagnosed with AIDS and died, express your sympathy.

4. *Ask how he/she feels about the situation*. Do not assume that you know how a person feels. Ask the client to clarify or to encourage him/her to talk about the feelings.

5. *Be neutral*. Do not agree or disagree. Remember, this is relationship building and counselling, not a friendship in a social situation. This is difficult to do since we are used to agreeing or disagreeing, but just reflect back the person's feelings. Once you begin agreeing or disagreeing, you will be imposing your ideas and values on the client. For instance, if the client says, "Nurse Katjindee is so rough and mean, isn't she?" you should reflect back, "You feel like the nurse isn't kind and caring." Ignore the "isn't it?" part of the client's statement.

6. *Try to have unconditional acceptance of the person*. Be careful to accept the person even if you may disagree with their behaviour. Do not judge a person for his/her behaviour. For instance, if a person is promiscuous, do not judge him/her, but rather accept the person and separate him/her from the behaviour.

7. *Express open-mindedness even toward irrational attitudes and thoughts*. Again, do not judge. Listen and ask questions in order to better understand the client's perspective.

8. *Respect the right of the other person to express different values and preferences from you*. Try to keep your values and preferences to yourself. It is not necessary to share them with the client. However, if they express dislike of the picture on your wall, that is OK.

Resolution: Decision-Making

1. *Counsel rather than advise*. You can present information so that the person has more data and can then make his/her own decision. Be careful not to tell the client how to behave or what decision to make.

2. *When you provide information, make sure that you are providing accurate information*. Do not just provide opinions, but give clients facts and let them make their own decisions.

3. *Encourage clients to use "I" or "me" messages*. Steer the client away from blaming others for his/her behaviour and take ownership for his/her thoughts, feelings and behaviours. For example, instead of saying, "Your radio is so loud and annoying," say "I am having trouble concentration with your radio on so loud."

Termination: Ending the Session

1. *Refer when necessary*. You cannot be expected to help everyone. Sometimes we need to refer to someone else to help a client.

DON'TS: WHAT TO AVOID IN COUNSELLING

Below is a list of what to avoid when interacting with others, especially in a counselling relationship.

1. Avoid exclamations of surprise.
   Client: "I slept with my boyfriend last night and we did not use a condom."
   Wrong: "Oh, my goodness. Has your boyfriend been tested for HIV/AIDS?"
   ***Correct**: "Tell me more about that."*

2. Avoid expressions of over-concern.
   Client: "I often feel like I do not want to go on living."
   Wrong: "How horrible for you!! Please tell me that you are not going to try and commit suicide!"
   ***Correct**: "When do you feel this way? Can you tell me more about these feelings?"*

3. Avoid moralistic judgments or preaching.
   Client: "I feel really bad. I slept with two different people last weekend."
   Wrong: "You should feel bad. The Bible says that you are only to have sex with your husband."
   ***Correct**: "You said you feel really bad. Can you describe that a little more?"*

4. Avoid being punitive.
   Client: "I did it again: I went to the bar last night and drank too much and then when home with someone I didn't know."
   Wrong: "I do not know if I can continue to counsel with you if you do not start making good decisions."
   ***Correct**: "Tell me more about what happened and how you're feeling now."*

5. Avoid criticising.
   Client: "My boyfriend just found out he is HIV-positive. But things are going on as usual. I feel pretty good about it."
   Wrong: "How can you feel good about it? You must change your behaviour so that you don't get infected!"
   ***Correct**: "I am not sure I understand. Can you tell me more about what you are thinking and feeling?"*

6. Avoid making false promises.
   Client: "I have had a really miserable week."
   Wrong: "Next week is bound to be better."
   ***Correct**: "What made this week so miserable?"*

7. Avoid threats.
   Client: "I had unprotected sex again this last week."
   Wrong: "If you do not stop having unprotected sex, you are going to get AIDS."
   ***Correct**: "How are you feeling about that?"*

8. Avoid burdening others with your own difficulties. Do not bring up your problems and concerns with a client.
   Client: "I do not have enough money to pay the rent next month."
   Wrong: "I hear you. I don't have enough to pay for electricity. I don't know what I'm going to do."
   ***Correct**: "Sounds like you have some real financial concerns. Let's talk more about that."*

9. Avoid displays of impatience: this could be impatience at the client's continued grief or depression. It could also be impatience if you do not have the time to talk to the client at this time. Be direct and reschedule a time when you can talk to the client.
   Client: (crying) "I miss my husband so much and cannot seem to stop crying."
   Wrong: "It has been 6 months since your husband passed away. It is time you moved on."
   ***Correct**: "It's so painful to miss someone."*

10. Avoid political or religious discussions: avoid sharing your personal beliefs or values. If the client wants to talk about his/her beliefs, you can listen and reflect, but do not insert your values.
    Client: "The church I attend says it is wrong to have sex before marriage. What do you think?"
    Wrong: "The church is absolutely right. That is why AIDS has spread so rapidly."
    ***Correct**: "Tell me more about what you think and feel about it."*

11. Avoid arguing.
    Client: "I am so stupid. I cannot believe I failed the exam."
    Wrong: "You are not stupid."
    ***Correct**: "How does failing the exam make you stupid?"*

12. Avoid ridiculing: this does not show acceptance and understanding.
    Client: "I have only had sex with my husband so I will not get AIDS."
    Wrong: "That is such a naïve way to think. Are you stupid?"
    ***Correct**: "It sounds like you are a very trusting person."*

13. Avoid belittling. Remember that you are to encourage and empower the client, not embarrass or belittle them.
    Client: "I stayed out really late last night at the bar and was too tired to get up this morning and go to work."
    Wrong: "You are behaving like a teenager or a child. It is time you grew up and behaved like an adult."
    ***Correct**: "What are the results of the decision you made last night to stay out so late?"*

14. Avoid blaming another person. Encourage the client to take responsibility for his/her own behaviours.
    Client: "It is my husband's fault. He makes me so mad and then I do things I regret."
    Wrong: "If your husband had not made you mad, you would not have behaved irresponsibly."
    ***Correct**: "What are you in control of? What are other possible reactions to your husband?"*

15. Avoid rejecting the other person. Remember to be accepting.
    Client: "I got mad at my supervisor and quit my job yesterday."
    Wrong: "How could you be so stupid? How will you support yourself now?"
    ***Correct**: "You must have been very upset to quit your job. Tell me more about the situation."*

16. Avoid displays of intolerance. Be accepting of the client.
    Client: "I went out to the bar last Friday and ended up sleeping with someone I met there."
    Wrong: "Oh no, there you go again, increasing your risk of being infected with HIV or AIDS."
    ***Correct**: "Can you tell me more about what happened?" or "How are you feeling about it now?"*

17. Avoid dogmatic statements or blanket statements.
    Client: "I am gaining too much weight."
    Wrong: "Nonsense, fat people are happier than thin ones."
    ***Correct**: "Do you feel that you should be thinner?"*

18. Avoid trying to make deep interpretations of the client's problems.
    Client: "I have told you what's bothering me. Why do you think that is?"
    Wrong: "I think you have an inferiority complex and cannot form positive relationships."
    ***Correct**: "We should look at this together. Why do you think you may be bothered by these things?"*

19. Avoid probing of difficult or emotional material when the client resists.
    Client: “I just do not want to talk about my mother right now!”
    Wrong: “You must do so if you want to see some positive changes.”
    ***Correct**: “It is hard for you to talk about her.”*

20. Avoid unnecessary reassurance.
    Client: “What am I going to do now that my husband is gone?”
    Wrong: “It will be OK. Everything will work out just fine.”
    ***Correct**: “Let’s explore your concerns further and then maybe we can look at some of your options.”*

21. Avoid advising.
    Client: “My boyfriend has been drinking a lot lately and last night he got mad when I told him not to drink all of my money away. He hit me.”
    Wrong: “How could he do that? You need to leave him.”
    ***Correct**: “How are you feeling today?”*

22. Avoid labelling.
    Client: “My boyfriend does not want to use a condom.”
    Wrong: “Men! They are always like that!”
    ***Correct**: “How do you respond to him when he says that?”*

REFERENCES: BASIC COUNSELLING SKILLS MODULE

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