



Community Counsellor Training Toolkit

Module 2

Basic Counselling Skills

Facilitator Manual

LifeLine/ChildLine Namibia



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Facilitators who use this manual must be trained in both facilitation and advanced counselling skills.

Revised and adapted by Lisa Fiol Powers
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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 Health 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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FACILITATOR'S INTRODUCTION TO THE BASIC COUNSELLING SKILLS MODULE

The Basic Counselling Skills Module of the Community Counsellor Training Toolkit starts with a definition of counselling, specifically person-centred counselling, which is the theoretical basis for the counselling approach taught in this Toolkit. The role of the counsellor and the important qualities of counsellors are emphasised at the beginning of this module. In the first few sessions, participants may express their surprise that counselling is not what they had expected. The general assumption of counselling is that it involves giving advice, telling people what to do or solving clients' problems for them. Stress the importance of the counsellor's role in support and exploration; emphasise the client as the expert in and about his or her life who must make his or her own decisions. The counsellor facilitates this process for the client.

After counselling and the role of the counsellor have been clarified, the focus is on introducing basic counselling skills. These are the building blocks to be honed throughout the Community Counsellor Training Toolkit. Each skill is presented through a brief explanation with examples, followed by practical activities designed to enable participants to understand the concepts and practise these new skills. The basic counselling skills covered in this module are listed below.

Empathy*

Listening Skills*

Reflecting Skills:

Reflecting Feelings*

Restating/Reframing

Affirmation*

Summarising*

Probing/Action Skills:

Asking Questions (Clarifying)*

Interpretation or Making Statements

Confrontation or Challenging

Information Sharing and Education

Problem Solving/Problem Management

* These are the **essential counselling skills**. For slower groups, especially groups who have trouble with language, only focus on these skills.

Some of these skills may be intuitive for participants, but many of them take a great deal of practice to master. It is not enough for participants simply to have the skills explained to them; counsellor trainees must practise and practise these skills to be able to use them effectively in counselling. It is due to this fact that the focus during Basic Counselling Skills should be on role plays, stressing quality role plays to develop these fundamental skills.



Some groups you train will be well educated and fluent in English. For those groups, you may find that you can explore and practise all of the skills in the manual. However, there are other groups who may struggle with language and therefore find these concepts and skills difficult to grasp. For those groups, do not try to rush through all of the skills in this manual. It is best that you cover fewer skills, allowing participants the time to grasp them conceptually as well as practising them through multiple role plays. The essential counselling skills have been highlighted in the list on the previous page. If the group you are training is slower, then focus only on the skills that are both highlighted and starred.

After all the basic counselling skills have been introduced and practised, there are a couple of important sessions: Ethics in Counselling and Understanding Behaviour Change. An ethical approach to counselling is critical for providing quality counselling to clients. Understanding Behaviour Change sets the stage for the different kinds of HIV counselling that will be addressed in future modules. Most counselling, especially HIV counselling, involves some kind of decision-making and behaviour change. Therefore, participants must understand how they have changed their own behaviour prior to exploring this process with clients.

The last section of Basic Counselling Skills addresses some specific issues in counselling. These counselling topics include: substance abuse, domestic violence, crisis counselling, suicide prevention and child abuse. The focus of these sessions is on content and information about these specific counselling topics rather than on developing the skills for working with clients who are struggling with these issues. As a result of this focus on content, there are few role plays and opportunities to practise counselling skills. There is a great deal of information included in the participant manual which participants can use as a reference since the time spent on these topics during training is not sufficient to understand and master the skills required to address these issues in counselling.

Finally, the concepts of stress and caring for oneself, both as an individual and a counsellor, are introduced at the end of this module. This is also an essential skill for counselling, even though it is practised outside of the counselling session. Future modules will pick up this theme and explore it further in the context of counselling.

Time Management: As with most of the modules in this Toolkit, unless your group learns quickly, there is too much material in the Basic Counselling Skills Module to cover in a week-long workshop. Focus on the core counselling skills, as these are the skills that all counsellors will use in every counselling setting. You may skip some of the counselling topic sessions such as Substance Abuse, Domestic Violence and Child Abuse. These topics can be covered in later weeks of training such as HIV Counselling and Testing, Adherence Counselling or Counselling and PMTCT.



SESSION 1: INTRODUCTION TO BASIC COUNSELLING AND REVIEW ASSIGNMENTS FROM PERSONAL GROWTH

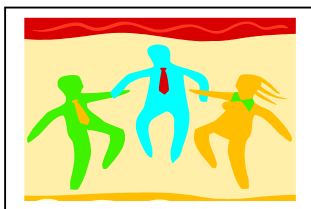
Objectives:

1. Open the second training module.
2. Check-in.
3. Review assignments from Personal Growth.

Time: 1 hour (60 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Welcome & Introduction Activity	15 minutes	
Check-In: Weather Report	15 minutes	
Review Assignment from Personal Growth	15 minutes	
Introduction to Basic Counselling Skills Module	15 minutes	Flipchart paper Markers



Activity 1

Welcome & Introduction Activity

Time: 15 minutes

Note to Facilitator: It is best to start the workshop with an engaging activity. Since participants already know each other from Personal Growth, you could do a short “Ice Breaker” activity such as the one described below. Refer to the Facilitator’s Guide, “Introductions: The First Session of a Workshop” for additional ideas for opening activities.

Have You Ever: (a variation of the signature game and all my neighbours)
Have the group form a circle. Then ask a question starting with “Have you ever...” Anyone who has done that thing should go to the middle of the circle. Ask one of the people in the centre to ask the next question. Some “have you ever...” questions are listed below:

- Have you ever climbed to the highest point in your country of birth?
- Have you ever ridden a horse?

- Have you ever lived overseas for more than one year?
- Have you ever cooked a meal by yourself for more than 20 people?
- Have you ever had a close relative who lived to over 100?
- Have you ever broken a bone in your body?
- Have you ever fallen off a bicycle?



Activity 2

Check-In: Weather Report

Time: 15 minutes

- We are going to report on the weather this morning. You have all seen the weather report on television. The weather reporter talks about the weather using terms like sunny, hot, dry, humid, possible thunderstorms, chance of rain, highs and lows, pressure systems, etc.
- In our weather report, we talk about the weather we are experiencing inside of us. A person who is happy may describe the weather as sunny and breezy. Someone who is sad may describe the weather as overcast or cloudy.
- Each of you is going to give your weather report. You can include the weather for the week that you were in your communities or you could give the forecast for this week of training.
- *Have fun with this activity. Participants may exaggerate their role as the weather reporter.*



Activity 3

Review of Assignment from Personal Growth

Time: 15 minutes

We are going to talk about your assignments from Personal Growth. Remind me of your assignments. *Let the participants respond. The basic assignments are listed below. The full assignment is included at the end of this session.*

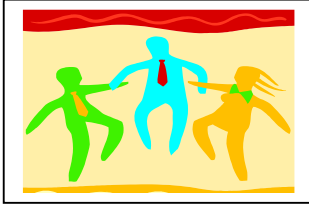
- Write in your journal every day.
- Write about why you want to be a counsellor, what you are looking forward to and what your fears are.

- Focus on happiness (these can also be journal topics):
 - Count Your Blessings
 - Practise Acts of Kindness
 - Enjoy Life's Little Joys
 - Thank a Mentor
 - Learn to Forgive
 - Invest Time and Energy in Friends and Family
 - Take Care of Your Body

Processing Questions:

- ❖ What was it like to do this assignment? What was it like to write in your journal every day? Did you sometimes forget?
- ❖ When you found yourself focussing on happiness, did anything change in your life?
- ❖ Would anyone like to share their experiences of practising acts of kindness?
- ❖ Would anyone like to share what it was like to thank a mentor?
- ❖ What about learning to forgive?
- ❖ Would anyone like to share their reasons for becoming a counsellor, or your fears or concerns?

Note to Facilitator: You can collect the journals at the beginning of the week. However, I would suggest that you do so at the end of the week so that participants can continue to journal throughout the week. Encouraging them to journal is just one technique for developing self-reflection and evaluation skills. It also can be a way to reduce stress.



Activity 4

Introduction to Basic Counselling Skills Module

Time: 15 minutes

Note to Facilitator: In this section, you should cover the following topics:

- Outline of the course. Highlight the following:
 - First, we will define counselling.
 - Then we will focus on developing basic counselling skills. The skills fall in five categories: empathy, listening skills, reflecting skills, probing/action skills and problem-solving techniques.
 - Since we are developing skills, we will focus on practising these new skills through role plays. We will be doing many role plays this week.
 - At the end of the week we will look at some specific topics in counselling.
- Review the group rules. Be sure you bring the rules pictures/flipchart that the group created during Personal Growth.
- Cover any housekeeping issues.
- You may also address any expectations that participants have for the course.

Note: Make sure that you prepare your introduction with notes so that it is short and to the point. It does not need to be long, but you will need to cover the main points.

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. Practiced 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?



SESSION 2: COUNSELLING INTRODUCTION

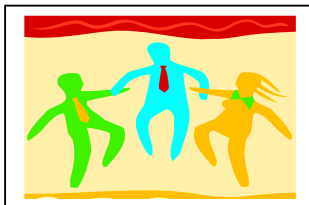
Objectives:

1. Define counselling as a process and relationship.
2. Identify characteristics of a counsellor.
3. Discuss key qualities and unique characteristics of the counselling relationship.

Time: 1 hour 30 minutes (90 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Introduction: Define Counselling	10 minutes	Flipchart paper Markers
Small Group Discussion: Developing Relationships	35 minutes	Prepared flipchart Flipchart paper/Markers
Large Group Discussion: Differences in Counselling Relationship Aims of Counselling	15 minutes	
Activity: Trust Building	30 minutes	Blindfolds for half the group



Activity 1

Introduction

Time: 10 minutes

This section of your training will focus on basic counselling skills. All of you are here to be trained as counsellors, but we have yet to define what exactly counselling is. Each of you has an idea of what you think counselling is, and I would like for us to spend some time talking about this.

How would you define counselling? What is counselling?

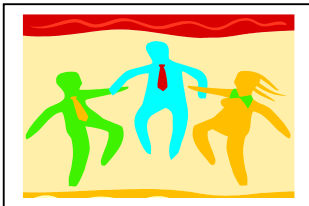
Note to Facilitator:

- Brainstorm a list of what counselling is.
- It might be helpful to have someone act as a scribe. This person should write all responses on flipchart paper.
- When the list is exhausted, highlight that counselling is many things, but above all **counselling is a relationship**. Point out that the relationship is the foundation for counselling.

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.

**Activity 2****Small Group Discussion****Time:** 35 minutes

Remember that we talked about relationships in the Personal Growth Course. Can you remember what we discussed there? What were the characteristics we talked about in relationships? I would like for you to divide into small groups of 4 – 6 people. In your groups, discuss the following questions: *(display the questions on a prepared flipchart)*

- How is a counselling relationship similar and different from the various kinds of relationships discussed in Personal Growth?
- How is a counselling relationship different from other relationships?
- How is a counselling relationship similar to other relationships?

Circulate among the groups to answer questions and stimulate their discussions if needed. Give groups about 10 minutes to discuss these questions.

Processing after small group activity:

Compile a master list of qualities or characteristics for developing relationships. These would be the same qualities required to develop a counselling relationship.

Make sure the list includes the following:

- Communication
- Warmth
- Empathy
- Trust and dedication
- Respect
- Acceptance
- Genuineness (honesty or integrity)

Note to Facilitator: Refer to the Participant Manual (“Counselling: a Relationship Characterized by...”) as a reference for the participants. During these discussions, you can tell the participants to close their manuals. Let them know that you want them to participate in the discussion; the key points are already in their manuals for later reference.



Activity 3

Large Group Discussion

Time: 15 minutes

How is the counselling relationship similar to and different from other relationships such as friendships or family relationships?

Lead a discussion around this and compile a list of differences. Using a flipchart or a white board can help to give participants a visual learning tool. Highlight the following differences:

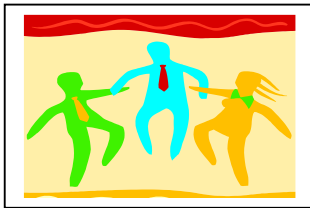
- Power difference: not an equal relationship.
- Client/patient is vulnerable/in need.
- Focus is on client’s needs, **not** counsellor’s needs.
- Time difference – do not have the luxury of time to establish the relationship. This is why elements of trust, understanding and acceptance are so important.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

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.

What are the aims of counselling?

Let participants actively contribute to what they see as the aims of counselling. Highlight the following points:

- 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.



Activity 4

Activity: Trust Building Exercise

Time: 30 minutes

- Please stand up and find a partner. You should all be in pairs.
- *Hand out blindfolds, one blindfold for each pair.*
- One person in each pair, please put on the blindfold. Make sure you cannot see anything.
- Now, I would like for the “seeing” partner to guide the blindfolded person around the room.
- *Give the group about 5 – 10 minutes and then switch roles.*

Processing Questions:

- ❖ What was it like to be blindfolded?
- ❖ What did your guide do to make you more comfortable? Did it work?
- ❖ What was it like to be the guide?
- ❖ How did you make the blindfolded person more comfortable?
- ❖ Which role was more comfortable for you: being the leader or the follower?
- ❖ Why did we do this exercise? *Make sure the responses include the following:*
 - Develop empathy for our clients.
 - Identify and experience ways to create a trusting environment.
- ❖ How does this exercise relate to counselling? *(see above)*
- ❖ How is a client's role similar to the role of the blindfolded person? How is it different?

- ❖ How is the counsellor's role similar to the role of the guide?
How is it different?

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.



SESSION 3: BASICS OF INTERPERSONAL COMMUNICATION

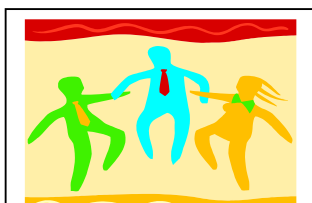
Objectives:

1. Define interpersonal communication.
2. Distinguish between verbal and non-verbal communication.
3. Understand that communication includes much more than the message or what is said.
4. Experience different types of non-verbal communication.
5. Identify barriers to good communication.

Time: 1 hour 40 minutes

Session Overview

Activity/Method	Time	Materials Needed
Introduction: Define Communication	15 minutes	Flipchart paper Markers
Activity: Telephone Game	10 minutes	
Activity: Birthday Order	10 minutes	
Large Group Discussion	10 minutes	Flipchart paper Markers
Non-Verbal Communication Activities	40 minutes	
Large Group Discussion Noise in Communication	15 minutes	Flipchart paper Markers



Activity 1

Introduction

Time: 10 minutes

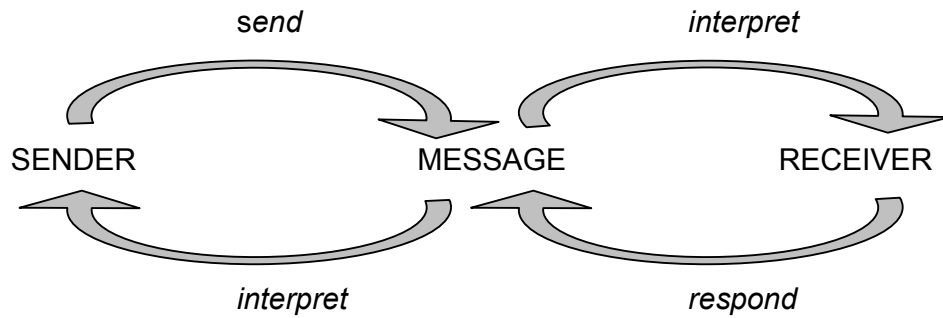
One thing that we mentioned as a central part of relationship building is communication, also called interpersonal communication. In this session, we are going to focus on interpersonal communication. We will begin by trying to define interpersonal communication.

How would you define interpersonal communication? *Brainstorm a list: interpersonal communication involves a lot of things. Highlight the following:*

- 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.

Note to Facilitator: If your participants have more formal education and are comfortable communicating in English, you can move quickly through this session. You may skip activities such as the Telephone Game and the Birthday Order.

Draw the diagram below on the white board or flipchart.



- 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.



Activity 2
Telephone Game
Time: 10 minutes

- *Divide participants into groups of 8 to 10 participants. All participants should stand in a circle. If your group is not more than 18-20 people, you can do this in one large group.*
- *Instruct one person to come up with a very short story (no more than 3 sentences) and whisper it to the person to his/her right.*

Note to Facilitator: Below are some sentences you could use for this game. You can simplify them for the group if needed. Only use one sentence.

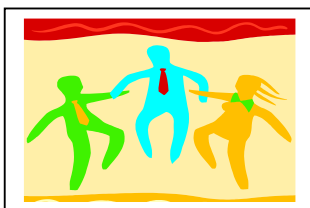
1. My mother went to Pick-n-Pay last Saturday morning. She bought a five kilo bag of maize meal and two loaves of white bread.
2. Last Sunday when my sister went to church she wore a pink, flowered dress and sandals.
3. Next weekend I am going to Windhoek to visit my brother and his family. My cousin is getting married.
4. Every weekend I wash my clothes, do my shopping, clean my house and visit my mother's house.

- That person then whispers what he/she heard to the next person. When whispering the message you may only say it once. You may not repeat it.
- The message goes around the circle to the last person. The last person then says what he/she heard out loud to the whole group.
- This is compared to the original message.

Processing Questions:

- ❖ How did the original message compare to the final message?
- ❖ What happened to the meaning of the message?
- ❖ Why did this happen?
- ❖ What was the purpose of this activity?
- ❖ Does this happen in real life?

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.



Activity 3

Activity: Birthday Order

Time: 10 minutes

- Before we define non-verbal communication, I want to do a short activity.

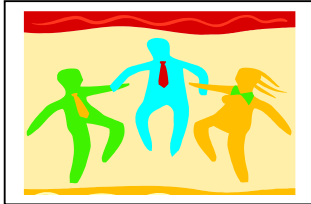
Note to Facilitator: This activity can be done in one large group if the group has less than 25 participants. However, if the group is larger than 25 participants, it would be best to divide into two groups.

- Everyone please stand up. You are going to arrange yourselves in a queue according to your birth day. This is only the month and day of your birthday, not the year. When you are finished, you all should be in a queue with the first person in the queue having a birthday in January or early in the year and the last person with a birthday in December or latest in the year.
- However, while you are doing this you are not allowed to talk. There should be no sound while you are arranging yourselves in order.

Make sure you observe the participants and see how they are communicating. When they are finished, you may want to check the order to make sure it was done correctly.

Processing questions:

- ❖ How did you arrange yourselves in this order? How did you communicate?
- ❖ Was it easy/difficult?
- ❖ Why did we do this activity?



Activity 4

Large Group Discussion

Time: 10 minutes

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

- Verbal communication
- Non-verbal communication

What is verbal communication?

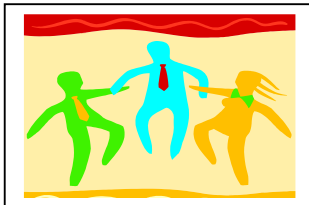
- What is said out loud
- Includes the message, but is not limited to that
- Includes volume (how loudly or softly the words are said)
- Tone of voice
- Language
- Sighs

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

Note to Facilitator: Illustrating different gestures, facial expressions and posture might be helpful in explaining the concept. For instance, you could make an expression and have the participants interpret it. The same can be done for gestures and posture, like crossed arms and legs or leaning forward, etc.



Activity 5

Non-Verbal Communication Activities

Time: 40 minutes

We are going to do a little experimenting with non-verbal aspects of communication. This should help us discover things about our own personal physical comfort levels during communication. It should also help us become more conscious of how non-verbal communication can influence the effectiveness of our communication.

Exercise 1: Close and Far (Proximity)

- Stand up and form two straight lines facing each other, about 1 meter apart.
- One side will be line A and the other line B.
- Line A participants: tell the person facing you in line B what you did last weekend for 1 minute.
- Both of you take one small step backward so that you are about 2 meters apart.
- Line B participants: tell the person opposite you what you did last weekend for 1 minute.
- Both of you take one large step forward so that you are right in front of each other.
- Line A participants: tell line B what you notice about what they are wearing, again for 1 minute.
- Take a step back.

Processing Questions:

- ❖ What was that like? What did you notice?
- ❖ At what distance were you the most comfortable/least comfortable?
- ❖ Did you make any accommodations to make it more comfortable?
- ❖ How close do you normally stand to someone when you are talking with them?

Exercise 2: Height Advantage

- Pair up with the person you were facing in the line and sit down next to each other.
- Now one person should remain seated and the other stand up. The person standing should talk for one minute about the last exercise.
- Switch positions and repeat the exercise.

Processing Questions:

- ❖ What was that like?
- ❖ How did you feel when you were standing/when you were sitting?

Exercise 3: Body Language

- In pairs, set up your chairs so that you are facing each other. Begin a conversation about what you enjoy doing in your free time.
- One person should turn away and not make eye contact.
- Switch roles.

Processing Questions:

- ❖ What was this like?
- ❖ How did it feel to be turned away and not looking at the other person?
- ❖ How did it feel to talk when someone was not looking at you?
- ❖ What happened in the conversation when positions were changed?

Exercise 4: Touch

- In pairs, face each other and hold hands.
- Talk about your trip to the training centre for this course.
- After two minutes, share with each other how comfortable you were holding hands.



Processing Questions:

- ❖ What was that like?
- ❖ How did you feel while holding hands?
- ❖ Did you make any adjustments or adaptations that might have made the physical contact more comfortable?
- ❖ What felt comforting?
- ❖ Did anything feel intrusive or uncomfortable?

Conclusion:

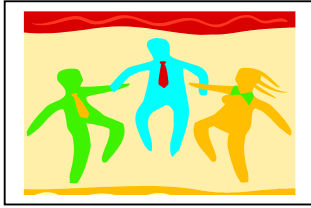
Why did we do these exercises?

- Our bodies play a very important role in communication.
- It is important to know our comfort levels with personal space, touch and proximity to others.
- It is equally important to be aware that the clients we care for also have individual comfort levels.
- We should do our best to notice and honour them.
- While touch is an important part of communication, it is determined largely by cultural norms. There are no universal standards.

How do your cultures view touch?

You may give an example from your culture to get the discussion started. For instance, it is acceptable for women to touch one another on the arm, but it would not be culturally appropriate for people of the opposite gender.

(This should be no more than a 5-10 minute discussion. The purpose is to get participants to think about these issues and realise that there are no hard and fast rules.)



Activity 6

Large Group Discussion

Time: 15 minutes

We have been talking about communication. Now we are going to talk about “noise” in communication. What do you think “noise” would mean when talking about communication? *Let participants give their ideas.*

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

Can you think of examples of what could be “noise”, or barriers to good communication? Make sure to include internal and external types of “noise.” *Let participants come up with a list of barriers. This list should include the following:*

- 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

SESSION 4: PERSON-CENTRED COUNSELLING

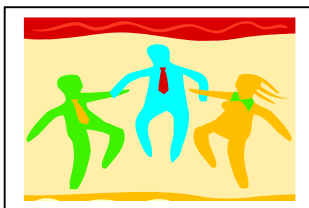
Objectives:

1. Describe person-centred counselling and its basic theoretical assumptions.
2. Explain these assumptions as they apply to the counselling setting.
3. Discuss how this approach may be different from pre-conceived ideas of counselling.

Time: 45 minutes

Session Overview

Activity/Method	Time	Materials Needed
Introduction: Define Person-Centred Counselling	30 minutes	Prepared flipchart
Large Group Discussion	15 minutes	



Activity 1

Introduction

Time: 30 minutes

We have highlighted the fact that counselling is a relationship. There are many theoretical approaches to counselling which 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

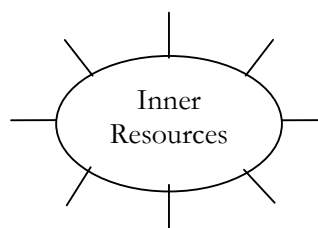
client to rely on his/her own inner resources rather than the counsellor guiding the client or offering advice.

- The person-centred approach **highly values the experience of the individual person and the importance of his or her subjective reality (perspective)**. *Refer participants to the Perceptions Session in Personal Growth.*
- 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.

What do we mean when we say that a person relies on his/her inner resources?

Let participants brainstorm. You can draw it on flipchart paper as a spider diagram with "inner resources" in the centre and lines going out from the centre for each idea. These can include the following:

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



You can also list external resources such as relationships, community, family, job, etc.

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

Basic theoretical assumptions: *(refer to prepared flipchart or overhead)*

Some of these assumptions may need to be simplified or explained using different words so that the participants can understand them. It is also helpful to give examples. Some examples are included below in italics to facilitate the discussion.

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

- 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. *Refer to Circles of Influence and Concern in Decision Making: Locus of Control Session from Personal Growth.*

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.

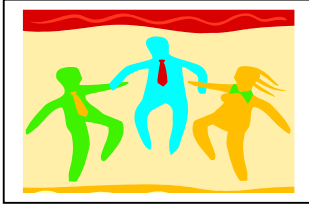
- People want to feel good about themselves and continuously need positive confirmation of their own self-worth from significant others (important people in their lives, loved ones). *Refer to Self-Concept Session in Personal Growth Course.*

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.



Activity 2

Large Group Discussion

Time: 15 minutes

What do all these assumptions mean for the counselling relationship?
Let participants discuss differences. Highlight the following:

- 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:
(refer to manual, flipchart or overhead)

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

- Is this what you thought counselling was when you first applied to become a community counsellor? How is it different?

Let participants discuss this. Most likely this is quite different from most people's understanding of what counsellors do. This discussion should help participants understand the significance of this approach to counselling.

- 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.

SESSION 5: MODEL OF A COUNSELLING SESSION

Objectives:

1. Identify and discuss the four phases of a counselling session.
2. Apply this counselling process model to role play scenarios.

Time: 50 minutes

Session Overview

Activity/Method	Time	Materials Needed
Introduction	10 minutes	
Presentation/Discussion: Phases of a Counselling Session	40 minutes	



Activity 1

Introduction

Time: 10 minutes

Display the “Model of a Counselling Session” (page 35). Looking at this diagram, what does it tell you about the process of a counselling session? Let the participants come up with their ideas based on the diagram.



Activity 2

Presentation/Discussion

Time: 40 minutes

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.

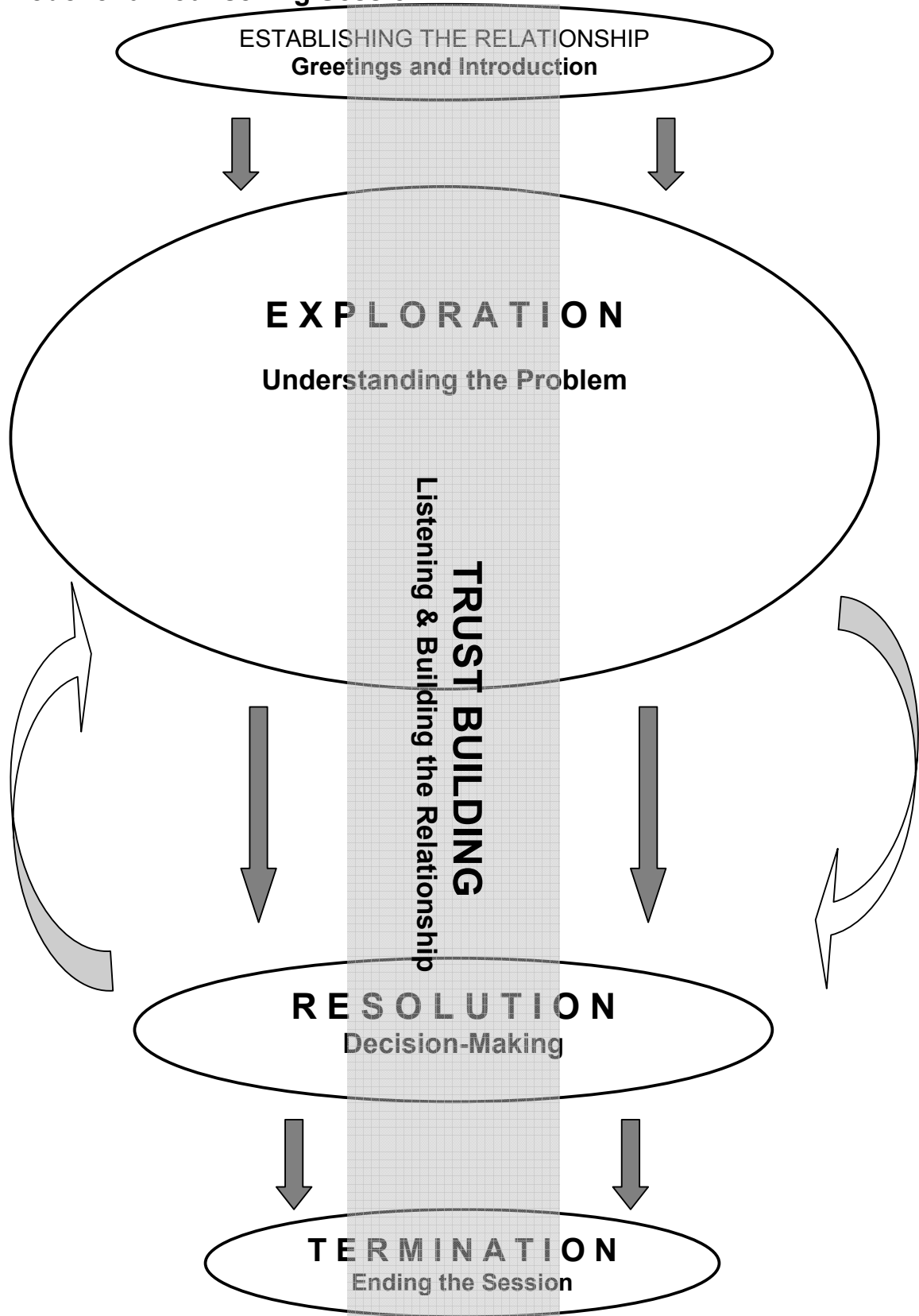
Why is this model for counselling important?

Let participants discuss. Key points to highlight:

- Keeps the counsellor and client focussed.
- Gives the counsellor some tools, or a map, for guiding the client through a problem.



Model of a Counselling Session



SESSION 6: ROLE PLAYS AND FEEDBACK

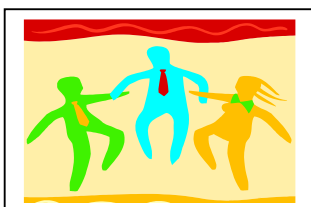
Objectives:

1. Identify the importance of role plays and how they will be used in this course.
2. Discuss guidelines for giving feedback.

Time: 40 minutes

Session Overview

Activity/Method	Time	Materials Needed
Introduction	5 minutes	Flipchart paper/markers
Large Group Discussion: Role Play and Giving Feedback	35 minutes	Flipchart paper/markers



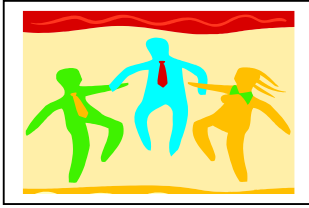
Activity 1

Introduction

Time: 5 minutes

Before we talk about basic counselling skills and how to conduct counselling sessions, there are a few ground rules about how we are going to go about learning how to be a counsellor.

- The key to learning the skills needed in counselling is to **practise**. You will not learn these important skills simply by talking about them.
- Over the rest of your training we will be reviewing and practising the basic counselling skills that you will learn this week.
- The primary way that we are going to be practising counselling skills is through role plays.



Activity 2

Large Group Discussion

Time: 35 minutes

Can anyone tell me what a role play is? *Let participants come up with their understanding of role play. Below are key points to highlight:*

- Role playing is like acting out a situation. In our case, it is the counselling scenario.
- In each role play we do we will be focussing on different skills. As we learn new skills we will be trying to build on the skills that we learned earlier. This way, when we learn a new counselling skill we will not forget about the skills we learned earlier. We add it to the skills we have already learnt.
- In order to make the role plays most effective, it is best if you bring real life examples. For example, as the client you could present a problem that has been resolved. If it is a real scenario, then you can identify the feelings and issues around the problem.
- Do not try to pretend to be someone you are not in the role play. For instance, do not act out the role of 12-year-old boy, or a 75-year-old widowed woman.
- Usually we will do our role plays either in the larger group or in small groups of three. One person will be the counsellor, one the client and one person will have the job of observing and then giving feedback.

Sometimes these role plays will be done in small groups, and sometimes they will be done in front of the class. For many of you, the idea of doing a role play may be scary and intimidating. Do not worry: we will be easing into role plays and giving you a chance to become more comfortable with them.

Since most of the role plays that we will be doing in this training will involve three people, we should talk about the duties or roles of each of the participants in our role plays.

Note to Facilitator: This can be a discussion since the participants should be able to generate their own ideas about what each of these roles entail. Let them come up with their ideas. This is part of empowering them as future counsellors. **Remember**, as a facilitator you are modelling many of the counselling characteristics we have discussed. Key points are highlighted here.

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.

What is the purpose of providing feedback? Why are we going to have observers giving feedback?

Again, let the participants come up with their ideas. Some key points are below:

- These skills take practise. The feedback helps us see what we did well and what we need to improve.
- Feedback helps us recognise how we are perceived.

Guidelines for Giving Feedback

Note to Facilitator: It is not always necessary to give feedback in this sandwich method. However, it is a helpful place to begin when learning how to give feedback, particularly with groups who are quick to give criticism without also commenting on what was done well.

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

Facilitator Tips for Role Plays

- 1. Relay Role Play:** This is done as a large group and is a good way to introduce the idea of a role play to a group. The facilitator is the client and participants take turns being the counsellor. One counsellor will start the session and stop when he or she is stuck, and another volunteer counsellor picks up where he/she left off.
 - Allowing the counsellor to get stuck and then observe while someone else provides options for how to proceed is an excellent way for the counsellor to learn experientially.
 - This method of role playing can be useful for introducing a new skill so that you can make sure that the participants have understood the concept and can apply it.
 - It is also helpful when you want to illustrate different stages, as each new counsellor can then start a different stage in the counselling session.
- 2. Small Group Relay Role Play:** This role play is similar to the relay role play described above, but it is conducted in a small group. Since it is done in a small group, counsellors can start counselling from their seats instead of being set up in the front of the room. During the small group relay role play it is best to let counsellors rotate without stopping the counselling session. Only pause when you need to redirect the focus of the session or provide feedback.
- 3. Demonstration Role Play:** Sometimes when you are introducing new skills or a new way of conducting counselling, it is helpful to first provide a demonstration of how to do it. In a demonstration role play, two facilitators can play the role of the client and the counsellor. Demonstration role plays should be good examples of counselling skills, but they do not need to be perfect. If you, as the facilitator, make a mistake, or could have done something differently, point that out after the role play is finished. You are then modelling for participants the ability to continually learn and improve your skills.
- 4. Freeze Frame:** This is useful when doing role plays in front of the large group. When the role play starts to deteriorate, stop it and facilitate a discussion about what happened and what else the counsellor could do. Then allow the same counsellor to try it again, putting into practice the suggestions from the group. Or, allow another counsellor pick up where the previous counsellor left off.
- 5. Time Limited Role Plays:** Role plays should almost always be time limited in order to keep the role plays focussed. Tell the participants before the role plays start how much time they have, i.e. 15 minutes. Do not let them go on too long, as role plays then become counter-productive.
- 6. Triad Role Plays:** Make sure that you mingle among the groups when they are going role plays in small groups. This is essential in order to assess the groups' understanding of the material. Ideally, there would be enough facilitators to be able to observe each small group.
 - Just going through the motions of a role play is not good enough; they must be focussed on developing quality skills.
 - Carefully observed and monitored role plays are the beginning of developing skills. Participant observers are useful, but they are just starting to learn these skills as well.
- 7. Feedback:** Feedback is essential to role plays. Feedback provides the counsellor with valuable information to help him/her develop essential counselling skills. Feedback also serves another purpose: it helps counsellors learn how to reflect on their own skills and development. This is important because more often than not they will be in the counselling room by themselves and will need to evaluate their own performance in order to continually improve their counselling skills.
- 8. Processing Role Plays:** Always start by asking what the experience was like for the counsellor and the client. Then ask the counsellor to evaluate his/her own performance. This gets participants in the habit of evaluating themselves, which is an essential skill for all counsellors. Only after the counsellor has evaluated him/herself should the observer provide feedback.

SESSION 7: EMPATHY: WHAT IS IT?

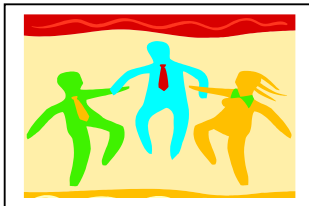
Objectives:

1. Define empathy.
2. Distinguish between empathy and sympathy.

Time: 30 minutes

Session Overview

Activity/Method	Time	Materials Needed
Large Group Discussion: Empathy vs. Sympathy	30 minutes	



Activity 1

Large Group Discussion

Time: 30 minutes

This session is on empathy. In order to discuss empathy, we first need to understand what this word means.

- Have any of you ever heard the word empathy? What does this word mean to you?

What is empathy?

Let the participants come up with their definitions. Below are some to add if the participants do not mention them. You may need to explain some of these definitions. It may be helpful to put these definitions on a flipchart or refer to the Participant Manual.

- 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).

Short Activity: Everyone please take off your shoes. Your neighbour should now put on your shoes. Stand up and walk around a little bit. *Give them a minute to do this.*

Processing Questions:

- ❖ What is it like to wear someone else's shoes? Does it feel the same as your shoes? Do your toes fall at the same place? Is it comfortable? *The point you are trying to communicate is that each person's shoes are unique to them, just like each person's perspective and experience are unique to them.*
- ❖ Do you like wearing someone else's shoes? *Some will be very resistant to wearing other's shoes, while others may not mind it. This can be used to illustrate how different people feel coming to counselling. Use this to illustrate that some may be very uncomfortable in counselling; this exercise might give us empathy for what it is like for them.*

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 through 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.

SESSION 8: LISTENING SKILLS

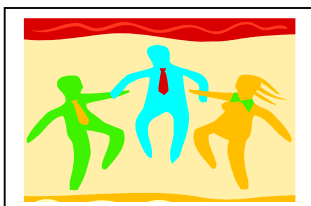
Objectives:

1. Define listening as an active skill.
2. Define empathetic listening and identify its components.
3. Develop an understanding of empathetic listening, which is essential for counselling.
4. Practise active listening skills through role plays.

Time: 1 hour 40 minutes

Session Overview

Activity/Method	Time	Materials Needed
Pair Activity	20 minutes	
Presentation/Discussion: Active Listening	30 minutes	
Role Plays: (Triads) Practise Listening Skills	30 minutes	
Discussion: What Hinders Active Listening	20 minutes	



Activity 1

Pair Activity

Time: 20 minutes

Most of you know that listening is one of the most important aspects of communication and essential in counselling. But before we define listening and talk about listening any further, I would like us to do a short exercise.

1. Instructions: I would like each of you to pair up with the person sitting next to you. I would like one of you to talk and the other to **not listen**. Did you get that? One person should talk and the other person **does not listen**.

Note to Facilitator: It is important not to explain this. Let the participants interpret it as they wish.

Processing Questions:

- ❖ What was that like for the talkers? What was your response to not being listened to?
- ❖ What was it like for the non-listeners? How did you not listen?

2. *Instructions:* Please stay in your pairs. Now I would like for one person to talk and the second person to listen, but the **listener may not speak**.

Processing Questions:

- ❖ What was that like for the talkers? Did you feel heard and understood?
- ❖ What was that like for the listeners? Is it hard to keep your mouth closed and not talk?

3. *Instructions:* We have one more activity in your pairs. I would like one person to talk and the other person should listen. This time the listener can also speak.

Processing Questions:

- ❖ What was that like for the talkers?
- ❖ What was that like for the listeners?

More Processing Questions:

- ❖ Why did we do this exercise? What was the purpose of the activity?
- ❖ What did you learn about listening?

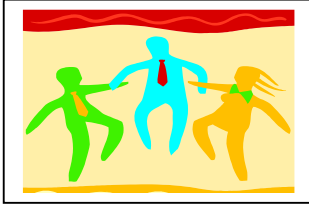
Note to Facilitator: It might be helpful to have someone write the processing responses up on a flipchart for you. All responses should be written down. There are no wrong answers.

Key points:

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

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





Activity 2

Presentation/Discussion

Time: 30 minutes

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: (NOTE: Skip this section if you are working with a group is slower in grasping the concepts.)

- 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.

Many genuinely compassionate people make poor listeners. Why?

Let participants brainstorm a list, and highlight the following:

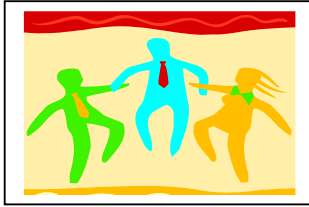
- Too anxious to correct the problem that is causing pain so they interrupt with advice and solutions.
- Too anxious to make sure that the client know that they empathise with him/her that the person becomes sympathetic and takes sides.

Why should we use active or empathetic listening?

Again, let the participants generate their own answers. This should be a discussion. Key points are:

- 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.



Activity 3

Role Play in Triads

Time: 20 minutes

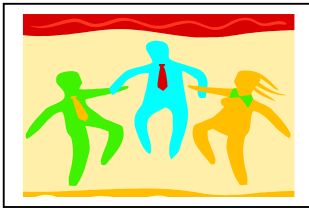
Key Point: Role plays are not a test. They are tools that we use to practise specific skills. It does not matter if you make mistakes; that is how you learn!

- We have been talking about active listening and what it is. Now we will practise what we have been discussing. Remember that active listening takes into account the non-verbal communication that we talked about several sessions ago. So, do not forget to communicate your active listening skills verbally and non-verbally through body language.
- I would ask for you to divide into groups of three. One person will be the client, one the counsellor and the third person will observe. The client will present a problem of some kind. You can discuss any personal issue if you feel comfortable with that, or you can present a hypothetical problem. It would be helpful if you used a real-life example. It can be a recent problem or something that has already been resolved.
- The counsellor will practise active listening. Try to keep from asking any questions. You are practising active listening. The observer will quietly listen to the counsellor/client interaction, noting what the counsellor did that characterised active listening.
- *After five minutes, stop the role play. Ask the observer to check with the client and counsellor on how the experience was for them, and then give feedback to the counsellor. They should mention at least two things that the counsellor did well that characterised active listening.*
- *Allow 2-3 minutes for the feedback and then rotate roles. Again, stop the role play after 5 minutes and have the observer give feedback to the counsellor. Switch roles and repeat the process. Everyone should have the opportunity to function in each role.*

Note to Facilitator: It is absolutely essential that you move around the room as participants are doing their role plays and giving feedback. This allows you to see if they are practising the new skills. If there is more than one facilitator in the room, all facilitators should be roaming around the room listening to the role plays.

Processing Questions:

- ❖ How did it feel in the different roles? Which were the most challenging/easiest?
- ❖ Did active listening come easily? Is it natural for you or does it take a lot of work?
- ❖ When you were the counsellor, how did you communicate to the client that you were listening? *Make sure you get specific answers i.e. not just body language (it is too general), but she nodded, she leaned forward when I talked, his facial expression was warm and inviting, etc.*
- ❖ When you played the role of the client, did you feel heard? Did you feel like the counsellor understood your experience? What made you feel heard?
- ❖ What was it like to be the observer and give feedback?
- ❖ What about receiving feedback? What was it like to receive feedback from your colleagues?



Activity 4

Large Group Discussion

Time: 20 minutes

What hinders active or empathetic listening? *Let participants brainstorm a list, and make sure the following are included: Also, refer to the Communication Session in Personal Growth, particularly to the section on noise in communication.*

- 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.

Note to Facilitator: You can point out that many of the same things that hinder empathy also hinder active listening.

- Prejudice or becoming defensive.

Creative Listeners: (Optional) *Skip this section if your group learns more slowly.*

- Are willing to hear all you want to say, even the dull or confused ideas and feelings.
- Help you be recklessly yourself, even at your worst.
- Use empathic listening to bring about a deeper insight and understanding in their clients, friends, etc.

*This is a skill that requires training, discipline and practise. It does not come naturally.

Throughout your training, we will be coming back to listening skills so that you can develop and practise your ability to being a creative and active listener.

**We will be practising the skill of active listening throughout the entire training, so you will have the opportunity to really build your active listening skills. This is one of the most important things for successful counselling.

Information for Reference

(Also included in the Participant Manual)

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.

SESSION 9: REFLECTING SKILLS: REFLECTING FEELINGS

Objectives:

1. Define reflecting skills.
2. Understand the purpose and general guidelines for reflecting skills in counselling.
3. Develop and expand feeling word vocabulary in local languages.
4. Practise reflecting feelings.

Time: 2 hours (120 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Presentation/Reflecting Skills: Reflecting Feelings	20 minutes	Flipchart paper/Markers Mirror (large mirror if possible)
Small Group Activity: Feeling Word Continuums	40 minutes	Flipchart paper Markers
Exercise: Practise Reflecting Feelings	20 minutes	Participant Manuals
Relay Role Play Practise Reflecting Feelings	40 minutes	Ball or bean bag Bell or "gong"



Activity 1

Presentation/Reflecting Skills

Time: 20 minutes

What do you think reflecting skills are? Think about the word reflect: what does it mean to you?

Brainstorm a definition. Again, letting the participants generate their own ideas empowers them. You are modelling the skills you want them to use in counselling.

- *Bring out the mirror to talk about what a reflection is. A reflection just shows what is there; it does not make a judgement about it, it does not add to the image, it does not say you cannot do that or you should not have said that, etc.*

Key points:

- 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.

Why are reflecting skills important? What do you think the purpose is of reflecting back to the client?

Let the participants list their reasons; ask someone to record them on a flipchart for you.

Key points about 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***

Note to Facilitator: The key reflecting skills are reflecting feelings, affirmation and summarising. If your group is struggling with language or the content of the course, please spend more time on those skills so that participants can master them through practise, rather than rushing through all of the skills in this session. Skip restating/reframing skills if participants are having a difficult time understanding the concepts and mastering the skills.

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

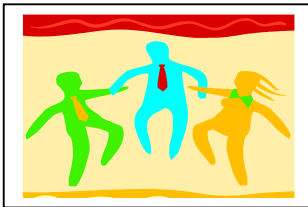
Example:

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.



Activity 2

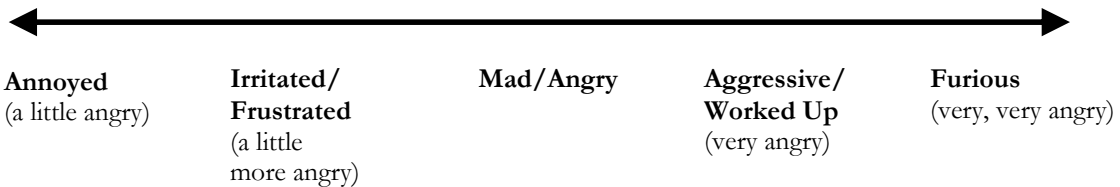
Small Group Activity

Time: 40 minutes

In order to reflect feelings, we need to remember our feeling words. As counsellors it is very important that we have a large vocabulary of feeling words. But since most of you will not be doing counselling in English, you need to know lots of feelings words in your own languages.

- In Personal Growth you worked in groups to develop a list of feeling words in your local languages.
- 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:"

MAD

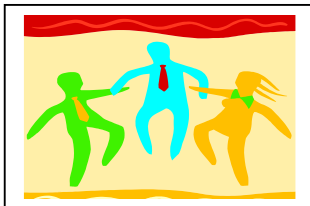


- We will divide into groups by local language. In your groups, please make a continuum as we just did for the following four feelings:
 - Mad (Angry)
 - Sad
 - Glad (Happy)
 - Afraid
- See if you can come up with at least five different words under each category. Put the words on a line like we just did, based on the intensity of the feeling.
- Give each group flipchart paper and markers to draw their continuums. Give the group about 20 minutes to do this exercise.
- You do not need to do much processing after the activity; just ask some of the questions below. Make sure that you post the feeling continuums in different languages on the wall.

Processing Questions:

- ❖ What was it like to do this activity?
- ❖ Were certain feelings harder than others?

Key Point: I would encourage you to continue to work with feelings in your local languages. Talk to your friends and families and develop your own feeling words lists. It is also helpful to put them on a continuum, or scale, just like we have done. Your reflecting feelings skills are dependent on your feeling word vocabulary.



Activity 3

Exercise

Time: 20 minutes

- Now we are going to practise some reflecting skills. Refer participants to their manuals for the Exercises on Reflecting Feelings.
- We will take turns reading each of these examples. After it has been read, we will first identify the feelings. What might the client be feeling? Make sure people identify a number of different feelings. Remember we usually do not feel just one feeling at a time.
- After the feelings have been named, we will then give some responses a counsellor might say to reflect the client's feelings. Make sure to

have several participant responses. There is not only one way to respond.

Note to Facilitator: When talking through each of these examples you can point out the following:

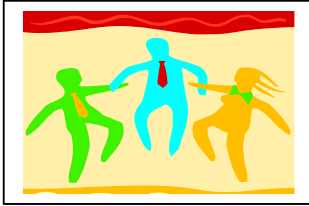
- Notice that none of the clients are actually stating their feelings.
- There are many different feelings that could be correct for each example. Point out how a client could be feeling different things simply with a different tone of voice or their non-verbal communication.
- Focus on the client and the client's feelings, NOT the situation or the person they are talking about.
- Introduce ways of reflecting feelings i.e. "It sounds like...", "You seem...", "Maybe you're...", "It seems like..."
- Comment on tone of voice and body language when reflecting feelings.

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."



Activity 4

Relay Role Play

Time: 40 minutes

We are going to do an activity called a Relay Role Play. Does anyone know what a relay is?

- A relay is a race that is done in parts. It is usually a swimming or running race where one team member starts. After he/she has run for a certain distance, the person passes off to another team member who then starts running. So, each team member takes part by running his/her section of the race.

So, how does this work for a role play?

- I am going to be the client. (*You may ask another facilitator to be the client.*) You all are the counsellors.
- We will start with one volunteer counsellor, who will begin the counselling session practising reflecting feelings. You can just stay in your seat and counsel the client from there. That way you should not feel too much on the spot.
- When that counsellor gets stuck, he/she can ask for another volunteer counsellor. The new counsellor will then pick up where the previous counsellor left off.
- We will continue this for a few minutes so that several counsellors can have a chance to practise.
- Keep in mind that we are only practising listening and reflecting feelings. This means that you are not allowed to ask questions. If you ask a question you will be "gonged:" the bell with ring and another counsellor will have to take over.
- Remember, the purpose of the role play is not as a test. It is just to practise the skills that we have been talking about. The only way to learn how to be a counsellor is to practise.

Note to Facilitator: You can use a ball (either a rubber ball or tennis ball) or a bean bag as the relay “baton.” The person who has the ball is the counsellor. They then pass it to the next volunteer counsellor, and so on.

If there are two facilitators, it might be helpful to have one be the client and the other facilitate the group, i.e. get new counsellor volunteers and make any comments as the role play progresses. This way the client can stay in character.

Tips:

- Before rotating counsellors, ask the counsellor what she/he did well.
- Provide brief, specific feedback in a sandwich.
- You can also ask the client how he/she feels. It is sometimes good to have the client provide feedback based on how he/she felt with a certain response.
- Next, ask for a volunteer counsellor and pass the ball. Let him/her pick up where the previous counsellor left off.

Adaptations:

- You can write down your feedback and provide it all at the end.
- You can intersperse a facilitator as a counsellor between participants to model good reflecting skills.
- Another option is to start with a facilitator as the counsellor.

Processing Questions:

- ❖ What was that like for those of you who were counsellors? What was challenging/easy?
- ❖ How do the rest of you think the counsellors did? Can you give them some feedback?

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	paralysed	horrified	overwhelmed		frazzled
questioning	pathetic	shocked	weary		
sceptical	useless				
suspicious	vulnerable				
unbelieving	worthless				
uncertain					
undecided					
wavering					
				LONELY	
				abandoned	
				alone	
				ignored	
				isolated	

SESSION 10: REFLECTING SKILLS: RESTATING/REFRAMING, AFFIRMATION AND SUMMARISING

Objectives:

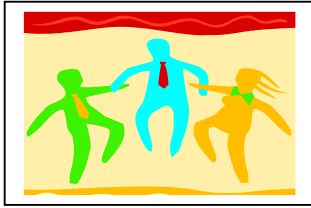
1. Define restating/rephrasing, affirmation and summarising skills.
2. Practise all reflecting skills through role plays.

Time: 2 hours 30 minutes (150 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Presentation/Discussion: Restating/Reframing	10 minutes	Flipchart paper Markers
Exercise: Restating/Reframing	30 minutes	
Presentation/Discussion: Affirmation	10 minutes	
Affirmation Pair Activity	10 minutes	
Presentation/Discussion: Summarising	10 minutes	
Relay Role Play Practise All Reflecting Skills	40 minutes	Ball or bean bag Bell or gong
Role Plays in Triads: Practise Reflecting Skills	40 minutes	

Note to Facilitator: The key reflecting skills are reflecting feelings, affirmation and summarising. So, if your group is struggling with language or the content of the course, please spend more time on those skills so that participants can master them through practise rather than to rush through all of the skills in this session.



Activity 1

Presentation/Discussion

Time: 10 minutes

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.”

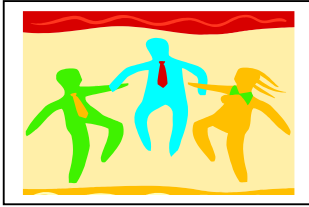
Tips for restating:

- 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...”

Note to Facilitator: There is no way to get around presenting this material didactically.

- However, you can get the participants to provide you with more examples of how to use the skills. You could be the client and have participants take turns reflecting feelings, emphasising or paraphrasing.
- Make sure you provide many examples, as these concepts can be difficult to grasp with only explanations.

How is this skill different from reflecting feelings? How is it the same? *Ask this question to verify participants’ understanding of the material.*



Activity 2

Exercise

Time: 30 minutes

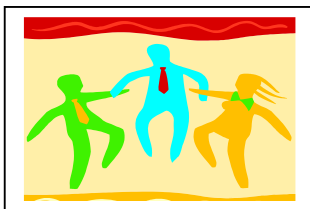
- Refer participants to their manuals.
- Now we are going to practise restating and rephrasing using some examples.
- Just as we did with reflecting feelings, we are going to read each example, but this time we first are going to give some examples of how we would normally respond if someone said this to us.
- Then we are going to provide some responses using our reflecting skills of restating and rephrasing.
- Keep in mind that you are reflecting both feelings and content (what the client is saying).

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.”



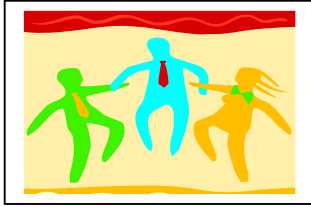
Activity 3

Presentation

Time: 10 minutes

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.
- But, unlike the affirmation of a teacher to a learner, the key skill of affirmation in counselling is encouraging the client to affirm him/herself; 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, “You should be very proud of yourself for ...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.



Activity 4

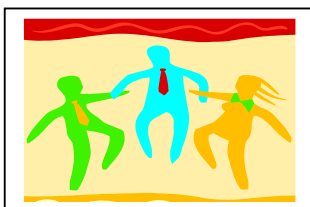
Affirmation Pair Activity

Time: 10 minutes

- The next activity we are going to do in pairs. Please pair up with the person sitting next to you.
- Each of you should think of an affirmation you can give to your partner. This can be something you have noticed that your partner does well, or a positive characteristic that they possess such as good leadership, patience or peacefulness, etc.
- Then I want you each of you to share your affirmation with your partner. Remember to pay attention to your body language, your tone of voice and your facial expression.
- You have a couple of minutes to share your affirmations.

Processing Questions:

- ❖ What was it like to think of an affirmation for another person?
- ❖ What was it like share that affirmation with another person? What did it feel like?
- ❖ What did it feel like to listen to someone say something affirming to you?
- ❖ What might it be like for our clients to hear affirmations?
- ❖ Why do you think this is important?



Activity 5

Presentation

Time: 10 minutes

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

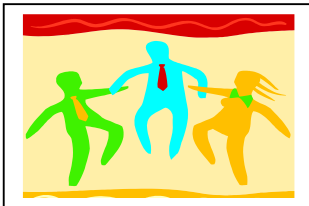
Example:

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.



Activity 6

Relay Role Play

Time: 40 minutes

We are going to do another relay role play, but this time we are going to use all of the reflecting skills.

- *[Name of facilitator] is the client – you may want to set up the scenario.*

- Who wants to start as the counsellor? *Pass the ball to that person.*

- Remember that you are not allowed to ask questions! We are practising listening and reflecting skills.

Note to Facilitator:
Please refer to the previous section on reflecting feelings and follow the same instructions on this relay role play.

- *Continue on with the role play, stopping when the counsellor gets stuck and passing the ball to the next volunteer. In order to practise summarising skills, each new counsellor can summarise as a way to begin his/her section of the relay role play.*



Activity 7

Role Plays in Triads

Time: 40 minutes

- Divide into groups of three. We will be doing role plays and I am going to ask each of you to play a different role. The three roles are client, counsellor and observer. We have talked some about these roles, but let me remind you again of how this role play will work.

- The client should think of a problem, ideally a real problem from your life that has been resolved. It is best not to try and be someone else, like a 15-year-old. If you are yourself the role play will be more realistic.
- The counsellor should practise these four skills that we have been talking about. You are only using reflecting and listening skills. Remember, this means that you cannot ask questions.
- The observer's job is to watch the interaction between counsellor and client. He or she should note (even write down) the types of skills the counsellor uses and how he/she does it. Observe the counsellor's body language: what did it communicate?
- Each role play will be for 5 minutes. I will keep track of the time and tell you when to stop the role play. When the role play is stopped, check with the client and the counsellor before the observer gives the counsellor feedback for a few minutes. Remember to use the feedback skills that we have talked about.
- We will do this three times so that each person will have the opportunity to play each role.
- *Have the role plays begin and circulate to see how the groups are doing. Did the participants grasp and understand these skills? Is role playing hard for them? What needs to be focussed on?*

Large Group Processing: ask about the participants' experiences in each role. As participants bring up difficulties or challenges, and model empathy and acceptance. No experience is wrong; some might find it easy, while others may find it intimidating and very difficult.

- ❖ Was it easy/comfortable to be the counsellor?
- ❖ What was it like to be the client? Did you feel heard?
- ❖ Counsellors, did it feel natural to use only reflecting skills?
- ❖ Was there anything you wanted to do differently as the counsellor?
- ❖ Observers, what was it like to give feedback? Did you sandwich your feedback?
- ❖ Counsellors, what was it like for you to receive feedback?
- ❖ Counsellors, how was your evaluation of your performance the same or different from the observers' comments?

SESSION 11: PROBING AND ACTION SKILLS: ASKING QUESTIONS AND INTERPRETATION

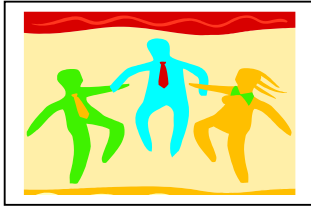
Objectives:

1. Define probing and action skills.
2. Understand the purpose and general guidelines for probing and action skills in counselling.
3. Identify, understand and practise two probing and action skills: asking questions and interpretation.

Time: 3 hours (180 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Warm-up Activity: Feeling Words Game	10 minutes	
Presentation/Discussion: Probing Skills: Asking Questions	20 minutes	
Pair Activity: Asking Closed Questions	10 minutes	
Presentation/Discussion: Asking Questions (Open questions)	5 minutes	
Pair Activity: Asking Open Questions	10 minutes	
Presentation/Discussion: Asking Questions (Clarifying) cont.	15 minutes	
Written Activity: Open/Closed Questions Worksheet	20 minutes	
Exercise: Practise Asking Questions	40 minutes	
Presentation/Discussion: Interpretation or Making Statements	10 minutes	
Role Play in Triads: Practise Probing/Action Skills	40 minutes	



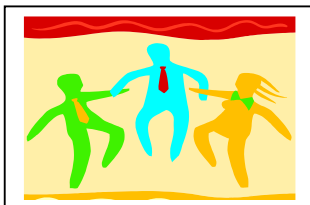
Activity 1

Warm-up Activity

Time: 10 minutes

1. *Divide into small groups. The size or number of groups does not matter, as long as the groups are not too big. Ideally, groups should have 4-10 members.*
2. *Tell the group that you are going to call out a feeling word. In their groups, they need to write down as many synonyms to that feeling word as possible. This would roughly follow the feeling word lists provided to participants.*
3. *The group with the most feeling words wins. You may want to offer some candies, stickers or a pen as a prize.*
4. *Time permitting, you can play it a couple times with different words.*

Note to Facilitator: There are many adaptations you can make to this activity. You can have participants list as many words on their own as possible. You can even have them write a list of words in their local languages. Use it as a quick warm-up, but do not spend a lot of time on it.



Activity 2

Presentation/Discussion

Time: 20 minutes

In this session we are going to be focussing on action skills. What do you think action skills are? What does the word action mean to you?

Have the group think about the topic as much as possible before highlighting the following points:

- 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.

Why are probing or action skills important? (*Skip this question if you have a group that is struggling to grasp concepts.*) *Let the participants list their reasons; ask someone to record them on a flipchart for you.*

There are several general tips about 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.

Key points: 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.

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

**Note to Facilitator:* If you have a group that is less educated and is struggling either with language or with these concepts, you can focus on Clarifying or Asking Questions. The other skills are less important for basic counselling skills and can be skipped if need be. It is better to spend your time focussing on fewer skills so that participants can master them than to give participants too much confusing information and not have time to practise the skills.

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

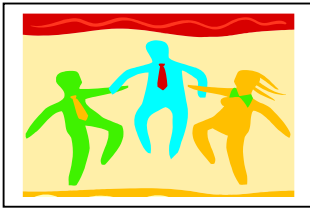
- Has anyone heard about open and closed questions? If so, can you explain what closed questions are?
- Closed Questions: questions that can be answered with one word. Sometimes they are called yes/no questions. Can you give me some examples?

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

- When are closed questions useful?
Let participants respond.

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





Activity 3

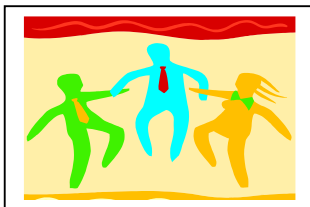
Pair Activity

Time: 10 minutes

- I want each of you to pair up with the person sitting next to you. I want one of you to only ask closed questions. Remember, these are questions that you can answer with one word. So, one person will ask closed questions and the other person will answer.
- You have two minutes. *Stop them after two minutes and ask pairs to switch roles. Again, stop the pairs after two minutes.*

Processing Questions:

- ❖ What was it like to be asked the closed questions? OR What did it feel like?
- ❖ What was it like for you when you were the one asking the questions?
- ❖ How were your listening skills during this activity?
- ❖ How could these types of questions affect counselling? *Let participants respond. Some responses can include the following:*
 - Closed questions establish the counsellor as the expert.
 - Closed questions support the role of the client as a passive, non-participant in the counselling process.
 - Closed questions hinder discussion in the counselling session.
 - Closed questions hinder the development of the relationship.



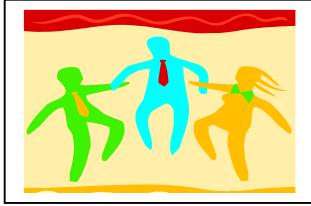
Activity 4

Presentation/Discussion

Time: 5 minutes

- Now that we have discussed closed questions, can anyone tell me what open questions are? *Let participants respond.*
- 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. Can you give me some examples? *Let participants respond.*

Examples: What brings you here today?
What are your main concerns?
How are you coping with your medicines?



Activity 5

Pair Activity

Time: 10 minutes

- We are going to go back to our pairs again. This time, I want you to ask only open questions. The partner should take his/her time in answering the question. Build your next open question on what your partner just said.
- *This time, give participants about 3 minutes before switching roles.*

Processing Questions:

- ❖ What was your experience like this time? OR What was different about this exercise?
- ❖ What was it like to be asked open questions?
- ❖ What did it feel like to ask the open questions?
- ❖ How were your listening skills this time? Was there any difference?
- ❖ How might open questions affect counselling?



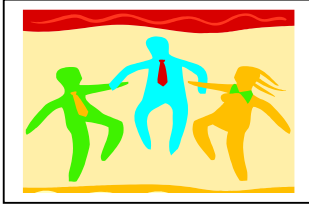
Activity 6

Written Exercise

Time: 20 minutes

Note to Facilitator: This written exercise can be given as homework or done in the session if you have time or you feel that the participants need more help with open and closed questions.

- Please fill out the “Open/Closed Questions Worksheet” in your Participant Manual. You will be deciding if each question is an open or closed question. For the questions that are closed questions, you should rewrite them as open questions. There is space on the bottom of the page to rewrite them.



Activity 7

Presentation/Discussion

Time: 15 minutes

Note to Facilitator: When presenting this material, involve the participants by asking for examples. Build on their knowledge by NOT simply presenting the information as the expert.

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:

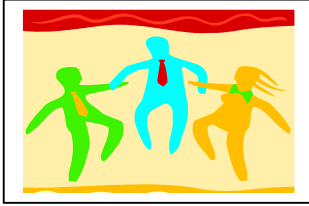
- What is the worst thing that could happen?
- If we could only deal with one thing today, what would be most important to you?

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.



Activity 8

Exercise

Time: 40 minutes

- Refer participants to their manuals for the scenarios below. These are the same scenarios for practising restating/rephrasing.
- We are going to break into small groups of 3-4 people. In your groups you will come up with at least one question for each of these scenarios. If you can, try and come up with two or more questions for each scenario. Remember that you want to ask open questions.
- Give the groups some time to come up with their questions. Then bring the large group back together and go over each scenario and the potential questions.

Note to Facilitator: There are many **adaptations** you can do with this exercise:

- Assign it as homework; ask that participants think of at least two questions for each scenario.
- Ask groups to each prepare one role play scenario, modelling how to ask their questions.
- Assign two or three scenarios to each group in order to move through the exercise more quickly.

Asking Questions Scenarios *(with some suggested questions)*

NOTE: The suggested questions are only examples. There are many other good examples. Notice the different directions a counselling session could head based on the questions asked.

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."

Suggested questions:

- *What are some of the things that keep going around in your mind?*
 - *How do you feel about what he said; that if you trust him, you should not have to use a condom?*
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."

Suggested questions:

- *You sound so fed up and frustrated. Can you tell me a little more about what has led up to this?*
 - *It sounds like this has happened before. Can you tell me about that?*
 - *Can you describe what happens inside of you when he comes home drunk?*
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.”

Suggested questions:

- *Can you tell me about what makes you question whether this boy is taking good care of your mother?*
 - *What has happened in the past that makes you wonder if your mother is being well taken care of?*
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.”

Suggested questions:

- *Can you tell me more about what feelings this stirs up in you?*
 - *Try and describe the feelings that come up when you see your child crying like this.*
 - *Were you ever treated in a similar way by kids at your school?*
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.”

Suggested questions:

- *Can you tell me some more about your suspicions?*
 - *Will you describe more of your fears about the possibility of your wife having had AIDS?*
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?”

Suggested questions:

- *Please explain the history of your friendship with Simon.*
- *Can you describe your fears and concerns in more detail?*



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.”

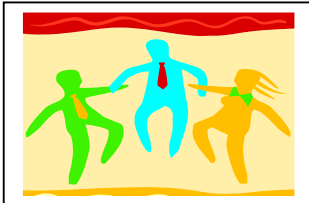
Suggested questions:

- *Can you tell me more about the hopelessness?*
- *What impact does her positive status have on you?*

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.”

Suggested questions:

- *It sounds like you are carrying the weight of the entire family. How did you end up with all the responsibility?*
- *When do you take care of yourself?*



Activity 9

Presentation/Discussion

Time: 10 minutes

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

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.”

Note to Facilitator: Using lots of examples will help participants understand. Participants also can generate their own relevant examples.

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.”

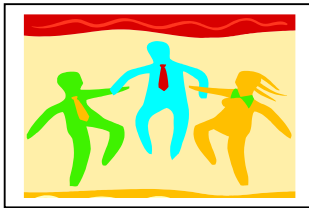
Counsellor: “You just want to escape by sleeping.”

- How is interpretation or making statements different from reflecting skills like restating or rephrasing? *Let participants respond.*

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.

Key Point: interpretation 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.



Activity 10

Role Play in Triads

Time: 45 minutes

This role play will be conducted just like the role plays done in the previous sessions, using Reflecting Skills.

- *Divide the group into triads (groups of 3). Each member of the group will have a turn being each of the three roles: counsellor, client and observer.*
- In this role play, I want you to remember your reflecting skills, since these should come before and after any probing or action skills you use. Observers, please pay special attention to the questions the counsellors ask. You may even want to write them down so that you can address them in your feedback.
- Once again, the role plays will be for 5 minutes and I will stop you and tell you when it is time for the observers to provide feedback.

Note to Facilitator: You may substitute a relay role play or even have two facilitators demonstrate the skills as client and counsellor. The important thing to remember is that when participants are practising their skills in triads, you must circulate among them to make sure they are applying the skills correctly.

Large Group Processing:

- ❖ How did you all do with your probing or action skills?
- ❖ How was it to ask open-ended questions?
- ❖ Did you remember to fall back on your listening and reflecting skills?
- ❖ Which skills do you find more difficult? Does anything come naturally?

Note to Facilitator: Focus on the positive, especially during these first role plays. It is important to build self-esteem and confidence as participants are practising new skills.

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?
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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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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."

SESSION 12: PROBING AND ACTION SKILLS: CONFRONTATION/CHALLENGING & INFORMATION SHARING

Objectives:

1. Define probing and action skills.
2. Understand the purpose and general guidelines for probing and action skills in counselling.
3. Identify, understand and practise two probing and action skills: confrontation/challenging and information sharing/education.

Time: 2 hours (120 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Presentation/Discussion: Confrontation/Challenging	20 minutes	
Small Group Activity: Confrontation Scenarios	40 minutes	
Presentation/Discussion: Information Sharing/Education	10 minutes	
Relay Role Play: Practise Probing/Action	50 minutes	Ball or bean bag



Activity 1

Presentation/Discussion

Time: 20 minutes

- What do you think of when you think of confrontation? Think back to Personal Growth: when did we talk about confrontation? *Let participants respond so you engage them and get them thinking.*
- What did we use in conflict management during Personal Growth?

Key Point: "I" statements and the formula...

- *I feel...(my response)*
- *When...(other's action)*
- *Because...(reason)*
- *But I realise...(understanding or empathy)*
- *I would prefer it...(suggestion)*

- What do you think would be similar or different about using those conflict management techniques when you are in counselling?

Key Point: confrontation is gentle and does not shine a spotlight on the other person.

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 might you confront in counselling? *Let participants offer their ideas.*

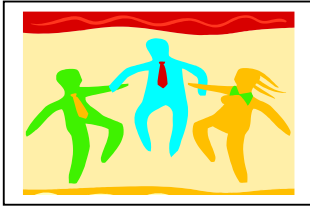
What to confront:

- 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.



Activity 2

Small Group Activity

Time: 40 minutes

- *Divide the group into small groups of 3 to 4 people. Refer participants to the Participant Manual for the “Confrontation Scenarios.”*
- For each of the confrontation scenarios, your group should identify the discrepancy and then provide a possible response for the counsellor.
- I will give you 25 minutes in your groups. When we come to the larger group again, I will ask your group to role play the client and counsellor for these scenarios.

Note to Facilitator: You can make several adaptations to this activity:

- Before assigning scenarios to small groups, go through several of the confrontation scenarios in the large group in order to make sure that they understand
- Assign 2-3 scenarios to each group so they can spend more time on them.
- Assign the confrontation scenarios as homework. Have each individual write out their responses.
- Have small groups prepare their role plays as homework.
- You can also cut out the role plays and simply have each group discuss possible responses and then share those responses with the large group.

Confrontation Scenarios (see *Participant Manual*) Below are suggested confrontations. Keep in mind that these are just suggestions; there are many other ways to confront. There are no perfect answers.

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

Suggested confrontation:

- *You are talking about such a difficult thing yet you are smiling. I am wondering what your smile is hiding.*

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

Suggested confrontation:

- *You say that she kept your secrets last time but yet you doubt her trustworthiness. I am wondering what the doubting is about.*
- *I am confused as to why you would doubt her trustworthiness since she proved to be trustworthy last time.*

3. "I feel OK" [said with a sigh and drooped shoulders, eyes looking at the floor].
Suggested confrontation:
 - *Your words are saying that you are OK, but your body language is telling me that you are definitely not OK. What is really going on?*

4. "My wife makes me so angry sometimes. But, it is OK. It is not a problem. I usually just forget about it."
Suggested confrontation:
 - *Let's not wrap it up so quickly. Tell me more about your anger towards your wife.*
 - *Can you talk about this urge you have to make everything OK, or at least to make others think that everything is OK?*

5. "I feel trapped in my family. You must help me."
Suggested confrontation:
 - *You sound very stuck in your current situation. Tell me what you think I could do to help and we can talk more about it.*
 - *You seem very stuck but I am curious as to why you are looking to others for solutions.*

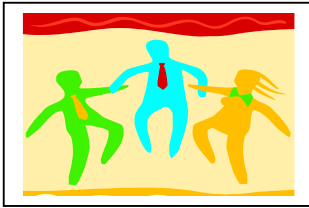
6. "May I ask a question? What do you think I should do next?"
Suggested confrontation:
 - *You may always ask questions. But, what I want to know is what you think you should do, or what you think your options might be.*

7. "I guess I do not mind really..." [crying while saying this].
Suggested confrontation:
 - *Your words are telling me that you do not mind, but your crying is telling me that this is far from the truth.*

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."
Suggested confrontation:
 - *Sometimes it is difficult to move forward without taking a look at the past to see what needs to change for the future.*

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."
Suggested confrontation:
 - *It would be nice to have DSTV, but I am wondering about the way you would get it. How do you feel about that?*

10. "I am not angry with anyone" [said through clenched teeth].
Suggested confrontation:
 - *You are denying being angry, but your body is very clearly upset.*



Activity 3

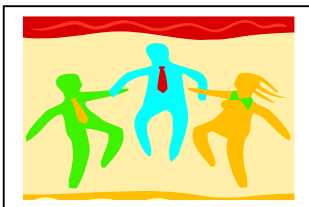
Presentation/Discussion

Time: 10 minutes

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.



Activity 4

Relay Role Play

Time: 50 minutes

Prepare a client prior to this role play.

- We are going to do a relay role play to practise our counselling skills. Do not forget about your listening, empathy and reflecting skills such as reflecting feelings. But you can also practise your skills in asking questions and other probing skills.

Note to Facilitator: You do not need to stop and provide feedback after every counsellor. At times, it is best to keep up the momentum of the counselling session and provide feedback later.

- This time, [*a facilitator or a participant if they are prepared with a problem to share*] is going to be the client and you all will take turns being the counsellor. If you get stuck or you want someone else to take over, you can stop and ask for another volunteer counsellor.
- Do I have a volunteer counsellor to start this counselling session?
Pass the ball to the volunteer.

Note to Facilitator:

- You can set up chairs in the front of the room so that it seems more like a counselling session.
- This works best when you have two facilitators. One can play the role of the client and the other can facilitate the relay role play process.
- It also helps to initiate the change of counsellor if the volunteer counsellor starts to stray or lose focus.
- Do not allow a poor counsellor to continue in the role play too long. Balance the need for everyone to have practise and the importance of having quality counselling skills demonstrated.
- You can also have a facilitator demonstrate as one of the “relay counsellors.” This is helpful when you want to move the counselling session along or if you want the participants to see a good example of counselling skills.
- Each new counsellor can start by summarising what has been discussed by the previous counsellor/s. This will give participants the opportunity to practise their summarising skills.

- *Before you rotate counsellors, provide feedback in the following way:*
 - *Ask the client how he/she feels.*
 - *Ask the counsellor what he/she did well. You can also ask him/her what was particularly challenging.*
 - *Then give your feedback, making sure you sandwich it. Start with a specific thing he/she did well, i.e. warm tone of voice, a question that was asked well, etc. Then offer a suggestion for how to improve. Remember it should be very specific, i.e. how to word a question. Finally, end with another positive; this one can be more general. You may want to take notes during the sessions so you can provide very specific feedback.*

- Do we have another volunteer counsellor to pick up the session where we left off? *You may want remind the new volunteer counsellor to summarise what has already been said as a start to the counselling section.*

Processing Questions:

- ❖ How was that experience?
- ❖ Which skills did you find easiest?
- ❖ Which skills were more difficult?
- ❖ Overall, how were our counselling skills? Which skills do we need to work on?

Tips on Providing Feedback during Relay Role Play:

- It seems to work best to have only the counsellors evaluate themselves and then to have the facilitator provide feedback. Be sure to sandwich the feedback and be very specific.
- Asking for participant feedback on the counsellor's performance takes a lot of time and does not always provide constructive feedback. Time is usually better spent on the role play itself.
- Involve the participants by getting their suggestions for how a question could have been phrased better or how to create a more supportive atmosphere.

SESSION 13: PROBLEM MANAGEMENT SKILLS

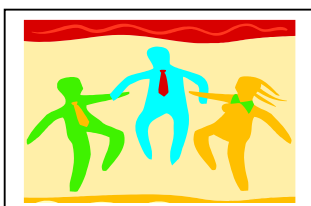
Objectives:

1. Explore problem-solving techniques.
2. Identify and experientially understand three ways to address problems in counselling.

Time: 2 hours (120 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Introduction: Personal Problem-Solving Techniques Discussion	5 minutes	
Presentation: Problem Management Alternatives/Options	10 minutes	
Brainstorming Activity	25 minutes	
Presentation: Problem Management Balancing Out Sheet	5 minutes	
Advantages/Disadvantages Activity	20 minutes	
Presentation: Problem Management Creative Bridging of Realities	10 minutes	
Create a Bridge Exercise	45 minutes	Paper (A3 or flipchart size) Coloured pencils, markers, crayons



Activity 1

Introduction

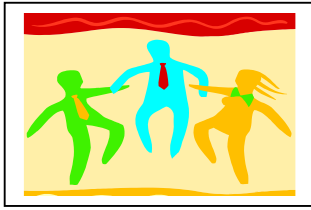
Time: 5 minutes

I want you to think back and reflect on how you have solved various problems in your life. What techniques have you used to solve your problems or to make decisions?

We cannot solve our problems with the same level of thinking that created them.

Albert Einstein

Let participants have a discussion about this. Keep the discussion specific; do not let the participants be too general. We want to know the specific tools they have used. It might be helpful to give their techniques names and list them on the flipchart paper. Refer to the "Decision-Making: Circles of Influence & Concern" session from Personal Growth.



Activity 2

Presentation

Time: 10 minutes

The purpose for problem management in counselling:

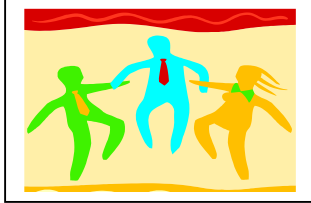
- Help clients with tools for approaching and solving their problems.
- Guide clients through ways of exploring their problems.

Problem Management Techniques in Counselling

Note to Facilitator: There are numerous ways to manage problems. Below we are just focussing on three examples. Depending on the skill level of the group, you may incorporate some problem-solving techniques that participants have used themselves. Encourage them to be creative with problem management.

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.



Activity 3

Brainstorming Activity

Time: 25 minutes

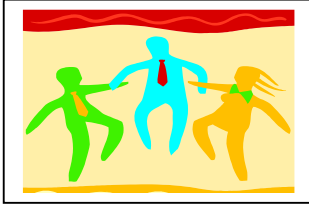
We are going to do a brainstorming activity. Please take out a sheet of clean paper or open to a clean page in your notebook.

- In the very middle of the page I want you to draw a circle. Inside the circle, I want you to write the following problem: “How can I disclose my positive HIV status to my family and friends?”
- From your problem in the centre you should now draw lines out from the centre circle to other circles. In each of those circles, write an option or alternative. Think of as many possibilities as you can. *Give participants 5 to 10 minutes to do this.*
- Now from those option circles, draw other lines representing potential outcomes to that alternative. Again, come up with as many outcomes as possible. *Give participants another 5 to 10 minutes.*
- Now pass your paper to the person to your right. See if you can come up with any more options and potential outcomes that your neighbour has not identified. *Give participants a few more minutes. Observe them to see how many are adding new options.*
- Now pass the paper in front of you to the person to your right. Again, see if you can think of any new options that your colleagues have not written down. *Again, observe participants to see if they are writing.*
- When you are all finished, please pass the paper back to the person who started it (pass it twice to the left). Everyone should have their original paper in front of them.

Processing Questions:

- ❖ What was it like to do this exercise?
- ❖ Did your neighbours come up with new ideas to add? Are you surprised?
- ❖ Why did we do this? Why did we pass our papers to our neighbours?
- ❖ How could you use this activity in a counselling session? *Let participants come up with ideas. There is no right answer.*
- ❖ In what kinds of situations could this activity be helpful?

Key point: It is important to use the help and support of others. We can come up with better options and ideas when we include others in our thinking.



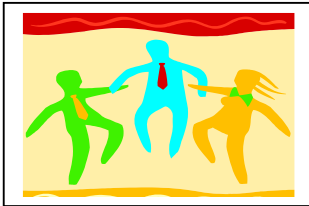
Activity 4

Presentation

Time: 5 minutes

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.



Activity 5

Advantages/Disadvantages Activity

Time: 20 minutes

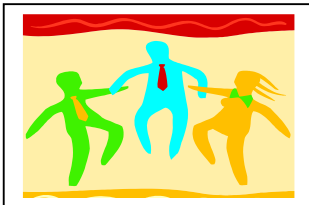
I want you to think of a recent decision you made or a decision that you will need to make in the near future. On the top of your paper you should write the decision (not the problem).

- In the first column you will write all the advantages, and in the second column you will write all the disadvantages of that decision. You can include advantages and disadvantages to yourself, your family, your friends, etc. List as many as you can think of in each column.
- Once you are finished you can rank your list. Each item listed should receive a number; include items listed as both advantages and disadvantages. The most important item should be a number “1.” This can help you consider the weight of each of the advantages and disadvantages.
- You can also divide each of the lists into categories such as “for myself,” “for my family,” and “for my friend,” in order to help you sort out the outcome of the decision for different people in your life.

Processing Questions:

- ❖ How did you like this exercise?
- ❖ Were there any surprises when you listed the effects of a decision?
- ❖ What was it like to rank or to categorise the advantages and disadvantages?
- ❖ How could you use this technique in a counselling session?
- ❖ Are there any things you would have to be careful about if using this activity in counselling?

Key Point: The counsellor is not responsible for solving the problem, just helping the client approach it and explore options. The decision-making is the client's responsibility, NOT the counsellors'.



Activity 6

Presentation

Time: 10 minutes

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 through 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.

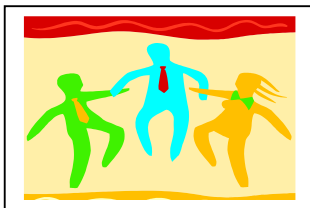
Example:

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.



Activity 7

Create a Bridge Exercise

Time: 45 minutes

Hand out paper to each person and distribute markers, coloured pencils and crayons amongst the participants. You can also simply have participants use their Participant Manual for this activity.

- I would like each of you to think of one goal or dream that you have for your life. It can be anything, for example, to get a specific job, to have a family, to study, or to buy a home, etc. The goal can be anything, but it should be something that is not easy to achieve.
- On the left side of your paper, draw yourself now.
- On the right side of the paper, draw your dream or your goal.
- Between these two there should be some space or a chasm separating who you are now to who you want to be.
- When you have done this, draw a bridge or stepping stones from where you are now to where you want to be. Each of these steps should be something you need to do to reach your goal. Think about

what you need to do today in order to reach your goal, then what do you need to do in 6 months/a year/two years, etc.

- Each step that you need to take should be clearly labelled. Think about what you need to do to prepare, then how to implement your plan.

When most participants have finished their bridge, ask a few of them if they are willing to share with the rest of the group. Make sure the participants have specific steps they need to take in order to reach their goal. If not, have the group help them through this process.

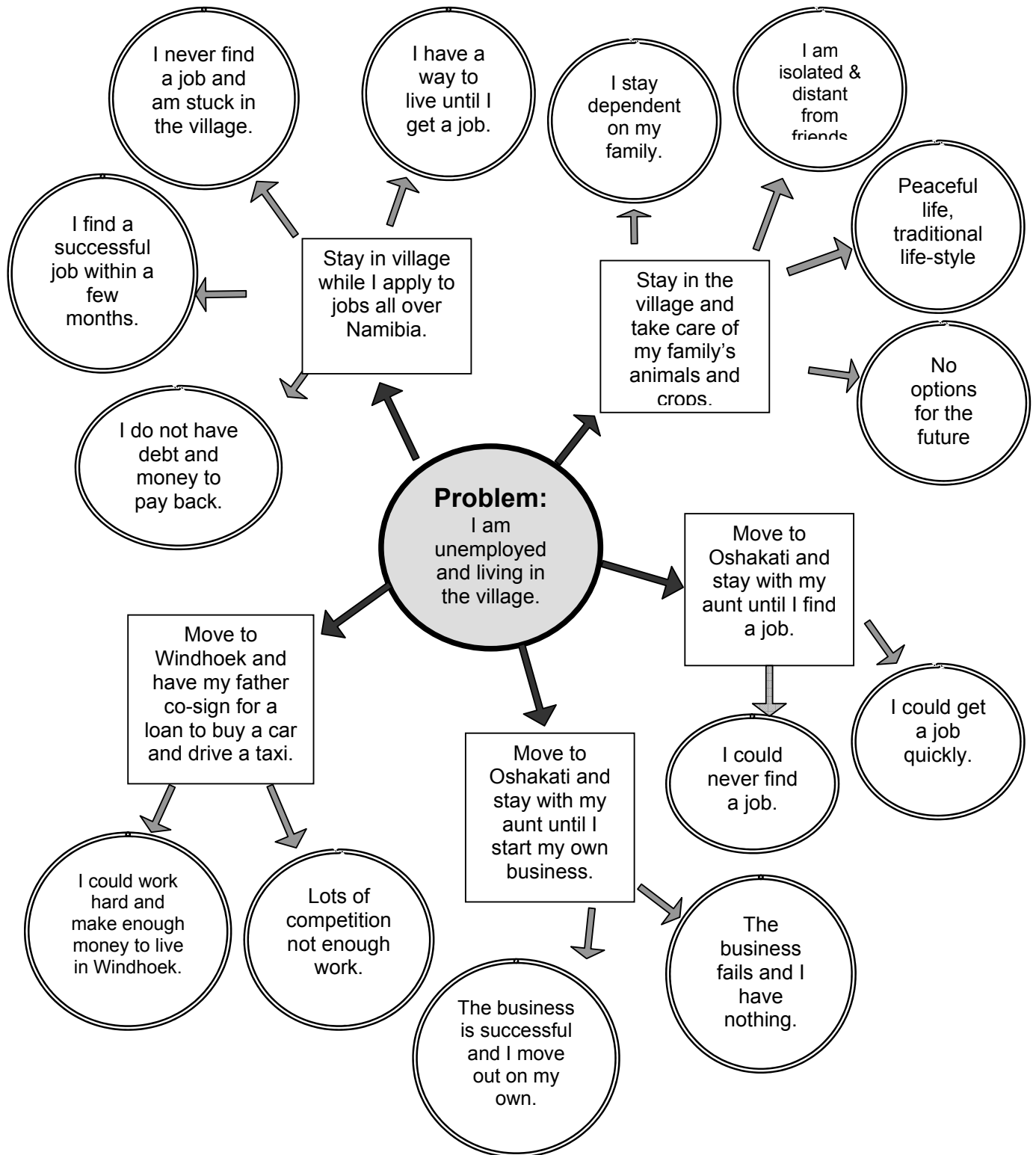
Processing Questions:

- ❖ What was it like to create your bridge? What was hard/easy?
- ❖ Why did we do this exercise? For what is it useful?
- ❖ Could you use this exercise in counselling? If so, how?

Note to Facilitator: Adaptations for Create a Bridge Exercise

Turning the “Create a Bridge” exercise into an art project makes it time consuming, but it is helpful to have participants access other learning methods besides just verbal learning and practise. However, if you are running out of time you can simply have the participants draw a quick picture with their pens or list their dream instead of drawing it. The important part is to make sure they identify specific steps for accomplishing their goal.

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.

SESSION 14: DEVELOPING EMPATHY

Objectives:

1. Appreciate the importance of empathy and the barriers to it.
2. Identify barriers to empathy in local communities.
3. Develop strategies to overcome barriers to empathy as community counsellors.

Time: 1 hour 30 minutes (90 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Activity: “Fear in a Hat”	30 minutes	Hat Small pieces of paper
Discussion: Barriers to Empathy	20 minutes	
Small Group Discussion: Barriers to Empathy in Your Community	40 minutes	Flipchart Markers



Activity 1

Activity: “Fear in a Hat”

Time: 30 minutes

Hand out pieces of paper to each participant. These can be small pieces of paper.

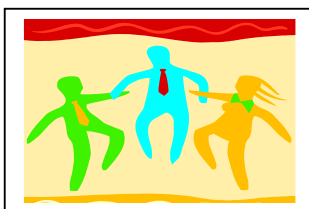
- I would like each of you to think of one fear you have about being a counsellor. It can be anything related to becoming a counsellor. Some of you might be afraid of what you will say or have fears about not really being able to help someone. Others of you might be afraid of working with a suicidal client. There are many different things you might be afraid of.
- On the small piece of paper that I gave you, please write one fear you have about counselling. Be specific as you can in writing your fear down.
- When you are finished writing your fear down, please fold your paper and drop it into this hat. *The facilitator should also write a fear down and put it into the hat. When you have collected everyone’s fears in the hat, continue.*

- Everyone please gather here in a circle. We are going to pass this hat around and each person is going to take one of the pieces of paper with a fear written on it.
- We are going to take turns around the circle reading the fears to the group and then explaining how that person feels. Describe at least one feeling you think the person who wrote that fear might feel and describe the situation. *Pass around the hat and let each person take a fear. This will give them the opportunity to read it and think about some feelings before it is their turn.*
- I will begin. *Read the fear and then briefly describe how you might feel. Continue around the circle until everyone has read their fears.*

Note to Facilitator: When facilitating this activity, model how to reflect feelings. Make sure that each fear is validated and treated with respect. Participants should not laugh at other's fears and the feelings associated with them.

Processing Questions:

- ❖ What was it like to read the fear of another person and then try to imagine what he/she might be feeling?
- ❖ Was it hard to imagine what that person might feel? Did anything help you imagine what he/she might be feeling?
- ❖ Did any of you have trouble imagining how someone could have the fear that you read?
- ❖ Did the person who read your fear describe it accurately?
- ❖ Why do you think we did this activity? *Refer back to the definition of empathy.*



Activity 2

Discussion

Time: 20 minutes

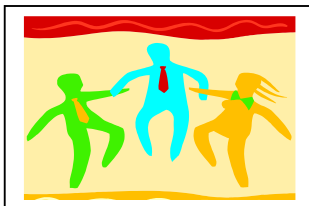
What hinders the development of empathy? What are barriers to empathy?

Foster a discussion about what hinders empathy. Some barriers are listed here; facilitate a discussion with the large group about how these would hinder the development of empathy. Refer to Personal Growth and relate what was explored about attitudes, values and labels to the development of 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.



Activity 3

Small Group Discussion

Time: 40 minutes

- *Divide the participants into small group of 5 – 7 people. Discuss the following questions:*
 - What are the barriers to empathy in your communities?
 - How can you, as community counsellors, overcome those barriers to empathy?
- I challenge you to come up with as many ways as you can to overcome barriers to empathy in your communities. These should include not only in the counselling setting but also in the broader community.
- *Provide groups with flipchart paper and markers. Give the groups 10 – 15 minutes, depending on how well the discussions are going. Circulate among the groups to help facilitate discussion.*
- *Bring groups back together and discuss the barriers to empathy and strategies for overcoming them in order to develop empathy.*

SESSION 15: ETHICS IN COUNSELLING

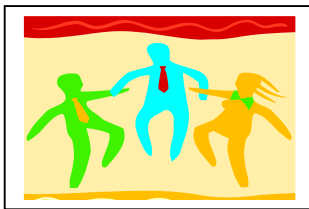
Objectives:

1. Define ethics, boundaries and confidentiality.
2. Discuss case scenarios related to these ethical issues.

Time: 1 hour (60 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Introduction/Discussion: Define Ethics, Boundaries, Confidentiality	15 minutes	
Small Group Discussion: Ethical Case Scenarios	45 minutes	Flipchart paper Markers Case Scenarios



Activity 1

Introduction/Discussion

Time: 15 minutes

What are ethics? *Let participants respond. Possible responses include the following:*

- Standards
- Responsibility
- 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.

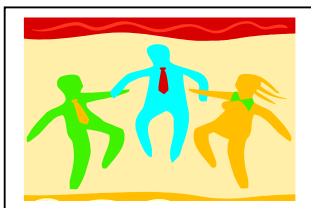
Do you think there should be any limits on who a counsellor can counsel? For instance, is it ethical to counsellor your sister or your good friend? If not, why not? *Let participants discuss this briefly before continuing on. It will allow them to think about these issues before presenting the material below.*

- 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. *See the insert at the end of this session for more clarification if the issue of partner notification comes up in discussion.*
- 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.



Activity 2

Small Group Discussions

Time: 45 minutes

- Please divide into four groups.
- Each of your groups will be given a case scenario of a counselling situation that has an ethical issue attached to it.

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.

- In your groups, please discuss the case and address the following items:
 - 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.
- You will have 20 minutes to discuss this in your small groups.
- *When the small group discussions are finished, have each of the groups present their case and their findings. After each presentation have a short discussion with the large group about the ethical issues.*

Note to Facilitator:

- There will most likely be differences of opinion about the best plan of action in each of these scenarios.
- Make sure to discuss the ramifications, outcomes or results of those actions for the client, for the counsellor and within the community.
- You are modelling for the participants how to brainstorm and come up with possible outcomes to different actions. This is a problem management technique for a counsellor.

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.*

Note to Facilitator: This insert of the MoHSS Confidentiality Policy has been included for clarification. In the discussions, participants may bring up the issue that a counsellor should break confidentiality to notify a client's partner of his/her HIV-positive status. Note that in this passage it is only medical practitioners who are entitled (but NOT OBLIGED) to disclose a patient's HIV status. Community counsellors are NOT medical practitioners, so this does not apply to them.

SESSION 16: UNDERSTANDING BEHAVIOUR CHANGE

Objectives:

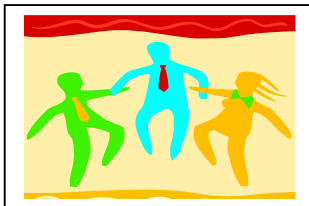
1. Reflect on personal experiences of behaviour change.
2. Learn the five-step process of behaviour change.
3. Understand the relationship between behaviour change and counselling.

Time: 1 hour 20 minutes (80 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Pair Activity: Our Attempts at Behaviour Change	40 minutes	Prepared flipchart: questions for pairs
Presentation/Discussion: Stages of Behaviour Change	40 minutes	Flipchart paper/Markers

What do we understand by the word “behaviour?” *Make sure that everyone understands what behaviour is before proceeding.*



Activity 1

Pair Activity

Time: 40 minutes

Note to Facilitator: The purpose of this activity is to illustrate that behaviour change is sometimes difficult and often takes time. It is through sharing our own experiences of changing behaviour that participants can come to this understanding.

I would like each of you to think of a time in your life when you changed your behaviour. It could be when you changed a habit like smoking, drinking, eating or exercise habits. It could be a change in religious practice or even a change in routine or schedule.

- We are going to break into pairs. You may find a partner who speaks your local language; you do not need to do this activity in English.
- Each of you is going to take turns interviewing the other. You will have 10 minutes each. Ask the questions listed on the flipchart. *NOTE: you will need to explain the questions to the group. Give an example when explaining the questions, i.e. stopping smoking, losing weight, etc.*

- Try to remember the responses so you can share them in the large group.
- I will tell you when to switch roles.
- *The following should be displayed on a flipchart. It is also in the Participant Manual.*

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.

Processing Questions:

- ❖ *To facilitate a discussion by asking each of the questions listed on the flipchart, focus on what made a person decide to change and the benefits of changing, the steps participants took to change and what happened to make them slip back into old behaviours. Try to draw out points that illustrate the stages of behaviour change that you will be presenting.*
- ❖ What did you learn about changing behaviour?
- ❖ What were the barriers (obstacles) to your behaviour change?
- ❖ How did you overcome those barriers? What solutions did you come up with for solving those barriers?

Note to Facilitator: Highlight the following during the discussion:

- 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.

- Can other people make you change? *It may be helpful to refer to the Circles of Influence and Concern from the Decision-Making session in Personal Growth to understand that we can only change our own behaviour; we cannot make others change their behaviour.*
- Why are we talking about behaviour change in counselling training? *Let participants offer their ideas.*

Key Points:

- During counselling, clients will often go through a process of behaviour change. We need to understand what that process is like. This helps us develop empathy.
- Especially when talking about HIV in counselling, we will be working with clients about changing their behaviour, i.e. practising safer sex, adhering to treatment, healthy living, etc.



Activity 2

Presentation/Discussion

Time: 40 minutes

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.

Note to Facilitator: When presenting the stages of behaviour change, make sure that you use examples. These examples can come from the behaviour change that participants have experienced themselves which were shared in the previous activity.

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: <ul style="list-style-type: none"> ▪ 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.

Why is understanding the stages of change important for you as counsellors? *Let participants come up with their own reasons.*

Possible responses:

- 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.

NOTE: *There will be more sessions and discussion on behaviour change related to HIV and counselling in future modules. See the HIV Counselling and Testing Module.*

SESSION 17: SUBSTANCE ABUSE

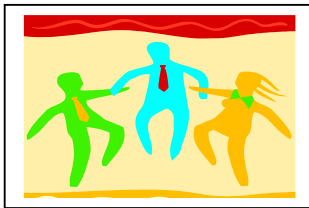
Objectives:

1. Define substance abuse.
2. Identify characteristics and causes for substance abuse.
3. Review model for substance abuse counselling.
4. Practise techniques for counselling people who abuse alcohol.

Time: 2 hours (120 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Large Group Discussion: Define Substance Abuse & Identify Causes	30 minutes	Flipchart Markers
Presentation: Counselling and Substance Abuse	45 minutes	Prepared flipchart or PowerPoint "Substance Abuse Counselling Model"
Relay Role Play: Alcoholic Client	45 minutes	Ball or bean bag



Activity 1

Large Group Discussion

Time: 30 minutes

What is substance abuse?

- *You may need to first define substance. Make sure that it includes alcohol and drugs, including legal (i.e. prescription medication) and illegal substances. Make sure participants name the substances. It is important that they know exactly what you are referring to during this session.*
- *Lead a discussion around when the use of substances becomes abuse. This is usually hard to define and can lead to a good discussion. The key is to facilitate participants' thinking around this topic.*

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

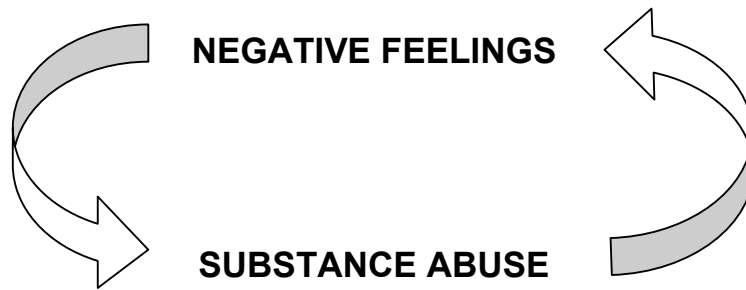
Key Point: Substance use becomes abuse when the individual is no longer in control of the substance and the substance controls the person.

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.

What causes people to use and abuse substances? *Again, facilitate a discussion with the large group. The more the participants are involved in the discussion, the more information they will retain. Below are some themes to point out after they have brainstormed a list.*

- 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.



Before we move into talking about counselling and substance abuse, I would like for each of you to spend a few minutes thinking about how alcohol and substance abuse have affected your life.

Processing 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?

Note to Facilitator: Since alcohol use and abuse is a significant social problem in Namibia, it is crucial that participants examine their own responses to alcohol and substance abuse. Their experiences, attitudes and feelings will affect their counselling. Participants can do this privately just by thinking about it. Or, if time permits, you could have participants discuss this in small groups or even as a large group. Participants could also write about it in a journal. This could be done as a homework assignment.



Activity 2

Presentation

Time: 30 minutes

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

Refer to the previous session on Behaviour Change.

- 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. *Again, refer to the process of behaviour change.*
- 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

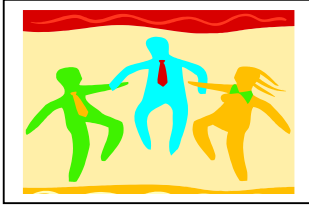
- Help the client focus on healthy behaviours, including eating well and getting exercise.
- Healthy behaviours can also be part of the harm reduction strategies.

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.



Activity 3

Relay Role Play

Time: 45 minutes

Use the relay role play technique to conduct a role play with an alcoholic. It is best if a facilitator plays the role of the client in order to have the most productive role play example. The key is to let participants practise the counselling model for substance abuse.

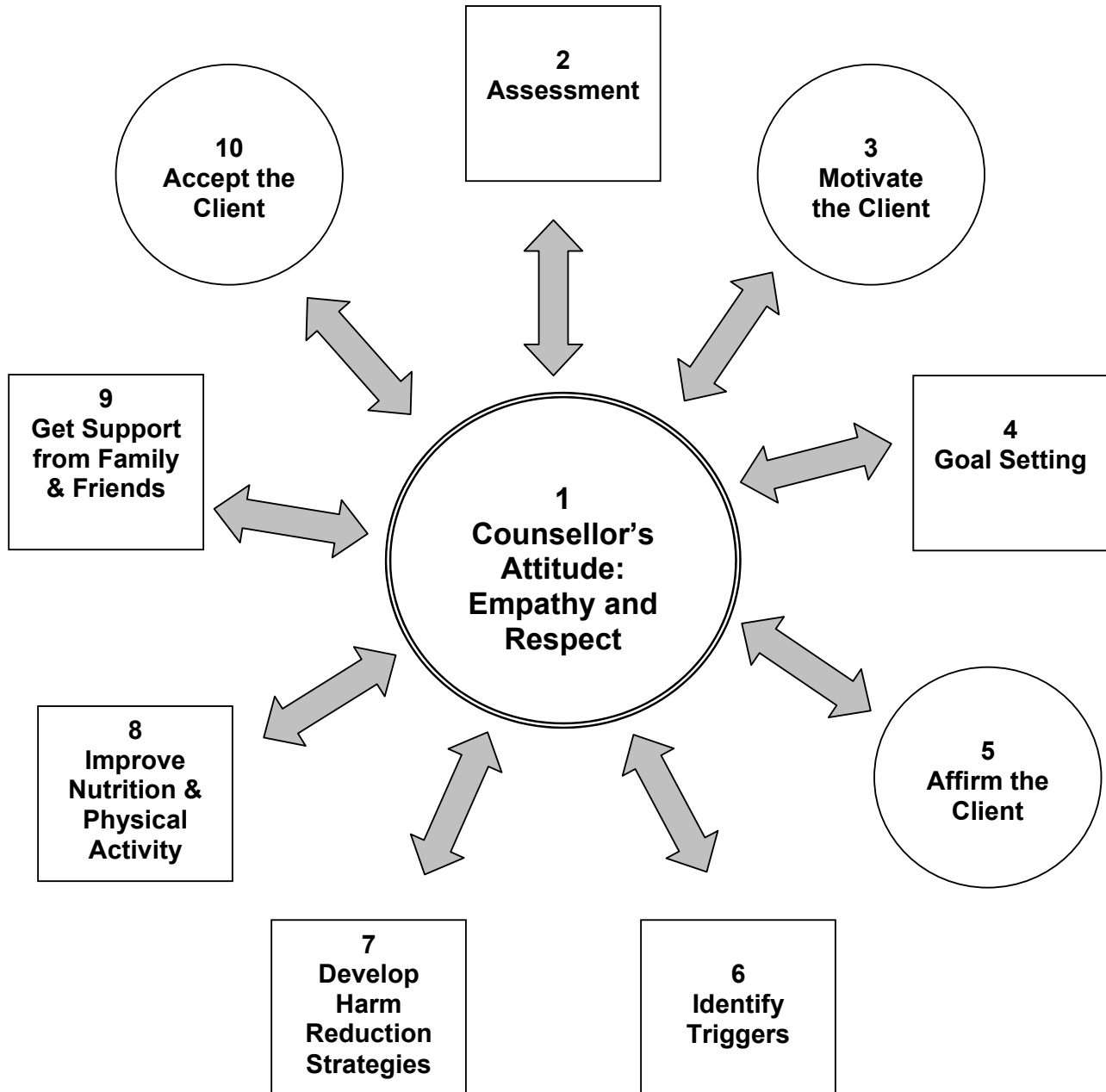
- We are going to role play a counselling session with an alcoholic client. I am going to play the role of the client and you are going to take turns playing the role of the counsellor.
- I would like for us to focus on the counselling model that we just discussed. The first counsellor should focus on assessment, then goal setting, then identifying triggers, etc.
- Remember to use your basic counselling skills such as empathetic listening, reflecting feelings, asking questions etc. Also, do not forget that you have to establish and build a trusting relationship with this client, just like every other client.
- Is there a volunteer to start the counselling session? When you get stuck as the counsellor, you can ask your colleagues for help and one of them can take over where you left off.

Again, if possible, it is best if there are two facilitators for this type of role play. One can facilitate the relay role play process and the other can stay in the role of the client.

Processing Questions:

- ❖ What was that like for those of you who played the role of the counsellor?
- ❖ What was the same or different from our other role plays?
- ❖ Did you find anything particularly difficult?

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.



SESSION 18: DOMESTIC VIOLENCE

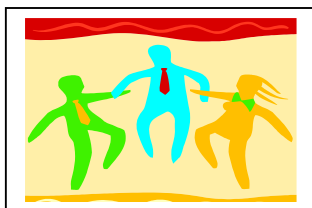
Objectives:

1. Define domestic violence.
2. Identify difficulties in helping those who are in abusive relationships.
3. Explain unique interventions for domestic violence in counselling.

Time: 2 hours (120 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Introduction/Discussion: Definition, Examples and Victims	20 minutes	Flipchart Markers
Video: The Story of Matlakala	45 minutes	Video: "The Story of Matlakala"
Discussion of Video	20 minutes	
Presentation/Discussion Cyclical Pattern of Domestic Violence Domestic Violence and Counselling	35 minutes	



Activity 1

Introduction/Discussion

Time: 20 minutes

What does domestic violence mean? *Let participants brainstorm about what domestic violence is.*

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.

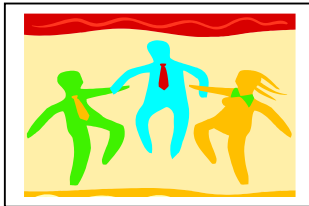
Let's brainstorm a list of examples of domestic violence. *The list should include the following:*

- 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.

Who are victims of domestic violence? *Let participants think about this for a few minutes. Some may share their thoughts.*

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



Activity 2

Video

Time: 45 minutes

Before starting the video, write the following questions on a flipchart. These are questions for participants to think about during the video.

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?



Activity 3

Discussion of the Video

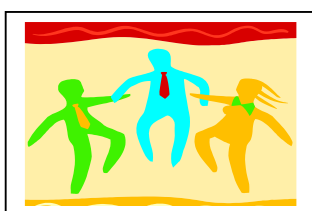
Time: 20 minutes

After the video, either divide participants into small groups to discuss the questions above, or facilitate a group discussion. Below are some possible responses for questions 1 & 2.

1. Forms of abuse:
 - Physical abuse
 - Emotional abuse – verbal put-downs
 - Not wanting her to work
 - Expecting her to be at his beck and call
 - Distrust when she is with friends
 - Stopping her from contacting friends and family or speaking to others
2. Difficulties in helping someone who is a victim of domestic violence:
 - Secrecy: Secrecy is a key characteristic of domestic violence. There is so much hiding and lies to cover up what is happening. Sometimes the secrecy is because of shame about what is happening, sometimes it can be because of denial, sometimes

to protect the abuser (i.e. husband), and sometimes the secrecy is forced by the abuser.

- Cultural issues: how women are viewed in a culture, i.e. lobola, etc. Women can be viewed as the property of her husband. Violence against women can be condoned in some cultures.
- Gender issues
- Communities not wanting to get involved: this includes friends, neighbours and families. Domestic violence is seen as a private matter between husband and wife.
- Cyclical pattern of abuse (see diagram in next section)



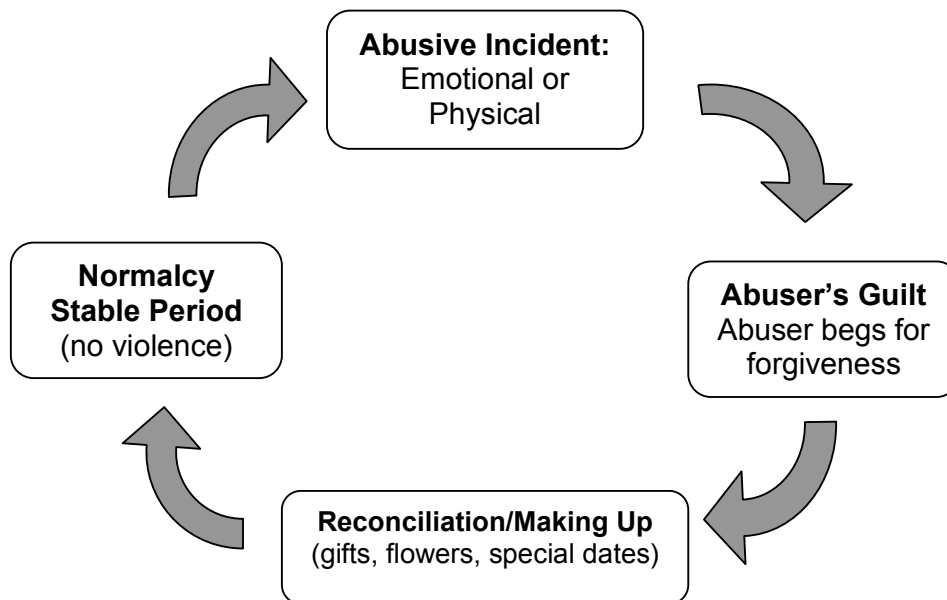
Activity 4

Presentation/Discussion

Time: 35 minutes

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.

Domestic Violence in Counselling

- 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.

SESSION 19: COUNSELLING IN CRISIS SITUATIONS

Objectives:

1. Define crisis and trauma; identify differences.
2. Define post-traumatic stress disorder (PTSD); identify symptoms.
3. List aims and techniques of crisis counselling and trauma debriefing.

Time: 1 hour (60 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Presentation/Discussion: Crisis/Trauma	20 minutes	Flipchart Markers
Presentation/Discussion: Trauma Counselling	40 minutes	



Activity 1

Presentation/Discussion

Time: 20 minutes

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

What is the difference between a crisis and a traumatic event?

Let participants brainstorm some differences; make sure they include the following:

- 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.

Let participants come up with some examples of events that would be categorised as crises or traumatic events. You also could use the examples listed below:

1. A woman is held up at knife point while intruders search her home for things they wish to take. They threaten her, attempt to suffocate her and finally rape her.
2. A father is fired from his job for stealing. The family has no other income.
3. A man witnesses a very bad car accident. People are killed, there is lots of blood and one body is missing a leg. For half an hour, he is the only person there and he is helpless. He uses his t-shirt and other items of clothing to stop bleeding, but it is no use. Four people die and he feels he should have been able to save them.
4. A child is regularly abused by her stepfather. She receives beatings, is locked up in dark rooms and sometimes fears for her life.

5. Standard Bank on Independence Avenue has an armed robbery. Six clients are in the bank at the time and four tellers are involved. The gunmen threaten everybody and push them around, hitting them with a loaded gun. They are all made to lie on the floor while other men empty the safe. The gunmen fire off some shots as they leave, narrowly missing the heads of some of the staff.
6. A house burns down while a family is visiting the neighbours.
7. A soldier is regularly exposed to life-threatening gun fire. He seldom feels safe enough to even sleep at night.

When discussing examples, make sure to identify what factors make the example a crisis or a traumatic event.

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



Activity 2

Presentation/Discussion

Time: 40 minutes

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; do NOT 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.

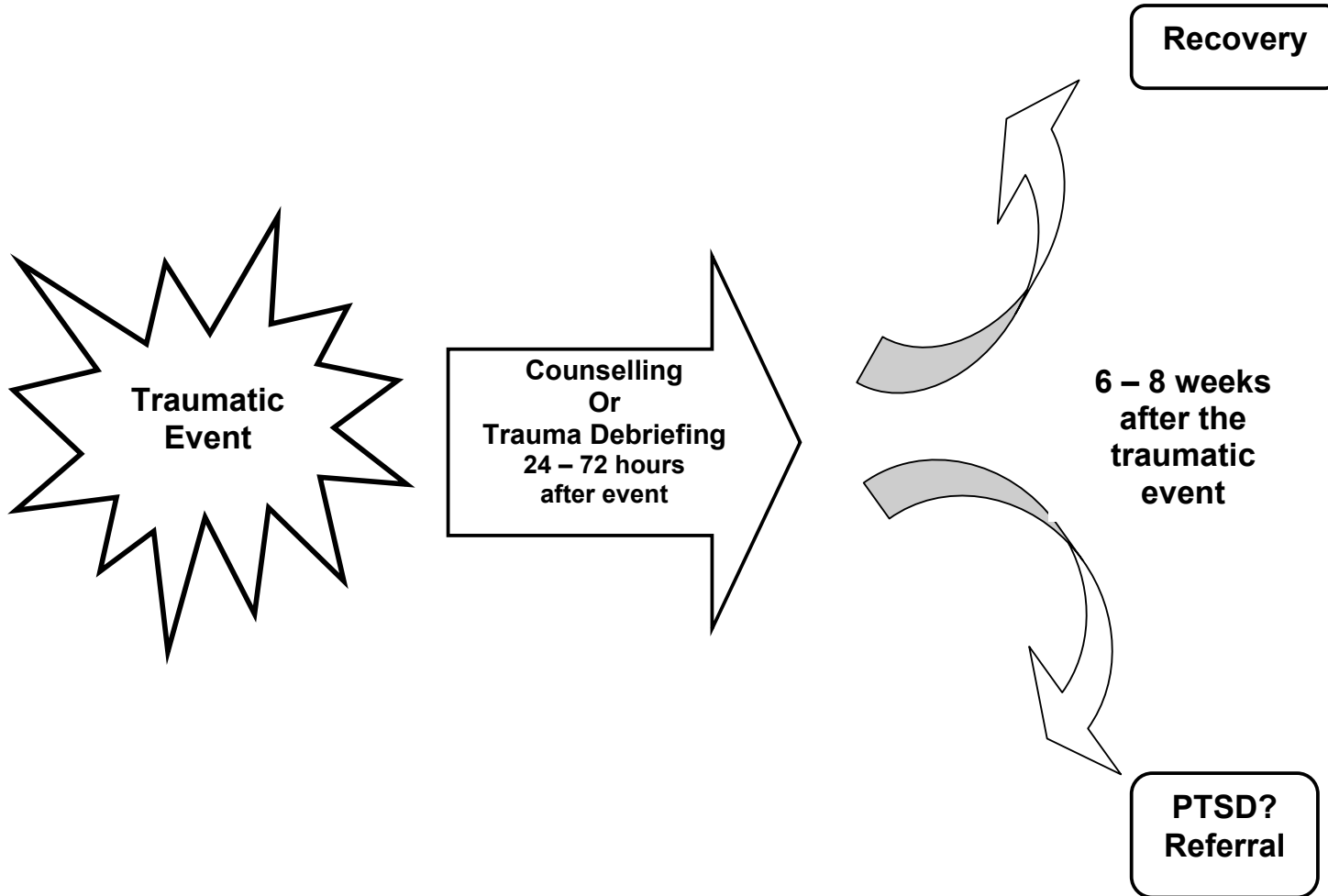
Note: children who have experienced a traumatic event may show extreme emotional distress or experience physical pain.

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



SESSION 20: CRISIS COUNSELLING: SUICIDE PREVENTION

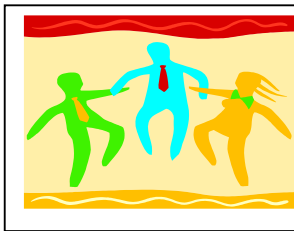
Objectives:

1. Explore taboos and personal experiences with suicide.
2. Identify risk factors for suicide.
3. Explain counselling assessment and intervention approaches to suicide.

Time: 1 hour 45 minutes

Session Overview

Activity/Method	Time	Materials Needed
Introduction/Discussion: Personal Experiences with Suicide	15 minutes	
Presentation/Discussion: Model for Suicide Prevention (Stages for Counselling)	45 minutes	
Relay Role Play: Suicidal Client	45 minutes	Ball or bean bag



Activity 1

Introduction/Discussion

Time: 15 minutes

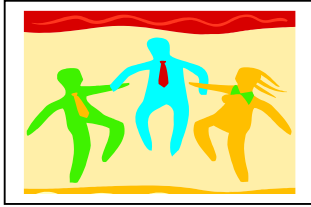
I am going to ask some questions that I want you to think about. You do not have to answer the questions out loud, but you may share your thoughts if you wish.

- Has anyone ever talked to you about suicide? If so, what was that experience like for you? What did you do?
- Has anyone close to you committed suicide? If so, what were the circumstances around the suicide?
- Have you ever wanted to end your life? Did you ever share those feelings with someone else?

Key points:

- Suicide is a taboo topic in many cultures.
- There is a stigma associated with suicide.
- Suicide, suicide attempts and suicidal thoughts are usually surrounded by secrecy.

Ideally you will have a group that is willing to share some of their experiences. However, since these are sensitive topics, do not push people to share. If the group is not forthcoming you can possibly share some of your experiences and facilitate a discussion highlighting the key points.



Activity 2

Presentation/Discussion

Time: 45 minutes

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

Start by making this a discussion if possible. Have the participants brainstorm a list of risk factors. If they have had any experiences with suicide, they should be able to come up with some warning signs. Again, you as the facilitator are empowering them as counsellors by building on the knowledge and experiences that they already have. Also, refer to the Suicidal Checklist (page 140).

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?”

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.

- **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.

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.

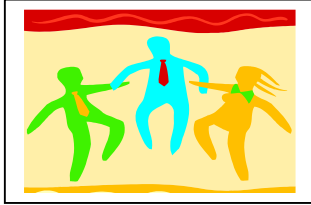
- **NOTE:** Develop your own contract. Do NOT photocopy and use the example contract included in this manual.
- **If the client cannot agree to the contract or refuses to sign it, you should call the police.** Remember that harm to oneself (i.e. suicide) is an exception to the counsellor confidentiality 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.



Activity 3

Relay Role Play

Time: 45 minutes

Use the relay role play technique to conduct a role play with a suicidal client. It is best if a facilitator plays the role of the client in order to have the most productive role play example. The key is to let participants practise the counselling model for suicide prevention.

- We are going to role play a counselling session with a suicidal client. [Name of facilitator] is going to play the role of the client and you are going to take turns playing the role of the counsellor.
- I would like for us to focus on the assessment and intervention that we just discussed.
- Remember to use your basic counselling skills such as empathetic listening, reflecting feelings, asking questions, etc. Also, do not forget that you have to establish and build a trusting relationship with this client, just like every other client.
- Do we have a volunteer to start the counselling session? When you get stuck as the counsellor, you can ask your colleagues for help and one of them can take over where you left off.

Again, if possible, it is best if there are two facilitators for this type of role play. One can facilitate the relay role play process and the other can stay in the role of the client.

Processing Questions:

- ❖ What was this like for you who played the role of the counsellor?
- ❖ Was it difficult to ask some of these direct questions?
- ❖ What was the same or different from our other role plays?
- ❖ Did you find anything particularly difficult?

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 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	√



**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

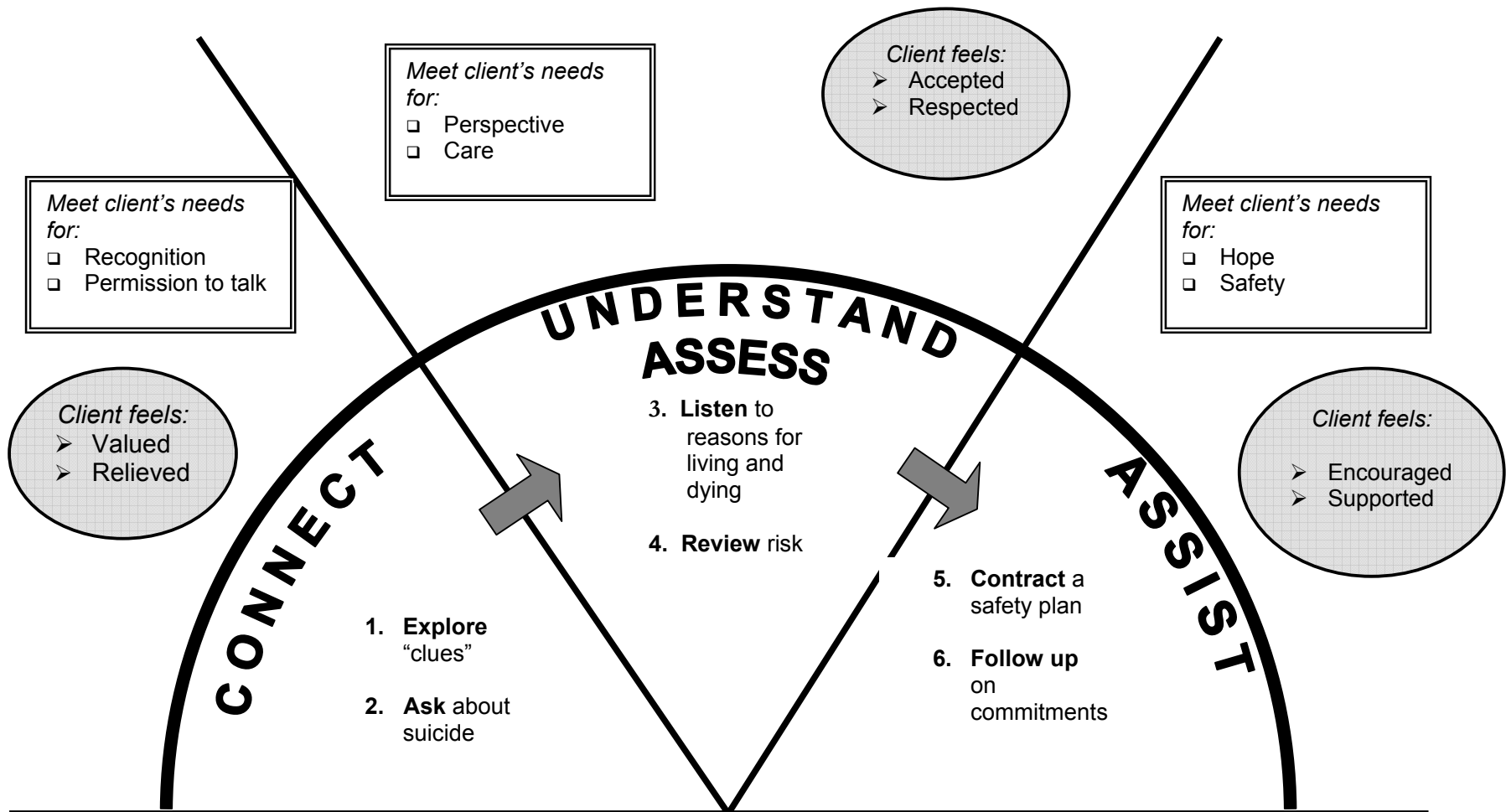
Date

**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

C L I E N T



SESSION 21: CHILD ABUSE

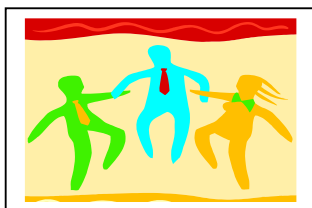
Objectives:

1. Define child abuse.
2. Identify signs of emotional abuse in children.
3. Review counselling steps for responding to child abuse.

Time: 45 minutes

Session Overview

Activity/Method	Time	Materials Needed
Discussion/Presentation: Child Abuse	45 minutes	Flipchart paper Markers



Activity 1

Discussion/Presentation

Time: 45 minutes

It is impossible to go into detail on child abuse in this course. However, there are a few important things to remember if you do face issues of child abuse in counselling.

What is child abuse? *Brainstorm a list with participants. The list should include the following:*

- 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? *Identify what makes child abuse different from dealing with other issues in counselling. Let participants list these. Make sure the following are included:*

- 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 as 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, thumbsucking 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.

SESSION 22: RECORDED ROLE PLAYS

Objectives:

1. Practise basic counselling skills.
2. Experience being videotaped.
3. Reflect on and evaluate own counselling skills.
4. Receive feedback on counselling skills from facilitator and others.

Time: 5 hours 30 minutes (330 minutes)

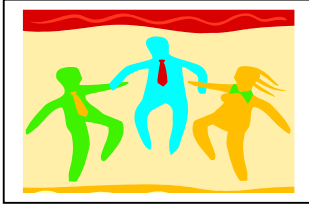
The length of time needed for this session will depend on the number of participants as well as the number of video cameras, televisions and tape players available.

Session Overview

Activity/Method	Time	Materials Needed
Introduction/Instructions (Thursday before lunch)	10 minutes	
Video Taping Role Plays (Thursday afternoon)	3 hours	Video Camera 3 recordable videotapes Role Play Feedback Forms Self-Evaluation Forms
Small Groups (during video taping) Self-Assessment and Improvement Worksheet	40 minutes	
Small Groups Video Viewing & Feedback (Friday morning)	2 hours	3 Televisions with Video Players 3 Taped Videos Role Play Feedback Forms
Large Group Processing Reflect on Videotaping Experience	20 minutes	

Notes to Facilitator:

- It is best if you can introduce this session before lunch on Thursday. This may also be done earlier in the week, i.e. Wednesday afternoon to give participants more time to practise.
- Allow people to form their triads and determine who is going to be taped first, second, and third.
- You may want to draw triad names out of a hat or draw straws to decide who is taped first unless you have some eager volunteers.
- Groups who are taped first can start practising their role plays over lunch.
- In order to complete all of the taped role plays, you will need to make sure to monitor the time carefully.



Activity 1

Introduction

Time: 10 minutes

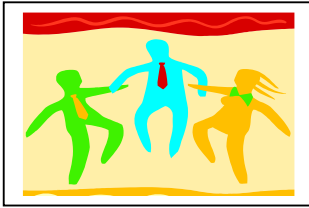
Before lunch on Thursday, or earlier.

Introduction: Part of the training in basic counselling skills involves being recorded as you are conducting a role play counselling session. We have discussed the importance of role plays in developing these very important counselling skills. Now, we are going to take that a step further. Why do you think we videotape your counselling role plays? *Let participants brainstorm responses; key points are below:*

- Seeing yourself on video allows you to have a better idea of how you are perceived.
- Allows you to observe your body language.
- Allows you to observe your own counselling and identify what you did well and what you need to improve.
- Builds self-confidence.
- Provides an opportunity for trainers to observe all participants' basic counselling skills.

Let me explain how we are going to do this.

- You are going to be divided into groups of three (triads), just like we have done in previous role plays. One person will be the counsellor, one the client and one the observer. You will all have a chance to play each role.
- Each of you will conduct a counselling role play as the counsellor for no more than 10 minutes. This role play will be videotaped.
- We will spend the entire afternoon taping these role plays. When you are not being taped, you can spend time in your groups practising your counselling skills.
- Remember that the counselling role plays are best when as a client you use a real life example as your presenting problem.
- Tomorrow morning, we will view the taped role plays in three groups and then provide feedback to the counsellor in each role play.



Activity 2

Video Taping Role Plays

Time: 3 hours
Afternoon on Thursday

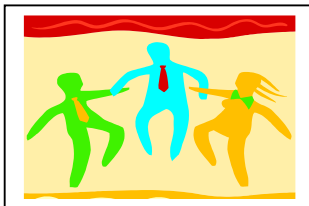
Note to Facilitator:

- If you have additional cameras or a smaller training group, you may adjust the length for each of the role plays and manage the time differently.
- Record in a different room from where the participants are practising their role plays.

****Make sure that you record the role plays on three different video tapes so that they can be viewed in three different groups the following morning.**

- After a triad completes their taped role plays, each of the counsellors should fill out a self-evaluation form evaluating their performance as a counsellor in the role play. You will review this self-evaluation again after the group views your taped role play tomorrow morning.

After each triad has completed their recording, remind participants to fill in their self-evaluation forms.



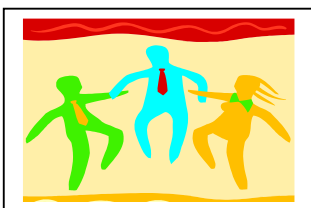
Activity 3

Small Groups

Time: 40 minutes

- *Once groups have finished recording their role plays, each participant should fill out the “Self-Assessment and Improvement Worksheet,” evaluating their own counselling skills.*
- *In the same role play small groups, they should meet and discuss their “Self-Assessment and Improvement Worksheet.”*
- *Individuals should not only share their self-evaluation, but they should also comment on each other’s strengths and areas for improvement, including how to use those strengths and improve the weaknesses.*
- *Ideally a facilitator will be able to meet with the small group as they are sharing and giving feedback to each other in order to make sure that the feedback is useful.*

- *Small groups or triads who record first can discuss feedback while other groups are recording their role plays. The last group may have to discuss feedback in the evening.*



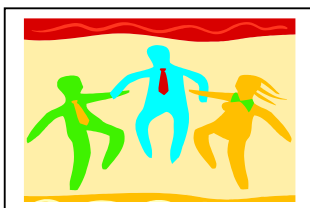
Activity 4

Small Groups

Time: 2 hours
Friday morning

Note to Facilitator: In order to conduct the video viewing and feedback in three groups you will **need three facilitators**. If you have more facilitators and more televisions and VCRs you can even do this in smaller groups in order to take less time.

- We are going to view each role play. After the role play the video will be stopped.
- The counsellor from that role play will evaluate his/her performance.
- Finally, the facilitator will provide feedback to the counsellor involving other members of the small group.



Activity 5

Large Group Processing

Time: 30 minutes

Bring the large group together and reflect on the videotaping experience.

Processing Questions:

- ❖ What was that experience like for you?
- ❖ How did your self-evaluation after the taped role play differ from your self-evaluation after viewing the role play tape? How was it the same?
- ❖ What was it like to receive feedback after watching the videotape? Were there any surprises in what was said?
- ❖ Do you think you gained anything from this experience? Do you view your counselling abilities in the same way or differently?

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.

SESSION 23: STRESS & CARING FOR YOURSELF

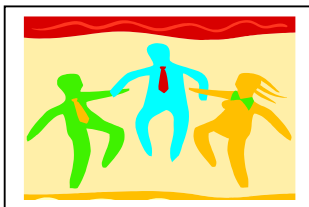
Objectives:

1. Define stress.
2. Identify personal responses to stress.
3. Explain how counselling and stress can be related.

Time: 1 hour 30 minutes (90 minutes)

Session Overview

Activity/Method	Time	Materials Needed
Large Group Discussion: Define Stress	10 minutes	Flipchart paper/Markers Prepared flipchart or PowerPoint “Stress Model”
Written Exercise: Internal Demands	10 minutes	
Written Exercise: Responses to Stress	20 minutes	
Large Group Discussion: Stress and Counselling	20 minutes	
Small Group Discussion: Self Care Ideas	30 minutes	Post-It’s, Markers Flipchart paper labelled “Self Care Ideas”



Activity 1

Large Group Discussion

Time: 20 minutes

What is stress? Can anyone give me a definition of stress?
Use overheads of the Stress Model to illustrate this definition.

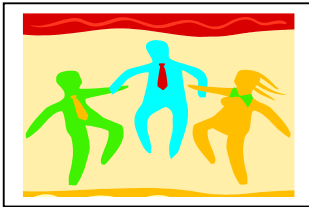
- Stress exists when the demands of our lives are greater than our inner resources to deal with them.
- However, since perceptions are so important, it would be more accurate to say the stress exists where we perceive our demands to be greater than our perceived coping resources. *Refer to “Perceptions” session in Personal Growth.*
- 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.

Is stress always a bad thing? Can it ever be good or helpful? *Let participants respond.*

- Stress helps activate us. It prepares us to act in response to the demands of life.
- But if we have too much stress, we can experience distress.



Activity 2

Written Exercise

Time: 10 minutes

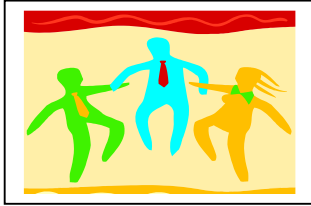
Before we continue, I want each of you to think about and write down three internal demands that you place on yourself. These would be things that make you feel guilty if you do not manage to do or accomplish them. Write these internal demands as follows:

You can refer participants to the Participant Manual or write what is below on flipchart paper.

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.



Activity 3

Written Exercise

Time: 20 minutes

How do we respond to stress? What are positive and negative ways we respond to stress? *Let participants respond.*

Possible responses:

- Productivity: provides energy
- Physically: tension in muscles, headaches, stomach aches, tiredness, etc.
- Emotionally: mood swings, short-tempered, etc.
- Spiritually: pray more, seek out support from church friends or pastor

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

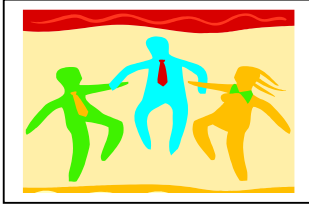
Give participants time to do the activity.

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

Processing Questions:

- ❖ Why did we do this exercise and the internal demands exercise?
- ❖ Why did I have you identify how you personally respond to stress?

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.



Activity 4

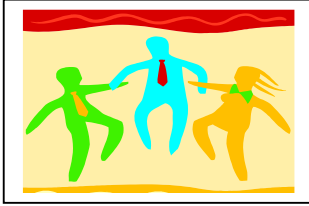
Large Group Discussion

Time: 20 minutes

For the rest of this session we will be talking about the specific stress of counselling, how to care for yourself as a counsellor, and why that care is so important. We can begin by discussing what you think are the biggest problems or stresses that counsellors face.

- What problems do you think you might struggle with as a counsellor? *This should be discussion about personal issues, not attempting to identify the biggest issues for counsellors in general. There are no right answers. Each person will identify the things that they think will be the most difficult for them. Try to encourage participants to be honest and open about things that may be difficult for them.*
- How would these problems affect your counselling? What could happen to the effectiveness of your counselling? What does that mean for the client/for the counsellor? *Brainstorm; again there are no right answers, but below are a few ideas:*
 - Become jaded, and less empathetic and caring.
 - Let your own problems interfere with the problems of others.
 - Become hopeless and unable to empower others since you no longer believe in change.
 - Become too involved with clients' problems and do not let them make their own decisions and solve their own problems.
 - Become impatient with the counselling process.

Key Point: You cannot help others if you do not take care of yourself.



Activity 5

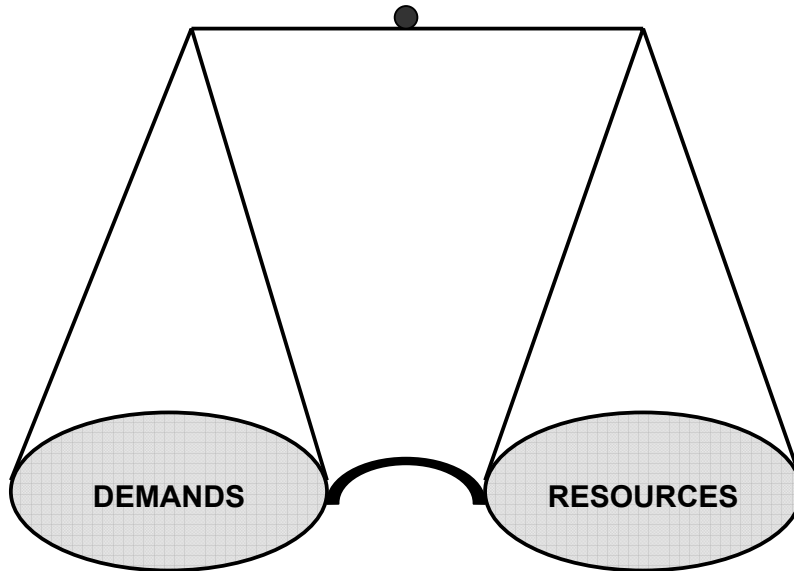
Small Group Discussion

Time: 30 minutes

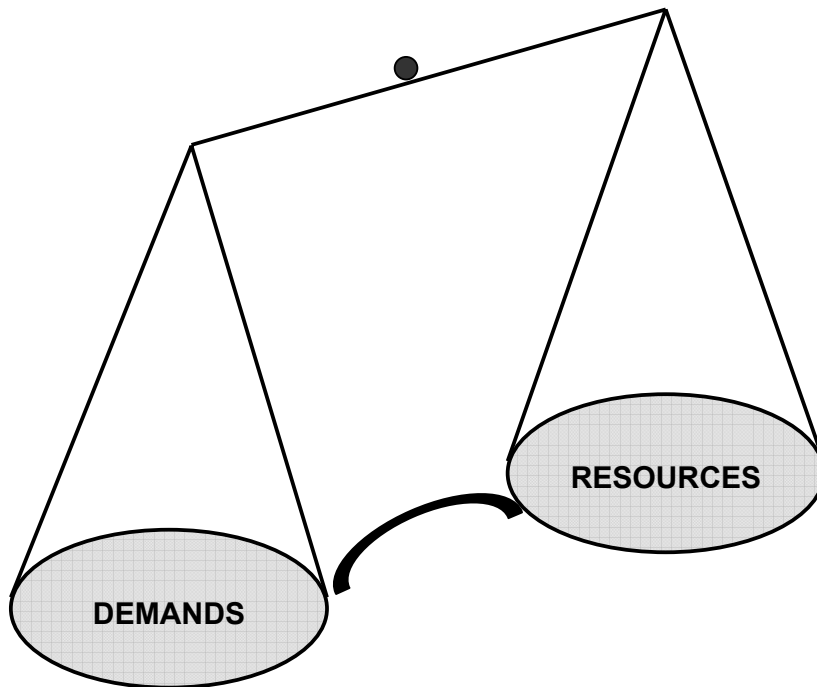
How do we prevent this from happening? How do we take care of ourselves as counsellors so that our counselling continues to be effective and empowering?

- Divide into groups of 4 or 5. In your groups, I would like for you to discuss the issue of self care for the counsellor.
- Discuss the following questions:
 - What are ways that you take care of yourselves now?
 - How can you take care of yourself as a counsellor?
 - Brainstorm as many different ways to take care of yourself as you can. Be creative.
- Write each of your ideas on the Post-It's provided.
- *Give the groups 15 minutes or so to come up with their self care ideas.*
- In order to share the small group ideas with the larger group, I am going to ask each group to share one of their self care ideas. When you share it, one group member should bring it up to the front and stick it onto this flipchart. We will take turns so all the groups can participate and share their ideas.

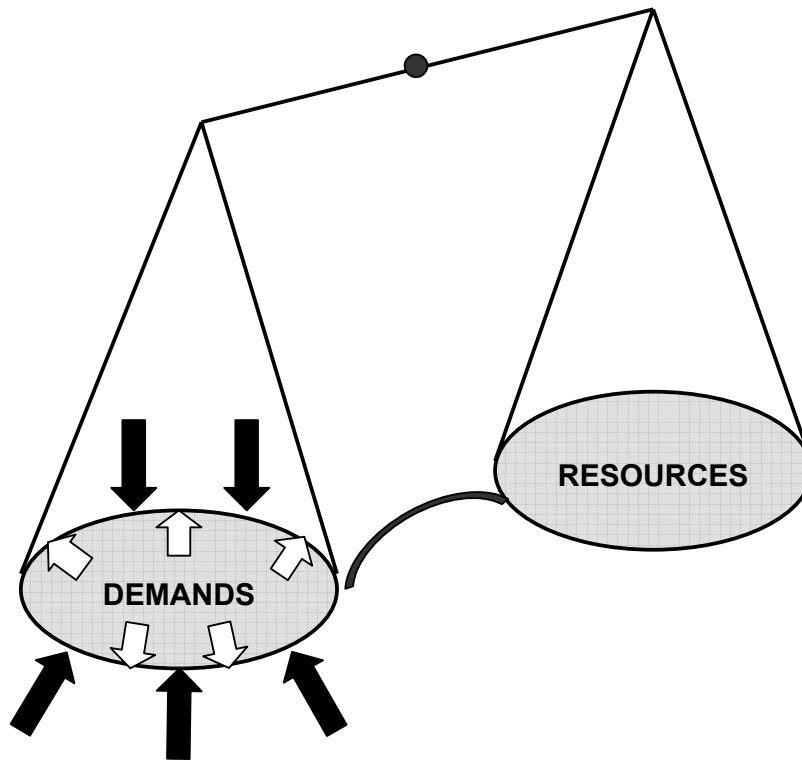
Equilibrium/No Stress: Perceived demands are equal to perceived resources.



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.

SESSION 24: REFERRALS & ASSIGNMENT

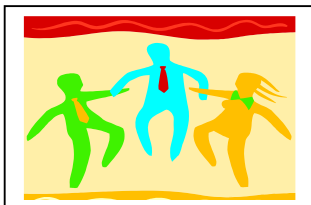
Objectives:

1. Explain what referrals are.
2. Understand the importance of referring, and when and how to refer.
3. Give referral resources development assignment.

Time: 30 minutes

Session Overview

Activity/Method	Time	Materials Needed
Discussion: Referrals	20 minutes	
Assignments	10 minutes	Optional: copies of the Referral Form (3-5 copies for each participant)



Activity 1

Discussion

Time: 30 minutes

What are referrals and why are they important? *Generate a discussion on this.*

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

Make sure the participants understand this assignment and have the opportunity to ask questions. You may also want to provide 3-5 copies of the referral form for each participant.



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.

Note to Facilitator: It is best to give this assignment before you facilitate the VCT module. With some groups, you may facilitate General HIV prior to VCT, in which case you could give this optional assignment at the end of General HIV.



Role Play Feedback Form

Trainee's Name _____

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

- 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 is not 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 client's 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?"

BASIC COUNSELLING SKILLS TRAINING SCHEDULE

Day 1

Time	Session	Facilitator
08:00 -10:30	Introduction to Basic Counselling Skills/Review Assignment Counselling Introduction	
10:30 -11:00	Tea Break	
11:00 -13:00	Basic Communication	
13:00 -14:00	Lunch	
14:00 -15:30	Person-Centred Counselling Model of a Counselling Session	
15:30 -15:45	Tea Break	
15:45 -17:00	Role Plays & Feedback Empathy: What is It?	

Day 2

Time	Session	Facilitator
08:00 -10:30	Check-In/Recap Listening Skills	
10:30 -11:00	Tea Break	
11:00 -13:00	Reflecting Skills: Reflecting Feelings	
13:00 -14:00	Lunch	
14:00 -15:30	Reflecting Skills: Restating/Reframing, Affirmation & Summarising	
15:30 -15:45	Tea Break	
15:45 -17:00	Reflecting Skills (continued)	

Day 3

Time	Session	Facilitator
8:00 -10:30	Check-In/Recap Probing/Action Skills: Asking Questions & Interpretation	
10:30 -11:00	Tea Break	
11:00 -13:00	Probing/Action Skills: Confrontation & Information Sharing	
13:00 -14:00	Lunch	
14:00 -15:30	Problem Management Skills	
15:30 -15:45	Tea Break	
15:45 -17:00	Developing Empathy	

Day 4

Time	Session	Facilitator
8:00 -10:30	Check-In/Recap Ethics in Counselling Understanding Behaviour Change	
10:30 -11:00	Tea Break	
11:00-13:00	Counselling in Crisis Situations Crisis Counselling: Suicide Prevention	
13:00-14:00	Lunch	
14:00-15:30	Video Taping Role Plays	
15:30 -15:45	Tea Break	
15:45-17:00	Self-Assessment and Improvement Worksheet (during videotaping)	

Day 5

Time	Session	Facilitator
8:00 -10:30	Check-In/Recap Small Group Video Viewing and Feedback	
10:30 -11:00	Tea Break	
11:00-13:00	Stress & Caring for Yourself Referrals & Assignment Wrap – up/Evaluation	
13:00 -14:00	Lunch	

BASIC COUNSELLING SKILLS COURSE EVALUATION

Please fill out this questionnaire and return it to your course facilitator before you leave. You do not need to write your name on this sheet. It will be used to adapt the training and make it more appropriate for community counsellors.

1. Please complete the following by ticking the column of your choice.

<i>PLEASE RATE THE QUALITY OF THE FOLLOWING...</i>	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
Overall Content of Course					
Participant Manual					
Presentation of Material by Trainers					
Participant / Group Activities					
Facilitation of Activities by Trainers					

2. Think about what you *already knew* and what you *learned during* this training about Basic Counselling. Then evaluate your knowledge in each of the following topic areas related to Basic Counselling Skills **Before** and **After** this training.

1 = No knowledge or skills 3 = Some knowledge or skills 5 = A lot of knowledge or skills

←-----→						←-----→				
BEFORE TRAINING					<i>SELF-ASSESSMENT OF YOUR KNOWLEDGE AND SKILLS RELATED TO:</i>	AFTER TRAINING				
1	2	3	4	5	Empathy	1	2	3	4	5
1	2	3	4	5	Listening Skills	1	2	3	4	5
1	2	3	4	5	Reflecting Skills	1	2	3	4	5
1	2	3	4	5	Probing/Action Skills	1	2	3	4	5
1	2	3	4	5	Problem Management Skills	1	2	3	4	5

3. Any comments or suggestions to improve this course?



REFERENCES: BASIC COUNSELLING SKILLS MODULE

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