

## COUNSELING

### INTRODUCTION:

The emphasis of this course is principles and theories of counseling and describes counseling process. This course aims at equipping students with knowledge, attitude and skills required for counseling. Finally students will have self-awareness.

**Counseling:** Is a process of enabling the individual to know him/herself and his/her present and possible future situations in order that he/she may make substantial contributions of the society and solve his/herS own problems through a face to face personal relationship with the counselor

### DEFINITIONS:

**Counseling** is an interpersonal communication through which a person is helped to assess his or her current situation explores his or her feelings so as to come up with a solution to the problem or cope up with the problem.

**OR: Counseling** is an accepting, trusting and safe relationship in which clients learn to discuss openly what worries and upsets them, to define precise behavior goals to acquire essential social skills and to develop the courage and self- confidence to implement the desired new behaviors.

### A helping relationship to help a person help him or herself deals with a problem or concern:

- ❖ An interpersonal helping relationship
- ❖ To gain insight of the problem
- ❖ Explore options
- ❖ Make a plan

**OR:** A process involving a series of sessions and follow up (clarification required). **OR:** A dialogue between a patient (client) and a service provider aimed at identifying client's concerns and options for dealing with them.

### GOALS OF COUNSELING / BENEFITS:

- To help a patient to make an informed decision about HIV testing and related concerns (prevention care and treatment)
- To achieve the counseling goal, health workers need good interpersonal and communication skills
- Feel better about yourself.
- Feel more at peace, at ease in your daily activities, more comfortable, and more secure in the world.

- Feel more successful and more joyful on a more regular basis.
- [Feel more connected to others](#), especially those who are close to you, such as your family, spouse, or best friends
- Reduce stress at home, in the workplace, or in relationships.
- Help with your physical health by reducing emotional worries or stressors.
- Work through your problems with a skilled and compassionate professional counselor.
- Identify the goals that you have in life, as well make new goals that you want to achieve.
- Learn new behaviors or responses to situations that can help you better achieve your goals.
- Establish healthy and efficient ways and techniques for reaching your goals.
- Understand your own thoughts, feelings, and responses.
- Understand your loved ones and your relationships with them.
- Develop a safe and friendly listening ear.
- Speak with a skilled professional about your fears and perceptions of the world, and others.
- Feel safe about expressing any personal troubles or private concerns.
- Work towards greater self-fulfillment.

**Counseling therefore involves:**

- 1- Helping a person share his or her problems by expressing his/ her concerns.
- 2- Giving factual information about the problem e.g. HIV infection.
- 3- Guiding a person through various interventions to a problem.
- 4- Exploring all possible plans to action to reduce risk
- 5- Helping a person to make informed decisions

**Note:**

- i) Counseling is not advising a person on what to do
- ii) Arguing should not be done with a client
- iii) Do not suggest to the client what to do.

Counseling takes time, required devotion, determination and a lot of confidentiality.

Guidance is the help or advice given to someone to make an informed decision.

Counseling in other words is a relationship often between two people that is a client and a counselor but sometimes between a number of people and a person who acts a counselor for the group.

Counseling therefore takes place both in individual and group therapy.

The counseling relationship is a special form of communication because it involves listening i.e. attending to what the client means to say, as well as what is actual saying.

#### **CHARACTERISTICS OF COUNSELING:**

- Counseling involves two individuals one seeking help and the other a professionally trained person who can help the first. The one who seeks the help is known as the counselee and the one who provide the help is counselor.
- There should be a relationship of mutual respect between the two individuals. The counselors should be friendly and cooperative and the counselee should have trust and confidence in the counselor.
- It is aimed at bringing about desired changes in the individual for self- realization and providing assistance to solve problems through an intimate personal relationship.
- The counselor discovers the problems of the counselee and helps to set up realistic goals and guide him/her through difficulties and problems.
- If the counselee is a student, counseling helps him to take decision, make a choice or find a direction in matters related to an educational program or career
- It helps the counselee acquire independence and develop a sense of responsibility. It also helps him explore and fully utilize his potentials and actualize himself
- It is more than advice giving solution emerges through the thinking that a person does for himself rather than through solutions suggested by the counselor.
- It involves something more than offering an assistance to find a solution to an immediate problem. Its function is to provide changes in the individual thereby enabling him to deal with difficulties in a more productive and independent manner.
- Counseling is democratic. Counseling takes place in a non- threatening and democratic atmosphere, which allows the counselee to think independently with counselor and not under the counselor.
- Counseling concerns itself with attitudes as well as actions.

- Emotional rather than purely intellectual attitudes are the raw materials of the counseling process. Information and intellectual understanding have their place in counseling, but it's the emotionalized feelings which are most important
- Counseling is a body of techniques that helps individuals to grow up normally through guided learning. It helps an individual to know him/herself better, gives him/her confidence, encourages his/her self-defectiveness and provides him with new vision to grow and flourish.
- In the educational context, counseling is centered on the needs and aspirations of students.

### **WHY TO COUNSEL**

- Helps clients make informed decisions
- Helps clients to make appropriate planning
- Helps clients cope with difficult situations
- HIV infection is chronic and fatal; therefore, one needs continuous support.

### **WHO SHOULD DO COUNSELING/ OFFER COUNSELING:**

A counselor is a person who has the following

- Knowledgeable
- Positive attitude
- Good communication skills
- Presentable and willing to help

### **Counselors should be well trained and equipped with basic skills such as:**

- ❖ Active listening
- ❖ Asking open ended and probing questions
- ❖ Attentive behavior
- ❖ Observing
- ❖ Use of non-verbal cues
- ❖ Use of effective silence
- ❖ Clarifying
- ❖ Paraphrasing

- ❖ Reflection
- ❖ summarization

**The counseling environment should ideally be one that is:**

- Clean
- Airy / well ventilated
- Quiet
- Private
- Cool or warm
- Physically comfortable
- Dry
- Free from dust, pollution and foul smell
- Generally welcoming ( as much as possible)
- Accessible to the client and the counselor
- Safe for the client (where they feel secure)

#### **WHO NEEDS COUNSELING?**

The following people should be counseled

- ❖ People who may be worried about their sero status
- ❖ Those who have lost sexual partners
- ❖ Relatives and families of AIDS patients
- ❖ Those with multiple partners
- ❖ People diagnosed as having AIDS
- ❖ Carers of AIDS patients
- ❖ Children of infected/ Who are infected
- ❖ Patients with chronic diseases.
- ❖ Patient who wish to start on treatment with ARVS

- ❖ Academically stressed students
- ❖ People who have lost business
- ❖ Broken relationship
- ❖ Bereavement
- ❖ Domestic violence
- ❖ Sexual abuse
- ❖ Mentally sick person
- ❖ One preparing for marriage.

### **PREPARE FOR COUNSELING**

Successful counseling requires preparation. To prepare for counseling, do the following:

- Select a suitable place.
- Schedule the time.
- Notify the subordinate well in advance.
- Organize information.
- Outline the counseling session components.
- Plan your counseling strategy.
- Establish the right atmosphere.

**Select a Suitable Place:** Schedule counseling in an environment that minimizes interruptions and is free from distracting sights and sounds.

**Schedule the Time:** When possible, counsel a subordinate during the duty day. Counseling after duty hours may be rushed or perceived as unfavorable. The length of time required for counseling depends on the complexity of the issue. Generally a counseling session should last less than an hour. If you need more time, schedule a second session. Additionally, select a time free from competition with other activities and consider what has been planned after the counseling session. Important events can distract a subordinate from concentrating on the counseling.

**Notify the Subordinate Well in Advance:** For a counseling session to be a subordinate-centered, two-person effort, the subordinate must have time to prepare for it. The subordinate should know why, where, and when the counseling will take place. Counseling following a specific event should happen as close to the event as possible. However, for performance or professional development counseling,

subordinates may need a week or more to prepare or review specific products, such as support forms or counseling records.

**Organize Information:** Solid preparation is essential to effective counseling. Review all pertinent information. This includes the purpose of the counseling, facts and observations about the subordinate, identification of possible problems, main points of discussion, and the development of a plan of action. Focus on specific and objective behaviors that the subordinate must maintain or improve as well as a plan of action with clear, obtainable goals.

**Outline the Components of the Counseling Session:** Using the information obtained, determine what to discuss during the counseling session. Note what prompted the counseling, what you aim to achieve, and what your role as a counselor is. Identify possible comments or questions to help you keep the counseling session subordinate-centered and help the subordinate progress through its stages. Although you never know what a subordinate will say or do during counseling, a written outline helps organize the session and enhances the chance of positive results.

**Plan Counseling Strategy:** As many approaches to counseling exist as there are leaders. The directive, nondirective, and combined approaches to counseling were addressed earlier. Use a strategy that suits your subordinates and the situation.

**Establish the Right Atmosphere:** The right atmosphere promotes two-way communication between a leader and subordinate. To establish a relaxed atmosphere, you may offer the subordinate a seat or a cup of coffee. You may want to sit in a chair facing the subordinate since a desk can act as a barrier.

Some situations make an informal atmosphere inappropriate. For example, during counseling to correct substandard performance, you may direct the subordinate to remain standing while you remain seated behind a desk. This formal atmosphere, normally used to give specific guidance, reinforces the leader's rank, position in the chain of command, and authority.

## WHEN TO REFER CLIENTS

There are number of potential reasons for the making referrals. These include;

- ❖ The client has another need e.g. they want information or advice
- ❖ The counselor lacks specific skills
- ❖ The client requires a specialist e.g. there is an apparent mental health problem
- ❖ The counselor knows the client beyond the professional basis.

- ❖ The counselor and the client are not establishing a therapeutic relationship for some reason. E.g. the client is reluctant to open up to the counselor, personality differences.
- ❖ The counselor has difficulty with issues being discussed because they have some kind of personal meaning or take them outside of their comfort zone.
- ❖ No progress is being made
- ❖ The client is partaking in disruptive behaviors that might be harmful to themselves or others.

**N.B:** Referral is not a sign of weakness or lack of skills. It does not mean that you cannot provide a safe and therapeutic environment for the client

### **PROFESSIONALS TO WHOM WE MIGHT REFER A CLIENT**

Examples of professionals to whom we might refer a client are:

- **Doctors:** are trained to assess symptoms and make a diagnosis based on their knowledge and ability to understand the signs and symptoms that a patient is experiencing. Many doctors focus on particular areas of medicine and are called **specialists**. Specialists who often work with people with disabilities are neurologists( brain and nervous system), ear, nose and throat(ENT)specialist, ophthalmologists(eyes) orthopedic specialists (bones ),psychiatrists (mental health) and pediatricians'(children)
- **Occupational therapists:** work with people on activities of daily living, and develop treatment plans to help people gain skills. They also assess what equipment and modification to the environment might help people to go about their daily activities more easily
- **Physiotherapists:** Help people to gain more physical control of their bodies so that they can move more easily or improve their muscle control or strength . Helping people to use aids such as walking frames and crutches is another focus of physiotherapists as is teaching people how to prevent further damage to muscles
- **Social workers:** work with individuals, couples, families, groups and communities. They work to empower people who are disadvantaged or marginalized in and by society. They provide specialist counseling, help people to learn new skills and strategies and they attempt to make changes to policies and systems that traditionally disempowered people.
- **Psychologist:** are trained in psychometric testing: - This means that they can assess (using certain tests ) a person's intelligence or where they may be experiencing some damage to the brain . Some psychologists work in special schools and can provide educational assistance to children with disabilities. Other psychologists specialize in counseling.
- **Podiatrists:** look after people's feet. They treat foot problems as well as assess why people have certain problems affecting their feet. They may suggest and make **orthotics** (inserts that go inside shoes) unique to their patients foot or feet.



- **Orientation and mobility instructors:** teach people with visual impairments the skills necessary to move safely about their physical environment. They may teach people how to use a white cane or a guide dog as well as how to use other mobility aids
- **Audiologists:** assess whether or not someone has a hearing loss, what type of hearing loss they have and the degree of loss.
- **Employment consultants:** assist people to locate and maintain employment.

#### **STEPS IN MAKING A REFERRAL**

1. Identify the problem
2. Assess the data
3. Identify and assess potential solutions
4. Identify additional information needed
5. Make the referral

#### **The following list of things to remember should help you when you are making referrals for clients:**

1. Make sure you know that policies and procedures your agency has for making referrals
2. Always know the agency or person to whom you make the referral. Don't send a client off to someone or some organization you know nothing about.
3. Contact the agency or worker you are thinking about referring your client to and see who their target group is, what services they provide and what their criteria for access is (that is who they will accept and what information they need).
4. Explore the readiness of your client to be referred. Open and honest discussion about referral and the reason for it will enable your client to feel more in control of the situation.
5. Discuss the possibility of referral with other organizations or person before suggesting it to your client. Of course, you need to do this without breaching confidentiality.
6. Explore with your client where he or she may have sought help.
7. Talk with your client about the fact that you want to refer them to another worker or agency and why.
8. Be very aware of confidentiality issues. Get your client's consent for you to contact the agency or worker and give their details to the new worker.
9. Let your client make the appointment, rather than making it for them. Again, this is more empowering.

10. Help prepare your client for their first appointment. Talk through with them what information they will have to provide, how to get the appointment and what they will have to take (if appropriate).

11. Maintain your relationship with your client until the referral process is complete.

#### **CONTRA INDICATIONS TO BEING A COUNSELOR**

- a) Personality problems e.g. cannot control self
- b) Over involved in personal/ social/family problems e.g. divorce/legal proceedings.
- c) Boundary problems e.g. relationships
- d) Beliefs, convictions
- e) Major illness, mental, physical addictive
- f) Material drive or motivated e.g. Money, gifts, fame etc

#### **QUALITIES OF A GOOD COUNSELOR**

- 1- Should be knowledgeable i.e. trained, equipped with up to date information.
- 2- Should be a good listener. Listen to the verbal and non- verbal messages from the client.
- 3- Should be able to respect the client the way he/she has presented him/herself
- 4- Should be able to ensure confidentiality i.e. keep the client's secrets.
- 5- Should be a good communicator.
- 6- Should be able to control his or her emotions towards the client and himself.
- 7- Be able to identify the right time of delivering messages.
- 8- Should have a positive attitudes (unconditional positive regard) towards the client without i.e. should be non-Judgmental, accept the client without condemning (blaming) or negative feelings, expelling all fear from the client and making them feel they are accepted the way they are and wanted despite the weaknesses they may feel or condoning ( encouraging to do wrong)
- 9- Approachable and should be caring
- 10- He should be empathetic i.e. willing to show understanding of the client's problems and communicate his understanding to the client.

- 11- Should know his limitations and boundaries
- 12- A counselor must accept that every human being is unique and treat each client as an individual
- 13- Able to contain pain
- 14- Fairness
- 15- Should be neat/ smart.
- 16- Should be patience
- 17- Tolerance
- 18- Broad mindedness

#### **ADVERSE EFFECTS OF COUNSELING ON THE COUNSELOR:**

- Over- involvement e.g. Giving money, neglecting own family affairs
- Burn out (long Experience of long term exhaustion and diminished interest).
- Vicarious traumatization (experienced or gained by the loss or to the consequence of another)
- Activism or crusading

#### **ELEMENTS OF COUNSELING**

There are three distinct elements in the process of counseling that are as follows;

- a. First, counseling involves two persons.
- b. Secondly the specific objective of counseling is to help and assist the counselee to solve his or her problems independently.
- c. Thirdly, counseling is a professional task and must be performed by professionally trained persons.

**William, Cottle:** has identified **five elements** in the process of counseling. They are

- 1. **Rapport:** The first element is rapport which involves establishing relationship of mutual respect between two individuals, the counselor and counselee
- 2. **Communication:** Communication between counselor and counselee should be frank and free, without inhibition. Efforts should be made to increase the effectiveness of communication by using different devices such as in depth interview.

3. **Qualification:** The counselor should be professionally qualified person with practical experience and liking for the people. This will enable the counselor to understand the problems more adequately
4. **Confidence:** The fourth element is directly related with the counselee who starts with confusion and feelings of bewilderment and gradually progresses towards his or her goal of understanding his or her problems. In the process, the counselee changes his or her attitudes and acquires insight to the problems and thereby gains confidence to tackle problems and increase the capacity of adjustment of the environment.
5. **Counseling interview:** The last element is the counseling interview which is comprehensively planned by the counselor to lead the counselee to the desired goal. The counselor understands the problems of the counselee and attempts to find solutions.

#### **LEVELS OF COUNSELING:**

- a) **Informal counseling:** It is any helping relationship a responsible person, who may have little or no training for the work. For example; by stander in a hospital counseling a newly diagnosed cancer patient who is bursting in the middle of the corridor through friendly conversation.
- b) **Non- specialist counseling by professionals:** It is the help provided by physicians, lawyers, teachers, ministers, who do a great deal of face to face work with psychological problems in the course of their other work. For example: religious counseling, financial counseling etc.
- c) **Professional counseling:** Professional means the possession of master's or Doctor's degree with at least a year of supervision of a trained professional and acceptance of a professional code of ethics. Professional counselors are usually psychologist or educational psychologists. For example: educational, vocational or crisis counseling.

#### **DEALING WITH SOME OF THE MOST COMMON EMOTIONS:**

- **Denial:** Sometimes people react by denying the facts about an emotion as way of copying temporarily. It is better to help such people face the reality of the emotion. Help them to go through the experience again through story telling or enacting and then healing may take place hence overcome the painful situation.
- **Anger:**The experiences one undergoes may seem to be unfair. Therefore one may feel angry with oneself, others and the situation at large.
- **Guilt:** Some people blame themselves for the incidents. It is comforting to help them know and believe that they are also human-capable of making mistakes. These are events in life one may not control, get rid of undo.

- **Loneliness:** Some incidents such as isolation and discrimination may make one lonely and afraid. Help them share with trust worthy friends their experience, join support groups, make friends and these feelings may fade.

**Note:** Involving self in various activities, relaxing and focusing on your future with hope will help you through no matter how difficult the circumstance may be. It is important for them to know that dying we shall all die but what is important is the quality of life one lives.

### **GENERAL TIPS ON COUNSELING**

- Remain calm, even though a client may be upset crying or angry during counseling. If you are completely overtaken by emotion, do not deny it, but stop a bit and explain.
- Show interest in the client as a person has to say.
- Focus on the most important problem, if there is one.
- Listen for cause of the problem
- Try to be silent, if this is required
- Accept the client's feelings, whatever they are
- Help people talk about their feelings
- Give comfort and care.

**The following are some guide lines on what counselors should not do:**

- ❖ Interrupt the person while he/she is talking
- ❖ Argue with a person about their views or feelings
- ❖ Pass Judgments.
- ❖ Give advice unless requested (rather give information)
- ❖ Jump to conclusions
- ❖ Moralize, preach to patronize
- ❖ Give unwarranted reassurance.
- ❖ Label- rather finds out the person's motivations, fears and anxieties.
- ❖ Encourage dependency on the counselor by making him or her more important than is necessary.
- ❖ Try to solve all the client's problems or take on responsibility for the client.

## **TYPES/ FORMS OF COUNSELING**

1. **Individual counseling:** Is one to one helping relationship between the counselor and the counselee. It is focused upon the individuals need for growth and adjustment, problem solving and decision making. This type of counseling requires counselors with the highest level of training and professional skills. In addition, it also requires that they have a certain personality type as well, counseling will be rendered in effective, unless counselors exhibit (display) such personality traits as understanding, warmth, humanness and positive attitude towards the client.
2. **Group counseling:** A group is a collection of people who are together for a common interest. Group counseling form of counseling is sometimes successful with clients who have not responded well to individual counseling. This group interaction helps the individual to gain insight into his problems by listening to others discussing their difficulties. Group counseling often not only helps the individual to change, but also enhances his desire and ability to help others faced with distressing life circumstances.

## **AIMS OF GROUP COUNSELING**

1. To give client the strength to be more open and assertive (confident)
2. To help client feel cleaner about yourself as an individual
3. To develop client emotional awareness
4. To enable client to feel stronger and more confident.

## **WHY SHOULD WE PROVIDE A GROUP COUNSELING**

- Share ideas or information
- It saves time
- Pressure due to high client turn up (in flow)

## **CRITERIA FOR SELECTING A GROUP:**

- People with same age
- Same sex
- Same education level
- Same language

In a clinical setting, a group can be in form of family members who are offering care to the sick, or in the same room. However, confidentiality should be observed and unless it is their strong wish, results are given individually.

## **ADVANTAGES OF GROUP COUNSELING**

- Saves time both the counselor and client
- Brings people with different ideas or experience together.
- Allows clients to be less isolated as they work on their issues
- Helps them to realize they are not alone in your struggles
- Provides multiple perspectives (outlook) on issues and how they are seen by others
- Provides an ideal means for practicing and learning new interpersonal behaviors.
- Helping others helps client to see his or her own issues differently and to feel client have something to offer others.

## **DISADVANTAGES OF GROUP COUNSELING**

- Domination
- Time wasting
- Different levels of understanding
- At times it is difficult for some people to talk

## **TECHNIQUES OF HANDLING GROUPS**

- Involve all
- Do not allow one person to dominate
- Move at their opinion
- Do not argue
- Start from the known to the unknown

## **ADVANTAGES OF GROUP COUNSELING OVER INDIVIDUAL COUNSELING**

- ❖ Groups enable the members to see how others respond to them. People can respond to each other freely and without reservation, often in ways that their individual therapist cannot.
- ❖ Groups afford members diverse views of their behavior. There is not just one person responding to the client or observing him or her in a particular way, but many.
- ❖ One member may respond with positive feelings and another with negative. Again it is group as a microcosm (small world) of the larger world.

- ❖ Group affords the opportunity for on -the -spot self- awareness. Members discover not only how they look or come across to others, but also what they are feeling when dealing with people. Group offers opportunities to practice in the moment emotional awareness by putting thoughts, feelings and impulses into words instead of acting them out.
- ❖ Groups afford the chance to practice new behavior. Members can rehearse dealing with various life situations in the outside world and learn how they come across to others when they do behave in new ways.
- ❖ Groups permit reciprocal exchange self- esteem can be diminished when one is exclusively on the receiving end of help, as is appropriately the case in individual counseling. Self- esteem is enhanced when one perceives oneself to be to help others

**3. COUPLE COUNSELING:** A couple is any two clients who come to take an HIV test together, they may already be having sex or planning to have sex.

#### **TYPES OF COUPLES**

- Pre- sex couples
- Dating or engaged couples
- Married couples
- Cohabiting couples
- Polygamous couples
- Re-uniting couples

#### **BENEFITS OF COUPLE COUNSELING:**

- To strengthen relationship and promote mutual understanding between the couples.
- Promote behavior change
- HIV is a disease of the family
- Helps them cope with HIV and plan for their future together.
- Enhances opportunities for PMTCT
- It becomes easier to deal with issues of discordance
- Eases disclosure of HIV sero status
- Reduces conflicts between couples

#### **PRINCIPLES OF COUPLE COUNSELING**



- Seek consent of couple to be counseled, tested and receive results together.
- Create conducive and trusting relationship with the couple
- Contract with both of them
- Let them know that there will be equal air space
- Pay a lot of attention to verbal and non-verbal communication.
- Address individual needs of each member of the couple
- Do not Judge-remain impartial
- Be in control of session and remain focused

#### **WHAT TO EMPHASIZE**

- Discordant results among other results
- What it will mean to them if it happens
- How they will each cope with results
- Discuss about other people that might be affected or infected

#### **POSSIBLE HIV RESULTS FOR COUPLES**

- Concordant positive: Both are HIV positive
- Concordant negative: Both are HIV negative
- Discordant results: One is HIV positive and the other HIV negative

#### **OPPORTUNITIES FOR HIV DISCORDANT VS CONCORDANT COUPLES:**

- Negative partner's life saved
- Partner availability for quality support of infected partner.
- Reduced cost of care and treatment
- Partner availability for child care.

Counselors and health care providers have an excellent opportunity to support discordant couples.

#### **IN RISK REDUCTION:**

- To save lives

- Counselor role
- Provide accurate information
- Explain discordance
- Dispel disbelief and myths.
- Help couple understand advantages of being discordant
- Help couple develop coping strategy and risk reduction plan

#### **COUNSELING CONCERNS OF DISCORDANT COUPLE**

- Emotions or reactions to differing results
- Keeping negative partner uninfected
- Continued care and support for positive partner

#### **COUPLE REACTIONS**

- Shock
- Disbelief, confusion
- Blame
- Anger
- Relief

#### **COUNSELING MESSAGES**

- HIV discordance is common
- HIV discordance is not a sure sign of infidelity.
- No one is immune from HIV infection
- A couple can remain HIV discordant for a long time.
- HIV is not transmitted on every exposure
- The chance that HIV will be transmitted depends on a number of factors
- HIV negative partners in discordant couples are at very high risk of infections
- HIV transmission within discordant couples can be prevented.

## **RISK REDUCTION OPTIONS**

- Use condoms every time you have sex
- Abstain or reduce frequency of sex
- Diagnose and treat STDs.
- Seek on-going support (couples club)
- Consider separation.

## **ISSUES THE COUNSELORS SHOULD ADDRESS IN DISCORDANT COUPLE COUNSELING**

- Ensure that the couple understands the meaning of the discordant results and its implication.
- Observe each of the individuals' reactions, concerns and address them.
- Encourage confidentiality of the results so as to protect the positive client
- Encourage mutual support for each other. The HIV positive partners should be supported to seek for care and treatment and positive living by the negative partner. The positive partner should support the negative partner not to get infected
- Discuss risk reduction for the couple
- Discuss disclosure of HIV results
- Apply all the couple counseling skills and principles and counseling messages.
- Discuss referral for care and treatment for the positive partner.

## **DISCLOSURE**

This is telling someone (people) about your HIV status. The result may be positive or negative. The main aim for disclosure is to secure support. The client may decide to disclose on own or request the counselor to give support. If so let the counselor discuss with the client she/he has to play. Discuss the pros and cons to prepare the client.

## **WHO TO TELL?**

Close friends, family, public, neighbors, religious leaders, other HIV positive people and health care givers. It is important that the client is supported in this trying time by a helper especially on deciding on who to tell, when, how and what to expect. One of the important people to tell in respect to HIV counseling and testing (HCT) the partner, care givers and the health workers treating the patient.

## **WHY DISCLOSE**

- ❖ Reduce stigma

- ❖ Get social support
- ❖ Avoid infection
- ❖ A sensitization strategy
- ❖ Support in adherence
- ❖ Avoid wrangles related to witch craft after death

## OTHER TYPES OF COUNSELLING

**a. Crisis counseling:** This is a situation that seems dangerous and completely out person's control and a material time. **Or:** Is a state of disorganization in which individual faces frustration to important life goals or profound disruptions of his life cycle and methods of coping with stress. Situations these are inevitable in every individual's life are loss of a loved one, unemployment, family crisis, failure in examinations etc. When a crisis becomes very serious prevents individual from consciously controlling then the individuals seek assistance from qualified persons. Counselor should accept the situation in which the individual is and win the trust and confidence of the individual through reassurance and expression of hope. The counselor not only deals with immediate situations but also equips the individual to deal with such situation in future too.

### A situation of excessive stress, pain.



- ❖ A period when one lacks control of what is happening.

**Crisis counseling:** helps a person experiencing a crisis to gain some control over a situation .The situation needs immediate attention.

### COMMON CAUSES OF CRISIS

- Intensely threatened
- Surprised completely
- Loss of control or hope
- No solution

### HOW TO IDENTIFY A CRISIS (INDICATORS)

- ✓ Crying
- ✓ Anger
- ✓ No respect –client could be in shock or denial
- ✓ Denial

- ✓ Anxiety –client may feel overwhelmed by fear or worry which prevents him or her from doing simple tasks

## HOW TO IDENTIFY CRISIS (INDICATORS)

### 1. **Panic or threats of suicide, e.g.**

- ❖ This cannot be happening to me
- ❖ I just can't believe it
- ❖ Nothing makes sense any more
- ❖ I don't know what to do
- ❖ I don't know where to turn for help
- ❖ Nobody understands what I am going through

### 2. **Crying.** Solution:

- Allow to ventilate
- Comment e.g. this may be difficult for you.....would like to tell me what is making you cry?

### 3. **Anger:** Solution:

- Don't panic
- Stay calm
- Allow clients to express feeling
- Explain that their feeling is normal and let them explain what is making them angry

### 4. **No response.** Solutions :

- Acknowledge clients difficulty in accepting this information
- Let them talk about their feelings

### 5. **Anxiety.** Solutions :

- Remain calm
- Accept as genuine and guide accordingly

**b. Facilitative counseling:** This is the process of helping the client to clarify a concern then through self-understanding and acceptance to devise a plan of action to work on the concern and finally to act on it in a self-responsible manner. This type of counseling is also called remedial or adjusted which means to correct a fault or an undesirable behavior of the client. Facilitative counseling is concerned with choosing academic options, planning a career, getting along with family members or colleagues, identifying individual strengths, interests and aptitudes. Counselors offer help in changing behavior through framework of facilitative counseling.

**c. Preventive counseling:** It differs from other types of counseling in that primarily programmatic as well as related specific concerns. Such counseling could involve, e.g. sex education in elementary schools help to prevent future anxieties about sexuality and sex relationships. Another programmatic counseling for self-awareness which related to future career choices and career preparations. In this type of counseling, the role of a counselor is to present information that could prevent the occurrence of problem in future.

- d. **Development counseling:** It is an ongoing process that occurs throughout an individual's life span. This type of counseling focuses on achieving positive personal growth at any stages of their lives. It helps an individual to become of him or her and ways he or she reacts to the situation within the environment. It further aids him or her to develop meanings for his or her behavior, set goals and values for future

### ***Counseling Techniques Used by Counselors***

*There are many different techniques that counselors can use with their clients. Let's take a look at some of the techniques that we feel to be most effective during a counseling session:*

- *Spheres of Influence: This assessment tool will get the individual to look at areas of their life and see which areas may be impacting and influencing them. The person's job is to figure out which systems in their life give them strength, and which ones give them stress. Some spheres of influence to consider are: themselves, immediate family, friends, husband or wife, extended family, job or school, community, culture or religion, and any external influences.*
- *Clarification: A counselor should often ask their client to clarify what they are telling them to make sure they understand the situation correctly. This*

*will help the counselor avoid any misconceptions or avoid them having to make any assumptions that could hinder their feedback.*

- *Client Expectations: When a person enters therapy, they should voice their opinions about counseling and their beliefs about treatment. In the beginning, they should be able to **communicate with their counselor** as to what they expect to get out of counseling. This can help the counselor guide and direct their counseling accordingly.*
- *Confrontation: We do not mean the client confronting the therapist, or vice versa. The confrontation that should happen here is within the client. The client should be able to self-examine themselves during counseling. However, the speed at which they do this should be discussed between the counselor and the client.*
- *Congruence: This has to do with the counselor being genuine with their feedback and beliefs about their client's situation and progress. The more authentic and true they are with their counseling, the more that their client and work to grow and benefit from their help.*
- *Core Conditions: This technique in counseling goes over some essential traits that the counselor needs to integrate for effective counseling, which are: positive regard, empathy, congruence or genuineness, and warmth.*
- *Encouraging: Being encouraging as a counselor for your client is an essential technique that will help facilitate confidence and respect between both parties. This technique asks that the counselor focus on the client's strengths and assets to help them see themselves in a positive light. This will help with the client's progression.*
  - *Engagement: As a therapist, having a good, yet professional relationship with your client is essential. However, there are bound to be difficult moments in counseling sessions, which will require influential engagement on the counselor's behalf.*
- *Focusing: This technique involves the counselor demonstrating that they understand what their client is experiencing by using non-judgmental attention without any words. Focusing can help the counselor determine what the client needs to obtain next from their services.*
- *Immediacy: The technique of the counselor speaking openly about something that is occurring in the present moment. This helps the client learn from their real life experiences and apply this to their reactions for other past situations.*
- *Listening Skills: With any relationship, listening skills are needed to show that the counselor understands and interprets the information that their client gives them correctly. The counselor should do this by showing*

*attentiveness in non-verbal ways, such as: summarizing, capping, or matching the body language of their clients.*

- *Open-Ended Questions: Open ended questions encourage people in a counseling session to give more details on their discussion. Therefore, these types of questions are used as a technique by counselors to help their clients answer how, why, and what.*
- *Paraphrasing: This technique will show clients that the counselor is listening to their information and processing what they have been telling them. Paraphrasing is also good to reiterate or clarify any misinformation that might have occurred.*
- *Positive Asset Search: A positive technique used by counselors helps clients think up their positive strengths and attributes to get them into a strong mindset about themselves.*
- *Reflection of Feeling: Counselors use this technique to show their clients that they are fully aware of the feelings that their client is experiencing. They can do this by using exact words and phrases that their client is expressing to them.*
- *Miracle Question: The technique of asking a question of this sort will help the client see the world in a different way or perspective. A miracle question could be something along the lines of: "What would your world look like if a miracle occurred? What would that miracle be and how would it change things?"*
- *Stages of Change: By assessing a client's needs, a counselor can determine the changes that need to occur for their client, and when they should take place. This can be determined by what they believe to be most important.*
- *Trustworthiness: The counselor must create an environment for their client as such that their client feels that they have the capacity to trust their counselor. A therapist must be: congruent, warm, empathetic, and speak with positive regard to their client.*
- *Capping: A lot of counselors use the technique of capping during their sessions. Capping involves changing a conversation's direction from emotional to cognitive if the counselor feels their client's emotions need to be calmed or regulated.*
- *Working Alliance: Creating a working alliance between a counselor and their client is essential for a successful counseling environment that will work to achieve the client's needs. This technique involves the client and therapist being active collaborators during counseling and agreeing upon goals of treatment that are necessary, as well as how to achieve those goals.*
- *Proxemics: This technique has the counselor study the spatial movements and conditions of communication that their client exhibits. By studying*



*their client's body orientation, the counselor can determine mood, feelings, and reactions.*

- *Self-Disclosure: The counselor will make note when personal information is disclosed at certain points of therapy. This technique will help the counselor learn more about the client and use this information only to benefit them.*
- *Structuring: When the individual enters counseling, the counselor should discuss the agenda for the day with their client, the activities, and the processes that they will go through. This technique in counseling will help the client understand their counselor's train of thought into determining how this routine will work for them. Soon enough, the client will get used to the routine, and this establishes comfort and trust in counseling.*
- *Hierarchy of Needs: This technique involves the counselor assessing their client's level of needs as based on the progress that they are making. The needs that they will factor in are: physiological needs, safety needs, love and belonging needs, self esteem needs, and self-actualization needs. All these will determine if change needs to take place in counseling.*

## **APPROACHES TO COUNSELLING**

*Based on the nature counseling process and the role of the counselor. There are three approaches or techniques used for counseling. These are divided on the basis of the nature of counseling process and part of the counselor:-*

1. *Directive approach or counselor centered counseling*
  2. *Non directive approach or client centered counseling or permissive*
  3. *Eclectic approach*
- 1. Directive approach or prescriptive or counselor centered counseling:** *It is a process of counseling in which counselor directs the activities of the counselee (client). The counselor is active and directs the individual making decisions and finding solutions to problems. It involves authoritarians approach. This approach is based on assumption of viewing his or her*

*problems objectively. The counselor does not force the individual but directs the process of thinking of counselee by informing, explaining, interpreting and advising. However the decision has to be taken by the counselee.*

*Counselor is responsible for:*

- *Identifying counselee's problem.*
- *Analyzing them for the individuals.*
- *Explaining diagnostic picture to console.*
- *Suggesting the treatment for counselee.*

### **CRITICISMS:**

- ❖ *It is a counselor oriented approach. It does not develop self-direction in the counselee.*
- ❖ *It develops submissiveness in the counselee. It makes him /her dependent on the counselor where ever there is a problem.*

**2. Non-directive approach or permissive or client centered counseling:** *This approach was developed by **CARL ROGERS** in 1942, also known as the father of counseling. The success of this approach of counseling depends on the relationship between counselor and counselee. Counselee is guided to use his own inner resources to solve the problem, counselee plays a predominant role. **Roger (1951) states**, that counselor choose to act consistently upon the hypothesis that the individual has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness. The approach proceeds in the following stages:*

- *Client comes for help*
- *Client expresses emotionalized attitude freely*
- *This leads to development of insight*
- *The client terminates the contract*

*This approach of counseling leads the client to become:*

- *More realistic in their self-perceptions*
- *More confident and more self-directing*
- *More positively valued by themselves*
- *Less likely to repress aspects of their experiences*
- *More mature, socialized and adaptive in their behavior*
- *Less upset by stress and quicker to recover from it.*
- *Health integrated well-functioning person in the personality structure.*

**3. Eclectic approach (using various styles):** This approach neither adopts directive nor non-directive counseling but a combination of both. In the initial phase, the counselor may be directive but later he or she switches over non directive approach whenever situations warrants. He/she may use simultaneously both approaches in the treatment of a case. The counselor adjusts the techniques to the requirement of the situation and the individual. The critical factor is not what method is used but the skill with which it is used. The process of eclectic counseling is as follows:

- ✚ Counseling may be preceded by an intake interview.
- ✚ In opening phase, counselor develops good rapport so that counselee understands what to expect of counseling.
- ✚ A tentative diagnosis which involves collection of case history and plan for counseling.
- ✚ Counselee needs to be helped to assimilate information about him or her and his or her background.
- ✚ Educational, social or occupational information, if needed by the counselee should be provided.
- ✚ Counselee achieves emotional release and insights, alters his/her perceptions and attitudes and situations.
- ✚ In terminating phase, counselee makes decisions and plans, modifies behaviour, and solves his /her problems.
- ✚ There may be follow-up contacts, if needed.

### **DIMENSIONS OF COUNSELLING PROCESS**

- The internal and external
- The feeling and context
- The self and self-disclosure

**1. The internal vs. external:** The process of counseling involves two variables internal and external. Internal variables are beliefs, values, attitudes, needs abilities and interests which account for individual's behavior. Both the counselor and the counselee find themselves verbalizing any of these variables or in combination of two or more.

Counselor considers all these internal variables in the process of counseling and helps the counselee to improve in all variables. The external variables include the environmental influence which affects the behavior of the individual. They are home, school, and society.

**2. The feeling vs the current:** *The feeling content derives from the fact of individuals is concerned with his or her feelings about environment (feeling) and with experiences. In counseling situation, content descriptions are essential to establish a base for communication. An individual's feelings of the event and about what was said are equally important to explore. For example, counselor can read the feelings of a student while he or she is re-counting an episode of what happened and very frequently, the story will be punctuated with direct statements of feelings. The counselor learns to utilize techniques that help counselee to express feeling and content.*

**3. The self and self-disclosure:** *The main objectives of individual counseling are to help the individual to explore his or her self. This requires a good deal of self-disclosure which is very slow and continual process that depends on human aspects of the relationship.*

### **CORE VALUES OF COUNSELING**

*The practice of counseling involves the expression of particular core values. It is expected that the counselor to embrace these core values as essential and integral (honest) to their work. These core values of counseling are;*

- 1- Respect for human dignity*
- 2- Partnership*
- 3- Autonomy*
- 4- Responsible caring*
- 5- Personal integrity*
- 6- Social justice*

### **PHASES OF COUNSELING /COUNSELING PROCESS:**

- 1. Appointment and establishing relationship*
  - 2. Assessment*
  - 3. Diagnosis*
  - 4. Setting goals*
  - 5. Intervention*
  - 6. Termination and follow up*
- 1) Appointment and establishing relationship:** *Appointment with counselee is fixed according to the convenience of both the counselor and counselee. The counselor should take all possible efforts to establish rapport and build a relationship of confidence, trust and mutual appreciation. This helps the client to express himself without inhibitions and resistance.*

2. **Assessment:** Assessment phase is concerned with data collection analyzing the data and clarification of expectations. The counselee is encouraged to talk about his problems and ventilate his feelings, whereas the counselor asks questions, collects information, observes and possibly helps the counselee to clearly state his problem.  
Counselee also talks about his expectations.
3. **Diagnosis:** In diagnosis phase, the counselor diagnose the problem of the individual and decides the areas of intervention
4. **Setting goals:** In setting goals phase, the individual what is possible i.e. setting goals, which will in turn provide direction to the counselee and counselor? Goals may be two types; immediate or short term goals and long term goals.
5. **Intervention:** Interventions are needed to achieve the goals in this phase, counselor explains to the individual, how the goals can be achieved. The interventions employed will depend upon the technique used by the counselor. The main aspect in this phase includes developing insight leads to decision making and planning of courses of action. However, the individual alone is responsible for the decisions he makes, though the counselor may assist in this process by his warmth and understanding.
6. **Termination and follow up:** Successful termination is an important aspect in counseling. It must be done without destroying the accomplishment gained and should be done in a phased manner covering few sessions. This will prevent the development of a feeling of a sense of loss in a counselee. Follow-up appointments, i.e. planning for the next sessions if needed should also be carried out. The relationship should be planned and client should be well prepared for termination. Abrupt breaking contact should be avoided as it may have an undesirable influence on the client.

**Or: The stages of counseling process. . It consists of four stages:**

- Identify the need for counseling.
- Prepare for counseling.
- Conduct counseling.
- Follow up.

**Stage one: Forming rapport and gaining the clients trust or establishing a relationship. Telling the story: problem identification stage. The main question at**

*this stage what is the problem? Help the client narrate his or her story /problems  
this stage involves;*

- ❖ *Creating rapport*
- ❖ *Professional disclosure*
- ❖ *Take bio data e.g. name, age, village, occupation, tribe, marital status*
- ❖ *Assure the person of confidentiality and discussing limits of confidentiality.*
- ❖ *Time frame of the session.*
- ❖ *Give a client a chance to start his/her by giving open ended questions*
- ❖ *Give orientations information when necessary.*
- ❖ *Counselor helps client to define his or her problems.*
- ❖ *Allowing ventilation*
- ❖ *Address problems according to urgency*
- ❖ *Clarifying client expectations of counseling*
- ❖ *Describing what the counselors can offer and their method of working.*
- ❖ *Statement from the counselor about their commitment to work with the client.*

**Note:** *The counselor should be able to differentiate the presented problem from the real problems.*

**2. Stage two: Identifying possible options or definitions and understanding roles, boundaries and needs:** *The main question at this stage is what can be done to solve the problem?*

- *Help the client come up with a realistic plan on how to implement the option.*
- *Discuss the implications of each option*
- *Help the client the possible practical option*
- *Explaining roles and boundaries of counseling relationship.*
- *Establishing and clarifying clients goals and needs*
- *Prioritizing client goals and needs*
- *Detailed history taking telling the story in specific detail*
- *Exploring client beliefs, knowledge and concern*

**3. Stage three: Making an implementation plan or process of going supportive counseling or identifying possible options or interventions:** *The main question here is “when, with who, where and what to do to solve the problem?”*

- ❖ *Help the client come up with a realistic plan on how to implement the option chosen.*



- ❖ *Help the client to identify appropriate referral units for care and support*
- ❖ *The client should be helped to make a programme on how and when to implement their option(s) chosen*
- ❖ *Continued expression of thoughts and feelings*
- ❖ *Identify options.*
- ❖ *Identifying existing coping skills*
- ❖ *Development of further coping skills*
- ❖ *Evaluating options and their implications*
- ❖ *Enabling behavior change*
- ❖ *Supporting and sustaining work on client problems*
- ❖ *Monitoring progress towards identified goals*
- ❖ *Alternating plans as required*
- ❖ *Encourage client to come back for supportive counseling*

#### **4. stage four: Closure or ending the counseling relationship**

- ❖ *Client acting upon plans*
- ❖ *Client managing and coping with daily functioning*
- ❖ *Existence of a support system and support being accessed*
- ❖ *Identification of strategies for maintenance of change*
- ❖ *Closure discussed and planned*
- ❖ *Appointment intervals lengthened*
- ❖ *Available resources and referrals identified and accessed*
- ❖ *Assurance provided to the client of the option to return to counseling if necessary.*

*Here in summary we follow the **GATHER** steps:*

**G:** *greet the person, show respect and assure confidentiality*

**A:** *Ask about the problem, anxieties, worries, and determine their access to help.*

**T:** *Tell them any relevant information:*

- *Accurate*
- *Specific*
- *Simple language*
- *Repeat important points*

**H:** *Help them make a decision to test and explore various options for risk reduction*

**E:** *Explaining misunderstandings*

*R: Return for follow up or refer*

*Using Acronym “REDI” to conduct the counseling session*

*What is it?*

*R: - Rapport building*

*E: - Exploration*

*D: - Decision making*

*I: - Implementing the decision*

*REDI counseling framework was designed specifically to incorporate the client’s comprehensive needs and to incorporate a focus on the client’s responsibilities and action. There is more emphasis in REDI on considering the life circumstances of the client, including the client’s relationships, sexual practices, social context, and individual risk for contracting HIV and other STIs. The client is responsible for developing a plan for implementing the decision. The client and counselor identify potential barriers to the implementation of the decision and then address them accordingly.*

*REDI recognizes that many client decisions are never implemented because of barriers that have not been identified at the time of decision making. Keep in mind that counseling process applies the same skills, attitudes, and knowledge, whether the frame works is REDI or GATHER.*

## **PILLARS OF COUNSELING PROCESS**

*They are two namely:*

- 1. Positive attitudes*
- 2. Good communication skills*

### **1. POSITIVE ATTITUDES OR COUNSELING ATTITUDES**

- ❖ Confidentiality*
- ❖ Acceptance*
- ❖ Caring*
- ❖ Empathy*
- ❖ Non –Judgment/un conditional positive regard*
- ❖ Self-disclosure*
- ❖ Warmth*



- ❖ *Respectful*
- ❖ *Open facial expression*
- ❖ *Being friendly*
- ❖ *Showing concern and willingness to help.*

## **2. GOOD COMMUNICATION SKILLS**

- ❖ *Attending and listening*
- ❖ *Checking understanding*
- ❖ *Asking questions*
- ❖ *Answering questions*

### **COUNSELLING MODEL: (6E'S)**

**1. E: Entry:** *making initial contact and ascertaining that there is a problem to be worked on.*

**2. E: Engagement:** *-getting the client to commit to working on that problem.*

**3: E-Exploration:** *looking at the definition of the problem and the range of possible solution*

**4: E-Election:** *choosing one solution from the range of possibilities.*

**5: E-Execution:** *implementing that solution.*

**6: E-Evaluation:** *reviewing the project and capturing learning from it.*

*Entry* → *Engage* → *Explore* → *Elect* → *Execute*  
*Evaluate.*

## **SELF AWARENESS**

*The counselors own experience that he has passed through will greatly affect the counseling process.*

*As a counselor the experience you have had, the opinion you hold, the prejudices of which you were previously un aware of, your relationship in the past, and present and any other significant factors of your personal factors of your personal life will affect the counseling process.*

***Self-awareness:*** as a counselor to perform well in the counseling process you must understand your weakness by help of an experienced counselor called a **mentor**.

### **INFORMED CONSENT**

*It is a process by which a full informed patient or client can participate in choices about his/her health care. It originates from legal and ethical rights of the patient. The patient has the right to direct and decide upon what happens to his or her body. It's the ethical duty of the counselor to involve the patient in decision making.*

#### **ELEMENTS OF INFORMED CONSENT INCLUDE**

- ❖ *The nature of the decision as a procedure*
- ❖ *Proposal alternatives to the intervention*
- ❖ *Point out the relevant risks, benefits, uncertainties' related to each alternative*
- ❖ *Assess the patients level of acceptance*
- ❖ *Formalize the informed consent through writing and completing the form.*

#### **IMPORTANCE OF INFORMED CONSENT**

- ❖ *Reduces the legal implications*
- ❖ *Patient is able to choose the best alternatives*
- ❖ *Safe guards the therapist*
- ❖ *It instills hope*
- ❖ *Reduces anxiety*
- ❖ *Yields confidence*
- ❖ *Guides quick decision making*
- ❖ *It's an ethical obligation*
- ❖ *Its means of communication between the client and the therapist*

#### **CONDITIONS NECESSARY FOR COUNSELLING OR POSITIVE ATTITUDES IN COUNSELLING**

***Attitudes*** can precisely be defined as the way someone perceives a situation, responds to and reacts towards other people. Attitudes can be positive or negative. The attitudes we have tend to determine how we responds and react towards other people or their actions.

*As counselors it is essential that have positive attitudes in order to be able to help others. The counselor should create favorable conditions for counseling where the client can feel free to open up*

*1. **Privacy:** This is an environment free from interference and comfortable enough for the client and counselor communicate freely.*

*2. **Respect and unconditional positive regard to the client:** The psychologist **Carl Rodgers** states that unconditional positive regard means that the client is valued without any conditions attached. This means that the counselor must respect the client e.g. their dressing code, health, tribe, clan, cultural difference etc. This is offering an attitude of acceptance, hence clients are likely to accept themselves and become more confident in their own abilities to cope up with problems*

*3. **Genuineness /congruence:** is being genuinely concerned about the client situations thus avoiding pretence. Genuineness is being transparent and open minded. It's a quality of sincerity and honest in counseling relationships.*

*4. **Empathy:** This is being able to look at things the way the client would have looked at them i.e. is seeing out in the clients eyes of walking in the client's shoes. Empathy is different from sympathy in that the former does not involve ones emotions in counseling sessions.*

*5. **Confidentiality:** To counselors means we must build trust in our clients to know that we shall always act in their best interests.*

*6. **Self-disclosure:** Is the ability of the counselor to willingly reveal to the client his/her own personal feelings , attitudes , opinions and experiences for the benefit of the client. When we confide in a person we like to know that person intimately. If the counselor an unknown person, he/she becomes cold and distant to the client. It is then difficult for the client to disclose his problem to the counselor.*

*A counselor who is authentic (conforming to the truth), understanding a respectful adds much to his approach ability when he discloses something personal about himself. Then the client feels that the counselor is human like him, feels at home with him and feels inclined to disclose himself to him. Through self-disclosure the client is helped to realize that he is the only one with the problem. He will feel understood and thus be motivated to look for a solution to the problem. The counselor acts as the agent of change and is an effective model to imitate, since he has ever been able to overcome a problem similar to that of a client.*

*7. **Warmth /caring:** A counselor cares and wants to help. Refers to approachability and willingness to be open to the client. We show that we care by being approachable, interested in each person we are offering help to and prepared to make time to walk. We try to show and concern and that we are trust worthy, honest and reliable.*

## **PROFESSIONAL ETHICS IN COUNSELLING**

**Ethics:** refers to a legal set of conduct. Ethics focus on the relationship between individuals within the profession, with other professions and clients. A good ethical behavior implies treating others with respect, care, compassion, justice and fairness in all aspect of life.

### **IMPORTANCE OF ETHICS**

Ethics are very important for the profession because they help to:

- They help to build confidence or trust in the profession
- Ensure uniformity within the profession.
- Ensure discipline within the profession
- Maintain a healthy relationship within the profession and other professions and clients.
- Serve as security for the professionals and their clients.

### **ETHICAL PRINCIPLES INCOUNSELING**

Counseling just like other professions has legal set of conduct which includes the following.

1. **Beneficence:** is the principle that health professionals should act in the best interests of the patient
2. **Autonomy:** is the principle that establishes a patient right to self-determination to choose what will be done to them.
3. **Honesty:** principle states that patient have the right to the truth about their medical conditions, the course of disease, the treatment recommended and the alternative treatment available.
4. **Informed consent:** has occurred and treatment can be implemented if the patients understand the information and if consent is given freely without force.
5. **Confidentiality keeping:** is one of the most important ethical issues for a counselor. Serves to assure clients that information about their medical conditions and treatment will not be given to individuals without their permission. There are insitences where **confidentiality ought to be shared or breaching** of confidentiality.
  - The need to keep and utilize records e.g. educational and research purposes
  - The requirements of professional supervision.
  - Where a sexual partner needs to be protected from HIV infections, encourage supported disclosure
  - Minor
6. **Fidelity:** is the right of the patient to have health professional provide services that promote patients interests rather than their own. Ethically, the responsibilities of physicians should be directed at the financial well-being of the clinic.
7. **Being exemplary:** the counselor personal life style should incorporate and reflect all the characteristics of a good counselor. The counselor must not be alcoholic, engaged in domestic violence or other forms of behavior not consistent with family harmony. He or

*she should be model of leadership in the community who others would easily consult for guidance*

8. **Ensuring safety:** *counselors should take all reasonable steps to ensure their own safety and ensure that their health is not compromised.*
9. **Avoiding self-promotion:** *it is unethical for a counselor to make claim about himself or herself or his/her services, which are inaccurate or cannot be substantiated. Counselors who do this do not only put their client at risk, but may also face the possibility of prosecution.*
10. **Making appropriate referrals:** *when a client needs cannot be adequately met by a counselor then that counselor has the responsibility to make appropriate referral in consultation with the client. Counselors should be knowledgeable about available services for referral and networking.*
11. **Limits of the client-counselor relationship:** *there should be a limit to the client counselor relationship. This relationship should be purely professional. The relationship must avoid creating any suspicions or temptations. Appropriate boundaries have to be set; if not then the ability to help diminishes.*
12. **Following legal obligations:** *counselors like all other professionals and every other member of the community need to operate within the law. As a counselor you therefore need to familiarize yourself with the relevant legal requirements e.g. if your client is an offender or a victim legal action must be under taken*

## **STEPS IN ETHICAL DECISION MAKING**

- *Recognize and state the ethical dilemmas involved in each situation or case.*
- *Collect all relevant facts including medical as well as social or psychological aspects of the case. These facts may clarify whether the problem really does involve ethical issues or not.*
- *If the problem involves ethical issues, generate all possible alternatives to resolving the dilemma.*
- *Evaluate alternatives in terms of principles that apply as well as possible consequences of the different choices.*
- *Choose the best alternative and justify your choice in terms of the prioritization of ethical principles involved*

## **PRINCIPLES OF COUNSELING**

**PRINCIPLES:** *These refer to a set of norms that guide implementations (standards). Principles aim at ensuring quality services.*

## **IMPORTANCE OF PRINCIPLES**

- ❖ *Ensure quality of the services*
- ❖ *Smooth implementation of the activities*
- ❖ *Act as safety measures.*

❖ Ensure cost effectiveness.

***These are the universal principles that counselors are expected to know and practice.***

***1. Individualization:*** people prefer to be treated as individuals rather than a case or type, so while dealing with a client do not treat him or her as a person of a particular type, religion, region for if a client senses that he is being treated as a case it can lead to rejection and hostility. For each one is unique though might face similar circumstances.

***2. Self expression of feelings:*** all human beings need to be given the opportunity to express their feelings including negative feelings. Client's self-expression enables the counselor to understand the client's situation from the client perspective. The client is also given an opportunity to air out the stressful feelings hence the feeling of acceptance of being listened to and being attended to.

***3. Creating rapport:*** this involves setting a conducive atmosphere where the client feels free to express his /her feelings and concerns. The kind of relationship developed determines the quality of the session and service offered.

***4. Client self-determination:*** direct efforts towards helping clients identify and fulfill their goals as well as needs within the limitation of their capacity, potential and circumstances. Proceed as if the best solutions to a client's problems are to be found within a client self. Structure each counseling session in such a way that clients are enabled to develop and improve their life skills needed to cope with their problems /situation within their resources. The counselor should help the client become independent and not dependent.

***5. Impartiality:*** a counselor should not take sides or blame any client on what is happening in their lives or the problems they are facing. A counselor should always take neutral stand while handling clients and controls personal values from influencing the way you deal with clients. Continually emphasize an attitude of high regard for the client as worthy people need to be listened to impartiality.

***6. Controlled emotional involvement:*** if a counselor cannot control his or her feelings, the client then doubts whether the counselor is able to help him or her. Such emotions or feelings may include: crying, quarrelling, developing sexual relationship etc. Counselors should represent as an alternative source of support to the client. Therefore, counselors need to have empathy instead of sympathy.

***7. Self-reflection:*** dealing with human beings calls for continuous self-critique in order to improve the counselors helping relationship with his or her clients. Counselor need to always reflect into their personal values and attitudes towards different clients they handle, hence improve where necessary.

***8. Self-awareness:*** this involves knowing one's strong areas and weak areas. It is important for a counselor to know where his or her strong and weak areas, this helps him to determine what kind of situation he can handle effectively with a client and which he cannot take on. In most cases, if a counselor finds out that he cannot handle the situation, and then he can easily refer the client to another counselor.



**9. Externalization:** counselor should not label clients according to their problems, as this promotes discrimination and stigmatization.

**10. Confidentiality:** maintain confidentiality and develop trust. Avoid revealing clients, identity, personal details and other information without consent. Assure confidentiality to the client.

**11. Non-judgemental attitude:** avoid bias making assumptions or judgement about the client.

**12. Authenticity:** counselor should have genuineness, honesty and simplicity and avoid superiority feeling.

**13. Non-possessive warmth:** Demonstration of concern, interest and values for others and a deep concern for the well-being of other person.

**14. Respect:** counselor's ability lie in communicating the client belief that every person possesses an inherent strength and capacity, the right to choose his own alternatives and make his own decision.

## **BASIC COUNSELLING SKILLS**

These are abilities that a counselor uses in counseling series and these are

- 1- Listening skills
- 2- Questioning skills
- 3- Paraphrasing
- 4- Counselor's disclosure
- 5- Giving information to the client

### **1. LISTENINGS SKILLS**

Listening is attending to the client using all counselors' senses to receive both the verbal and non verbal messages being sent by the client. Complete listening include the observation of client's non- verbal behavior as well as understanding the verbal messages speak much more eloquent (speaking with fluency) than words. Listen to words and behavior is a skill in counseling e.g. the speed of talking abusive words, the type of attire like shoes the odour of clothing etc. In order to listen attentively a health care provider should, **use the skill of listening is in the acronym "SOLER" OR "ROLES"** also called **micro skill in listening**.

- a. **S- Sit/stand close to the client:** Sit facing the squarely. This assures the client that the counselor he/she is concerned and attending to his situation. It is one way of saying I am available for you, I choose to be with you? What it means here is that the counselor directs his/her body towards the other person /client to whom he /she is speaking to. It is one way of saying "I am with you right now"

### **NOTE**

- Facing the person squarely may be too threatening, depending on one's cultural back ground. Then an angled sitting-position may be adopted.
- The important point here is that the physical position orientation adopted should convey the message that the counselor is involved with the client

- *The quality of involvement is therefore thus fundamental*
- b. O- open:** *be open in your posture. Do not close yourself off by rigidly crossing your arms and legs. While an open posture can be seen that you are open to the client and to what he /she has to say.*

**NOTE:** *If your legs are crossed, it does not mean that you are not involved with the client. But it is important to ask yourself. To what degree does my present posture communicate openness and available to the client.*

- c. L- Lean** *slightly towards the client in an attitude of interest. Leaning forward is a natural way of indicating your involvement, yet leaning back can be a way of saying I am not entirely with you or I am bored.*

**NOTE:**

- *Leaning too forward or doing it so too soon may frighten a client. It may be perceived as a demand on the other for something of closeness or intimacy.*
- *Effective helpers are not rigid, but can move back and forth naturally according to what is happening in the dialogue*
- *In this sense, leaning means a kind of bodily flexibility or responsiveness that enhances communication with the client*
- d. E-maintain good eye contact** *with the client but avoids staring. Eye contact is another way of saying “ I am with you, I want to hear what you have to say*

**NOTE:**

- *Keeping eye contact is not the same as staring*
- *To occasionally look away does not mean violating this principle but if done so frequently, it may be a clue (indication) of reluctance to be with the client and to get involved with another person*
- *It may be an indicator of one’s discomfort with closeness in general*
- e. R-relax:** *Try to adopt a natural posture. This means not fidgeting nervously or engaging in distracting facial expressions. Or: have time and interest in attending or helping the patient while keeping an open body posture.*

### **TECHNIQUES FOR EFFECTIVE LISTENING**

**a. Clarify:** *This means an act of seeking clearer and more information so as to understand something better.*

**The purpose is to:**

- *To get additional facts*
- *To explain all sides of the problem*
- *Understand more*
- *Help the client personalize the problem*

**EXAMPLES**

- *Can you clarify this?*
- *Do you mean this?*
- *Are you saying that.....*



*b. Restate: This is to hear and use the same words to speak back what someone has said. It is different from paraphrasing.*

**Purpose**

- *To check if counselor's interpretation coincides with that of the client*
- *To show that the counselor understands what the client is saying.*
- *To help counselor analyze other aspects of the problem to discuss with the client.*
- *Help the counselor follow the story.*
- *Helps the counselor appreciate emotions involved.*

**Example**

- *As I understand it, your idea is?*
- *This is what you have decided to do and the reason is?*

*c. Neutral: This means standing in the middle of two positions so as to ensure objective understanding of the issue.*

**Purpose:**

- *To show that you are listening and interested*
- *To encourage the client to continue talking.*

**Example:**

- ❖ *I see.*
- ❖ *Uh huh*
- ❖ *That is interesting*
- ❖ *Is that so*
- ❖ *I understand.*

*d. Reflective: This means an act of thinking or showing relevant feelings to emotion expressed by the client.*

**Purpose:**

- *To show that the counselor understands the feelings expressed by the client.*
- *To help client evaluate and moderate his/her feelings as expressed by the counselor.*

**Examples:**

- *So it is a shocking as you said.....*
- *You felt you were not taken seriously.....*
- *You felt you were not treated fairly.....*

*e. Summarizing: this means picking the main issues from the story as told by the client that are relevant to addressing the problem. It also involves prioritizing.*

**Purpose:**

- ✚ *To wrap up and bring the discussion to focus.*

**Example:**

- ❖ *These are the key ideas that you have expressed*

- ❖ *If I understood you correctly you feel.....*

***Dos in listening***

- *Show interest*
- *Be understanding*
- *Listen for cause of problem.*
- *Encourage speaker to believe that he/she can solve the problem.*
- *Know when to remain silent.*

***Don'ts in listening:***

- ❖ *Don't argue*
- ❖ *Don't interrupt.*
- ❖ *Don't pass judgement too quickly.*
- ❖ *Don't give advice unless client asks for it.*
- ❖ *Don't jump to conclusions.*

***Tips on active listening:***

- ❖ *ROLES or SOLER*
- ❖ *Stop talking*
- ❖ *Remove distractions, e.g.phones, fiddling around with objects.*
- ❖ *Concentrate*
- ❖ *Look interested (maintain good eye contact)*
- ❖ *Check that you are understanding, you hear(time to time repeating and summarize)*
- ❖ *Use probing questions*
- ❖ *Be patient.*
- ❖ *Be non-judgemental.*

***Checking understanding***

- ❖ *If I heard correctly.....*
- ❖ *What you seem to be saying.....*
- ❖ *This sound as though .....*
- ❖ *Did I hear you say .....*

***2. QUESTIONING SKILLS:***

*Questions are inquiries that facilitate communication between the client and counselor. Different questions generate different information from the client.*

***Why do we ask questions?***

- *To get more information*
- *Clarify a point*
- *Confirm what we have heard etc.*

***TYPES OF QUESTIONS:***

**a. Open ended questions:** these are question that cannot be answered with simple facts.

*These invite the patient to talk more about their concerns. They give stories for response.*

*E.g. How did you know your wife was pregnant? What is the composition of your family?*

*They are very much useful in counseling sessions because they give clients better opportunities to relate their stories. Help clients to explore their concerns while the counselor does much of the listening.*

*Asking open-ended question -give patients an opportunity to express them freely and make it easier for you to identify their needs and priorities. Open ended question are useful in starting a dialogue, finding a direction, and exploring a patient's concerns.*

*Using anon-directive approach: When discussing behavior change, such as, you have to use a condom every time you have sex. Instead you can put responsibility in the patient's hands, giving the patient control over decisions that meet his/her needs by asking for instance, what you think you could protect yourself.*

**b. Closed ended questions:** these questions look for facts or simple information or require specific answers, mostly Yes, No e.g.

- *How old are you?*
- *Are you married?*
- *What is your name?*
- *Where do you come from?*

**c. Double questions:** These are not encouraged in counseling sessions because they make the clients confused. E.g. what is your name and where do you come from

*- Are you married and how many children do you have*

**d. Rhetoric questions:** Question asked for effect, to which no answer is expected. These are also not encouraged in counseling session because they distract the client and they are provoking. E.g. *Are you aman, can't you use your mind*

**e. Leading questions:** These are questions that suggest advice giving which implies the counselor is thinking for the client. E.g. *do you think you need to divorce or to apologize, recouncile with your partner?*

**f. Other questions:** That indicates that the counselor is listening and encourages the client to continue talking.

**3. Paraphrasing:** Restating the patients words in the counselors own words-helps achieve this objective. To paraphrase effectively, the health worker must listen actively; the health worker must determine what is being said and check with the patient that the paraphrase is accurate.

**4. Reflecting feelings:** Useful phrases help to reflect feelings in a counseling context, particularly when the patient is primarily expressing feelings and not giving clues (conclusion or indication) about the association for example you feel (feeling sad, anxious, relieved) because Or: you seem (feeling word happy, confused, excited) what's happening to you?

5. **Repeating information:** saying what the patient has said in his/ her own words. At times of stress and crisis, people may be in a state of denial or feel over whelmed, so they may not always comprehend everything they are told. Health workers should repeat important information for the client if they believe he/she has not absorbed what has been said

6. **Probing:-** probes are verbal tactics to help clients talk more about themselves and define their concerns concretely in terms of specific experiences, behaviors and feelings. Probing also helps identify themes that may emerge when exploring these elements.

7. **Clarifying:** When talking to a patient, there are circumstances when certain issues are not clear to either party (patient or health worker). Clarifying unclear points can enhance communication (e.g. by asking, do you mean.....?) or supply facts (e.g. by asserting, No, HIV is transmitted by eating from the same dishes).

8. **Show immediacy:** The ability to deal with a situation affecting the way you and the patient are relating at the given moment. E.g. If the patient is exhibiting hostility towards you.

9. **Summarizing:** Is summing up the key points in brief paraphrasing and summarizing is important because it checks the counselor's understanding and show the client that he or she is counseling and therefore concerned about the client's problems.

- It also keeps the client on focus.
- It makes the counselor keep in touch with the client i.e. agreement with the client's thoughts
- It calls for the attention of the client.

10. **Counselors self disclosure:**Is where the counselor talks about his own experiences, feelings and attitudes if it appears to help the client.

- ✓ Self disclosure should be relevant and applicable
- ✓ It should be correctly timed and in focus

### **IMPORTANCE OF SELF DISCLOSURE**

- ❖ It helps the client to know that the counselor is a human being also with challenges and therefore understands the client's problems.
- ❖ It helps build trust because the client often feels valued
- ❖ It happens discussions with in the counseling session
- ❖ It empowers the client to move towards positive living because he/she finds out that he/she is not alone in his/her situation.

11. **Information giving:** Is giving new knowledge to the client (s) to facilitate their decision making.

It involves:-

- Giving source of information
- Correcting misinformation
- Giving new information
- Clarify the information

- *It enables the client to make informed choice(s)*

**NOTE:** *The information giving must be clear and relevant to the client's needs*

**12. Reflection of feelings:** *Is the ability of the counselor to identify the client's feeling and communicate them to the client using the right term.*

- ✚ *Sometimes clients do not have words for what they are feeling*
- ✚ *Reflecting feelings help client to be aware of his own feelings to explore them and work on them*
- ✚ *They demonstrate that the counselor understands the client very well and establishes a strong client-counselor relationship, which is called a skill of empathy*

### **BARRIERS TO EFFECTIVE COUNSELING**

*Barriers in counseling are the things that make counseling very difficult. The following are the main barriers to effective counseling*

#### **1. Transference and counter transference**

**a. Transference:** *is where a client transfers his/ her emotions towards the counselor. When the client has been abused by his or her father and when he meets a male counselor he will transfer his negative feelings or emotions towards the counselor, looks at the counselor as an enemy. And this may prevent smooth counseling to take place.*

**b. Counter transference:** *is where the counselor will transfer his negative feelings towards the client. A counselor who has lost a very close relative may fail to counsel someone who has also lost a relative.*

**2. Language barrier** *may also be a hindrance to effective counseling*

**3. In adequate knowledge** *because of poor training*

**4. Prejudices.** *This is a dislike for a person, group of people, customs, clans or tribes that is based on fear or false information rather than a reason or facts. And this may influence one's attitude and behavior towards other people.*

**5. A stressed counselor.** *Due to resolved issues will not do much in helping a client who has a problem?*

**6. An environment which does not provide privacy** *hence confidentiality is not assured to the client. Lack of privacy can also cause interruptions during counseling session.*

**7. A lot of noise.** *This can be physical or psychological noise. The psychological noises are the issues at that pre-occupy the minds of the client or the counselor*

**8. Work load of the counselor:-** *This is where the counselor is attending too many issues at ago. The counselor may be overwhelmed by the number of clients is attending to at a particular time.*

**9. Un inconsistent or uncooperative client.** *These are clients who are not willing to work on the assignments given to them but also the counselor who has not had proper training.*

**10. Negative attitudes of the counselor towards the client**

**11. Differences in culture**

**12. Time**

**13. Lack of motivation and recognition**

**14. In adequate knowledge and skills**

**FIND OUT SOLUTIONS TO ABOVE BARRIERS**

**BASIC COUNSELING THEORIES/SCHOOLS OF COUNSELING PSYCHOLOGY**

*A theory is a tool used by all scholars to organize their thoughts in explaining an event or phenomena. The practice of counseling and guidance sticks well within the frame work of theoretical approaches.*

*Three- main basic counseling theories are:*

- 1. Behaviorism / cognitive theory:- where the client is a creative being*
- 2. Psychodynamic / psychoanalytic theory: where the client is a reactive being in depth.*
- 3. Humanistic theory: where the client is in process of becoming*

### **1. PSYCHODYNAMIC /PSYCHOANALYTIC THEORY**

*Pioneered by Sigmund Freud 1856-1939, focuses on an individual's unconscious thoughts that stem from child hood experiences and now affect their current behavior and thoughts. The urges that drive us emanate (come) from our un conscious and we are driven by them to repeat patterns of behavior.*

*Pleasure principle: Human motivation is guided by the drive to seek pleasure*

- ✓ Id, ego and superego:- the three parts of the personality*
- ✓ Stages of development (psychosexual stage):-oral, anal, phallic, latency period and genital*
- ✓ Defense mechanisms; repression, projection, reaction formation, regression, rationalization. Id, ego, superego and intrapsychic conflicts. Psychological symptoms are self- defeating patterns brought on by internal struggles. The past:- current problems stem from unresolved issues that occurred in childhood*
- ✓ Dreams are viewed as the gate way to the unconscious*
- ✓ Catharsis:- the release of pent- up emotion*
- ✓ Corrective emotional experience:- the therapist helps clients alter their self- perceptions and behavior.*

### **TREATMENT PROCEDURES**

*Therapy in long term and focuses on exploring unconscious issues through interpretation, dream analysis, free association, transference and other methods*

- *Transference is a projection of unconscious desires on to the therapist*
- *Counter transference: these are projections the therapist makes on to the client*

### **GENERAL PRINCIPLES**

- ❖ *Help the person to tell his or her story*
- ❖ *Establish a solid working alliance*
- ❖ *Deal with resistance*
- ❖ *Gather back ground information and history*
- ❖ *Select the problem or issue to be worked on*
- ❖ *Explore the precipitating events*
- ❖ *Collaborate with the client to form a diagnosis and treatment plan*
- ❖ *Revisit resistance to interventions*
- ❖ *Help client behave more effectively*
- ❖ *Provide feedback and comfort discrepancies*
- ❖ *Remind the client of the termination date*
- ❖ *Schedule follow up as needed*

**NOTE:** *The aim is to make the unconscious –conscious in order for the client to gain in sight*

### **2. HUMANISTIC APPROACH / PERSON CENTERED APPROACH**

*Pioneered by Carl- Rogers 1902-1987 and Abraham Maslow. Focuses on the belief that we are all born with an innate ability for psychological growth if external circumstances allow us to do so. Focus on self-development, growth and responsibilities. They seek to help individuals recognize their strengths, creativity and choice in the 'here and now'.*

### **EMPHASIZES**

- ✚ *Therapy as a journey shared by two fallible (wrong) people*
- ✚ *The person's innate striving for self-actualization*
- ✚ *The personal characteristics of the therapist and the quality of the therapeutic relationship. The counselor's creation of a permissive growth promoting climate.*

*People are capable of self- directed growth if involved in therapeutic relationship*

*According to Rogers, the core conditions which are believed to be necessary for the client's to make progress in counseling are three (3):*

- a. *Accurate empathetic positive regard:*
  - *The ability to deeply grasp the client's subjective word*
  - *Helper attitudes are more important than knowledge. The therapist need not experience the situation to develop an understanding of it from the client's perspective*
- b. *Genuineness or congruence*
  - *Genuineness or realness in the therapy session*
  - *Therapist's behaviors match his or her words. It is a quality of sincerity and honest within the counseling relationship*
- c. *Un conditional positive regard*
  - *Acceptance and genuine caring about the client as a valuable person*



- *Accepting clients as they presently are*
- *Therapist need not approve all client behavior*

*Clients are valued without any conditional positive regards including respect for the client regardless of how they are i.e. poor or rich, dirty or clean. Clients need love and acceptance*

### **3. COGNITIVE BEHAVIORAL THERAPY**

*Focus on cognitions and behaviours. Behavioral Therapies are based on the way you think (cognitive) and/or the way you behave. These therapies recognize that it is possible to change, or recondition, our thoughts or behaviour to overcome specific problems.*

*Contributors: **Ellis and Beck: - 1903-1921** focuses on how an individual's thoughts and perceptions affect the way they feel (emotions) and behave. We are reactive beings who respond to a variety of external stimuli and our behavior is a result of learning and conditioning. Because our behavior is viewed as having learned, it can therefore be unlearned.*

*By helping clients to recognize negative thought patterns they can learn new positive ways of thinking which ultimately will affect their feelings and their behavior.*

### **DIFFERENCES BETWEEN COUNSELING AND GUIDANCE**

<i>COUNSELING</i>	<i>GUIDANCE</i>
<ul style="list-style-type: none"> <li>❖ <i>Is amore in ward</i></li> <li>❖ <i>Is in depth, narrowing down the problem until the client understands his/ her own problem</i></li> <li>❖ <i>Is mostly on personal and social issues</i></li> <li>❖ <i>Focuses on emotional rather than pure intellectual attitude as raw material</i></li> </ul>	<ul style="list-style-type: none"> <li>✚ <i>Is much more external</i></li> <li>✚ <i>Is broader and comprehensive</i></li> <li>✚ <i>Is generally education and career related</i></li> <li>✚ <i>Focuses on intellectual attitudes as raw materials</i></li> </ul>

### **DIFFERENCES BETWEEN COUNSELING AND HEALTH EDUCATION**

<i>COUNSELING</i>	<i>HEALTH EDUCATION</i>
<ul style="list-style-type: none"> <li>• <i>Confidential</i></li> <li>• <i>Usually a one to one process or small</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Not usually confidential</i></li> <li>▪ <i>Small or large groups of people</i></li> </ul>



<ul style="list-style-type: none"> <li>• <i>group</i></li> <li>• <i>Evokes strong emotions in both counselor and client</i></li> <li>• <i>Focused, specific and goal targeted</i></li> <li>• <i>Information used to change attitudes and motivate behavior change</i></li> <li>• <i>Issue- oriented</i></li> <li>• <i>Based on need of the client</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Emotionally neutral in nature</i></li> <li>▪ <i>Generalized</i></li> <li>▪ <i>Information used to increase knowledge and educate</i></li> <li>▪ <i>Content – oriented</i></li> <li>▪ <i>Based on public health needs</i></li> </ul>
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### ***DIFFERENCES BETWEEN COUNSELING AND PSYCHOTHERAPY***

<b><i>COUNSELING</i></b>	<b><i>PSYCHOTHERAPY</i></b>
<ol style="list-style-type: none"> <li>1- <i>A process where the counseling would guide the counselee with the intention of finding solutions to a problem that the counselee is facing which are mostly related on the day today life</i></li> <li>2- <i>Focuses on day to day issues of the individual</i></li> <li>3- <i>The duration of counseling is brief</i></li> <li>4- <i>It extends beyond the basic counseling skills</i></li> <li>5- <i>A counselor cannot conduct psychotherapies</i></li> <li>6- <i>Counseling can be included in psychotherapy</i></li> <li>7- <i>Is more of an advice to help patients make behavioral changes to resolve mental conflicts</i></li> <li>8- <i>Anyone can become a counselor</i></li> </ol>	<ul style="list-style-type: none"> <li>✓ <i>Is a healing process where the therapist and client engage in an effort to find solutions to chronic problem which can be emotional or physical</i></li> <li>✓ <i>Goes beyond the day to day issues of the individual into chronic mental and physical problem</i></li> <li>✓ <i>Duration is much longer</i></li> <li>✓ <i>Therapist has more skills</i></li> <li>✓ <i>A psychotherapist can conduct counseling</i></li> <li>✓ <i>Cannot be included in counseling</i></li> <li>✓ <i>Is a treatment procedure</i></li> <li>✓ <i>To become a psychotherapist a lot of training and skills are required.</i></li> </ul>

### ***THE TECHNIQUES / THEORIES OF PSYCHOTHERAPY***

*Many professional Counsellors or Psychotherapists also practice 'Integrative' therapy, where they blend specific types of techniques. Other practitioners use an 'Eclectic' approach, taking elements of several different models and combining them. Different approaches can be used in the Counselling and Psychotherapy process depending on the client's need. An assessment of the client's problem area should be made and the appropriate approach can be implemented.*

***1. Psychoanalytic therapy:*** *Key figure: Sigmund Freud. A theory of personality development, aphiosophy of human nature, and a method of psychotherapy that focuses on unconscious*

factors that motivate behavior. . "Repressed" feelings can surface later as conflicts, depression, etc or through dreams or creative activities. The analyst seeks to interpret and make acceptable to the client's conscious mind, troublesome feelings and relationships from the past.

Transference" onto the analyst, of feelings about figures in the client's life, is encouraged. This type of therapy is often used by clients suffering high levels of distress and can be a lengthy and intensive process. Attention is given to the first 6 years of life as determinants of the later development of personality.

**2. Adlerian therapy:**Key figure: Alfred Adler. Following Adler, Rudolf Dreikurs is credited with popularizing this approach in the United States. This is a growth model that stresses taking responsibility, creating one's own destiny (being aware of what he is experiencing) and finding meaning and goals to give life direction. Focuses on creating a therapeutic relationship that is co-operative, encouraging and practical. Adlerian counsellors help clients explore their unique 'lifestyle' and 'private logic' (their core beliefs about self, others and the world) to increase understanding of and challenge habitual patterns of behaviour and hidden goals. It is an educative process of dialogue, insight, encouragement, re-orientation and enablement towards useful involvement in and contribution to society. Key concepts used in most other current therapies

**3. Existential therapy:** Key figures. Viktor Frankl, Rollo may and Irvin Yalom. Reacting against the tendency to view therapy as a system of well- defined techniques this model stresses building therapy on the basic conditions of human existence such as choice, the freedom and responsibility to shape one's life and self determination. It focuses on the quality of the person to person therapeutic relationship. Or: is based on the belief that life has no essential (given) meaning: any meaning has to be found or created. Existential Counseling involves making sense of life through a personal world view and includes a willingness to face one's life and life problems.

**4. Person-centered therapy:** Founder: **Carl Rogers**. This approach was developed during the 1940s as non- directive reaction against psychoanalysis. Based on a subjective view of human experiencing, it places faith in and gives responsibility to the client in dealing with problems. Or: is based on the assumption that an individual (client) seeking help in the resolution of a problem can enter into a relationship with another individual (counsellor) who is sufficiently accepting and permissive to allow the client to freely express emotions. This will enable the client to come to terms with negative feelings which may have caused emotional problems, and develop inner resources.

**5. Gestalt therapy:** Founders: Fritz and Laura Perls. An experiential therapy stressing awareness and integration, it grew as a reaction against analytic therapy. It integrates the functioning of the body and mind. Or: is derived from the German for "organised whole" and is based on the belief that the human response to experiences is summed up in a person's thoughts, feelings and actions. The client gains self-awareness by analyzing behaviour and body language and giving expression to repressed feelings. Treatment often includes acting out scenarios and dream recall.

**6. Behavior therapy:** Key figures: B.F. Skinner, Arnold Lazarus and Albert Bandura. This approach applies the principles to learning to the resolution of specific behavioral disorders. Results are subject to continual experimentation. This technique is always in the process of refinement. Or: is based on the belief that behaviour is learnt in response to past experience and can be unlearned, or reconditioned, without analyzing the past to find the reason for the behaviour.

**7. Cognitive behavioral therapy (CBT):** Key figures: Albert Ellis. Founded rational emotive behavior therapy, a highly didactic, cognitive, action-oriented model of therapy that stresses the role of thinking and belief system as the root of personal problems. A.T Beck founded cognitive therapy. Or: combines cognitive and behavioural techniques. Clients are taught ways to change thoughts and expectations and relaxation techniques may be used.

**8. Reality therapy:** Founder: William Glasser. This short term approach focuses on the present and stresses person's strengths clients learn more realistic behavior and thus achieve success.

**9. Feminist therapy:** This approach grew out of the efforts of many women. A central concept is the concern for the psychological oppression of women have been relegated this approach explores women's identity development, self-concept, goals and aspirations and emotional well-being.

**10. Post modern approaches:** A number of key figures are associated with the development of these various approaches to therapy. Social constructionism, solution – focused brief therapy and narrative therapy all assume that their reality is socially constructed through human interaction. These approaches maintain that the client is expert in his or her own life

**11. Family systems therapy:** A number of significant figures have been pioneers of the family systems approach. This systemic approach is based on the assumption that the key to changing the individual is understanding and working with the family.

**12. Brief Therapy:** uses the cognitive behavioural approach with a small, planned number of sessions and possibly a single follow-up session after some time has elapsed.

**13. Eclectic Counseling:** involves selecting what is applicable to the client from a range of theories, methods and practices. Justification is based on the theory that there is no proof that any one theoretical approach works better than all others for a specific problem.

**14. Eye Movement Desensitisation and Reprocessing (EMDR):** involves stimulation of either lobe of the brain by using eye movements which it is believed replicates what appears to happen in REM sleep, allowing a natural processing of traumatic events or disturbing memories to take place. It is particularly useful for Post Traumatic Stress Disorder.

**15. Integrative Counselling** is when several distinct models of Counselling and Psychotherapy are used together in a converging way rather than separately. Many counsellors use one core theoretical model of counselling but draw on techniques and styles from other approaches when appropriate.

## **DIFFERENT APPROACHES TO PSYCHOTHERAPY**

*Psychologists generally draw on one or theories of psychotherapy.*

*A theory of psychotherapy acts as road map for psychologists. It guides them through the process of understanding clients and their problems and developing solutions.*

***Approach to psychotherapy fall into five broad categories***

***1. Psychoanalysis and psychodynamic therapies:*** *This approach focuses on changing problematic behaviors, feelings and thoughts by discovering their unconscious meanings and motivations. Psychoanalytically oriented therapies are characterized by a close working partnership between therapist and patient. Patients learn about themselves by exploring their interactions in the therapeutic relationship. While psychoanalysis is closely identified with Sigmund Freud, it has been extended and modified since his early formulations.*

***2. Behavior therapy:*** *This approach focuses on learning's role in developing both normal and abnormal behaviors. Ivan Pavlov made important contributions to behavior therapy by discovering classical conditioning, associative learning. Pavlov's famous dogs, for example, began drooling when they heard their bell, because they associated with food.*

*Desensitizing: Is classical conditioning in action. A therapist might help a client with a phobia through repeated exposure to whatever it is that causes anxiety. Another important thinker was E.L.Thorndike, who discovered operant conditioning. This type of learning relies on rewards and punishments to shape people's behavior. Several variations have developed since behaviour therapy's emergence in the 1950's. One variation is cognitive behavioral therapy, which focuses on both thoughts and behaviors.*

***3. Cognitive therapy:*** *Emphasizes what people think rather than what they do. Cognitive therapists believe that it's dysfunctional thinking that leads to dysfunctional emotions or behaviors. By changing their thought, people can change how they feel and what they do. Major figures in cognitive therapy include Albert Ellis and Aaron Beck.*

***4. Humanistic therapy:*** *This approach emphasizes people's capacity to make rational choices and develop to their maximum potential. Concern and respect for others are also important themes.*

*Three types of humanistic therapy are especially influential.*

- ***Client-centered therapy:*** *rejects the idea of therapists as authorities on their clients' inner experiences. Instead, therapists help client change by emphasizing their concern, care and interest.*
- ***Gestalt therapy:*** *emphasizes what it calls organismic holism, the importance of being aware of the **here and now** and accepting responsibility for yourself.*
- ***Existential therapy:*** *focuses on free will self-determination and the search for meaning.*

***5. Integrative or holistic therapy:*** *Many therapists don't tie themselves to any one approach. Instead, they blend elements from different and tailor their treatment according to each client's needs.*

## **COMMUNICATION**

*The term communication is derived from a Latin phrase “communis” meaning common. Therefore **communication** refers to having common experiences with people till they become a common possession. It is a process of exchange of facts, ideas opinions and a means that individuals or organizations share meaning and understanding with one another.*

*Definitions:*

- 1. Communication refers to the giving and receiving of verbal or non- verbal messages or information.*
- 2. Communication is when two or more people exchange messages using verbal and non- verbal language.*
- 3. Communication is a process of sharing experience till it becomes a common possession*
- 4. Communication is a means of persuasion to influence others so that desired effect is achieved.*
- 5. Communication is the process of passing information and understanding from one person to another. It is the process of imparting ideas and making oneself understood by others*

*Communication happens because two people want to share information, ideas thoughts, feelings etc and get another person's feedback. Communication is when a person sends a message to another person with the hope and desire of receiving a response through an appropriate channel. Therefore communication is a key to every aspect of our lives and plays an important role in building and strengthening our relationships with people*

*The way a person communicates with another will affect how the other person reacts.*

- Aggressive communication will trigger an aggressive or defensive response*
- Assertive behavior is important so we can negotiate for the things we want without being bullied or influenced by other.*
- Use the four basic communication skills to make your messages effective, Namely*
  - Listening skill*
  - Checking understanding*
  - Asking questions*
  - Answering questions*

## **SCOPE OF COMMUNICATION**

*The scope of communication is very wide and comprehensive. It is a subject of almost unlimited dimensions and is an interdisciplinary one. It is a two-way process involving both transmission and reception. It is a continuous process of exchange of ideas, feelings, attitudes, opinions, figures and interactions with others. Both written and oral or verbal media can be used to transmit messages.*

- **Written media** consist of instructions, orders, letters, memos, journals, posters, bulletins, boards, information racks, hand books, manual, annual reports, union publications etc
- **Verbal media** may consist of face to face conversation, lectures, conference, meetings, interviews, counseling, public address system, telephone, grapevine (rumor, gossip) etc.

*Recently, a number of sophisticated communication technologies have emerged, both in oral and written communication on account of technological advancement.*

### **OBJECTIVES OF COMMUNICATION (GOAL, PURPOSE, AIM)**

1. *Human relations: Communication promotes human relations. There can be no mutual understanding without communication and it is possible only through communication. (To establish positive NPR)*
2. *Empathy: It is the feeling with other person that is expressed by speech*
3. *Persuasion: It is the process of convincing and motivating to get things done*
4. *To be effective in expressing interest or concern for patient / family*
5. *To provide health care information*
6. *To communicate with colleagues*
7. *Understanding: The problems of communication are resultant of problem in understanding*
8. *Dialogue: It is the process of conversation with purpose. It is democratic, civilized and constructive weapon. It takes the form of discussion, criticism and deliberation*
9. *Discourage information: Communication is not only used to exchange ideas but also discourages the spread of misinformation, rumours, gossip and release of emotional tensions*
10. *To influence: The objective of transmitting information is to change the behavior of the receiver*
11. *Fostering attitude: The purpose of communication is to foster an attitude which is necessary for motivation, co- operation and job satisfaction*
12. *Suggestions and complaints: It helps to obtain suggestion and encourage ideas to accomplish goals of an institution.*
13. *Free exchange: The two- way communication model ensures free exchange of information and ideas which gives an opportunity to entire health team in understanding and accepting the messages, acting and feed back*



## **ELEMENTS OF COMMUNICATION PROCESS/ COMPONENTS OF COMMUNICATION/ COMMUNICATION CYCLE/ MODEL**

*Communication process is both purpose interacting. Communication is the process by which messages are transferred from the source to the receiver. In any communication situation, there is always a source or sender of the message. The message is transmitted through a channel from the sender to the receiver. This is known as **SMCR** chain, where;*

1. *S- Sender / source (encoder)*
2. *M- Message/signal*
3. *C- Channel/ medium of communication*
4. *R- Receiver / destination*

**N.B:***In health communication, the purpose of the message is to change the already existing health habit or pattern.*

*There are **five (5) major elements** of communication process*

- a. *Source/sender*
- b. *Message*
- c. *The channel*
- d. *The receiver*
- e. *Feed back*

**1. Sender (source):** *This is the stage of communication process and it is performed by communicator or facilitator is person who transmits the message. He/she conceives and initiates the message. He/she is the driving force to change the behavior of the receiver. To pass message effectively the sender or health worker must:*

- a. **Be credible (believable):-** *This means that the receiver must have confidence and trust in the sender. Credible people in the community are religious leaders, elders, opinion leaders, traditional leaders teachers, health workers etc.*
- b. **A good listener:** *- Effective communication is dialogue between the sender and the receiver. The receiver therefore has to be given chance to ask questions and explains why he thinks the way he does. The health worker must listen in order to reduce their fears by answering questions and clearing doubts*
- c. **Empathetic:***(able to put him or herself in the shoes of the receiver). I.e. be able to appreciate the problems of the receiver or audience*

- d. **Sure of what you are talking about:** - Knowledge of the subject will give a health worker confidence. He will be able to answer questions and suggest alternatives.

#### **DETERMINANTS OF SUCCESS OF COMMUNICATION ON PART OF THE SOURCE (SENDER)**

i. **Communication skills**

- **Writing;** message can be passed through writing like drawing.
- **Speaking;** in person to person communication, the message is passed through verbal mechanism i.e. oral words, cries like in animals and birds, musical notes etc
- **Reading;** tonal control, the pitch should be kept under control but audible.
- **Recording;** the source should express the purpose of the message and the receiver must translate the message and put it in a form that can be stored.
- **Reasoning or thought;** is the last step in communication skills. In order to improve in writing and speaking you need to have good and adequate vocabulary, select words that you will want to say correctly

**The source therefore must know how to;**

- a. Name things using the real names and meanings
  - b. Spell words correctly
  - c. Put arranged words together to make a language flow
  - d. Pronounce the words
  - e. Gesture
  - f. Interpret message from listeners
- ii. **Attitude:** The source must have a positive attitude towards the people receiving the communication
- iii. **Knowledge:** The source must be knowledgeable i.e. must have good command of the subject, must be confident, and must be able to interpret the subject to others.
- iv. **Social/ cultural system:** No source communicates freely without being influenced by this position in a social or cultural system. A good communicator must consider roles and norms (customs, taboos, beliefs).

**N.B:** The above four factors which determine the success of communication on the side of the source has similar effects on the receiver

**2.Message:** The second step in communication is transmission of a message through a channel (a sign, symbol language etc) which may be on paper or sound waves. Or: A piece of information, spoken or written, to be passed from one person to another. It is the subject matter of communication. It may involve any fact, idea, opinion, figure attitude or course of action, including information. It exists in the mind of the



communicator. The message must be expressed in a language understood by both the sender and the receiver. It may be the language used in the day to day communication or a highly technical language or arts

In order for the message to be received and acted upon, it should be

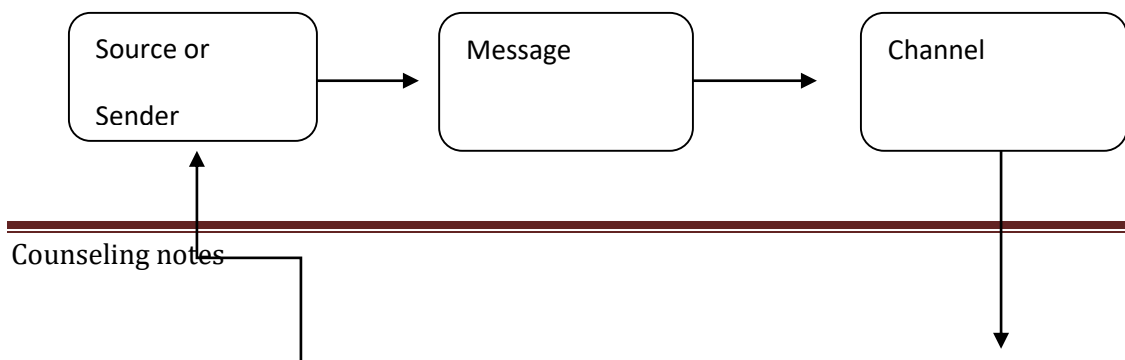
- a. Relevant to the receiver
- b. Interesting enough
- c. Should be short
- d. Simple and clear
- e. Have a professional jargon

**3. Channel:** Transmitter has to select the channel for sending information. **Communication channel** means the medium or media through which the message is sent. Is the way of presenting message so that it can be seen, heard through films, televisions, lectures and printed information? The channel should be accessible to the receiver. i.e. if the receiver does not have a radio or television, then do not use those for communication. Therefore, you should always consider qualitative aspects of your audience on choosing the right channel or media.

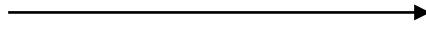
**4. Receiver:** It is the person who receives the message. Effective communication process is not complete without the existence of a receiver of the message. It is the receiver who receives and attempts to interpret, perceive, understand and act upon the message. The receiver is known as the audience / participant. The audience may be made up of only an individual, group and crowd, members of an organization or mass audience.

**5. Feed back:** It has been explained that communication is an exchange process. For the exchange to be complete the information must go back to the communicator. The sending back of the knowledge about the message to the transmitter is known as **feedback**. It ensures that the receiver, the message and understood in the same sense as the sender meant. Feedback enables the communicator to excute corrections or changes the message to be effective

### Communication process



*Feed back*



Receiver

### **QUALITIES OF GOOD COMMUNICATION OR KEY ASPECTS OF COMMUNICATION**

- *Active listening*
- *Maintain eye contact*
- *Speaks or write clearly*
- *Paraphrase*
- *Gives feed back*
- *Uses appropriate channel of communication*
- *Critically analyzes the message before sending out*
- *Genuineness*
- *Culturally sensitive*
- *Empathy*
- *Clarifying*
- *Using silence*
- *Using touch*
- *Respect*

### **PR INCIPLES OF COMMUNICATION**

- ✓ *Systematic analysis of the message, that is, the ideas should be communicated that one is clear about it.*
- ✓ *Selection and determination of appropriate language and medium of communication in accordance with the purpose of communication.*

- ✓ *Timing physical setting and the organization climate for communication need to be appropriated to convey the desired meaning of the communication conveyed by words.*
- ✓ *Consultation with others for planning of communication*
- ✓ *The basic content and overtones (hidden meaning) of messages as well as the receptiveness to the view point of the receiver influences effectiveness of communication.*
- ✓ *The messages should convey something of value to the receiver in the light of his/her needs, interests, whenever possible*
- ✓ *Feedback from receivers, follow-up of communication through expression of the receivers, reactions and their performance review help in effective communication*
- ✓ *Communication while meeting the needs of immediate situations should be consistent with long-term goals and interest of the organization*
- ✓ *The communicator's action following communication is important in effective communication*
- ✓ *The sender has to understand the receiver's attitude and reaction by careful, alert and proper listening to ensure that the desired meaning of message has been comprehended by the receiver*

## **FORMS / TYPES**

*The content or the message is usually delivered verbally, non- verbal and in written form*

**1. Verbal communication:** *Is an exchange of information using words including both the spoken and written word. The most important aspects of verbal communication are the following;*

- a. *Language: Is necessary for the complex and abstract ideas needed for intricacies (involved) of social organization and culture. Patients often clarify the doubts regarding medical jargon used by that attending doctor-nurse following doctor's rounds.*
- b. *Pacing: the rate of speed while conversing has a great impact in understanding. Nurses should speak slowly to enunciate (announce) clearly.*
- c. *Intonation: The six vital elements such as tone, pitch, rhythm, timbre (volume), loudness and inflection results in maximum effectiveness in conversation. Further the nurse must be aware of intonation to avoid sending unintended message.*
- d. *Clarity and brevity: Clarity can be achieved by speaking slowly, enunciating (announce) clearly and relating with examples. Brevity (brief): can be achieved by using that sentences and words that express an idea simply and directly*
- e. *Timing and relevance: Timing is critical in communication. When patient complaints of severe headache, the attending nurses should not plan for patient education instead wait for that time till*

*the patient gets him or her free from pain. The communication can be effective if the messages given are relevant.*

**2. Non verbal communication:** *Information is exchanged through non-verbal communication in various ways. It is sometimes referred to as body language. Body language has several elements:*

- i. **Gesture:** While people are speaking they gesture with their hands and they provide useful information as experiments have shown in which people describes shapes or movements with or without using their hands. A lively speaking style captures the listener's attention makes the conversation more interesting and facilitates understanding.*
- ii. **Facial expressions:** Whether a listener is pleased, puzzled or annoyed can be detected by observing the eyes and mouth. In crisis situation of teaching a patient nurse should have control over her facial expressions while communicating to patient's family so as not to provoke anxiety.*
- iii. **Posture:** Numerous messages are communicated while conversing. The way the body is used gives a general indication of confidence, attention, boredom, confrontation and other specific reactions. Posture often provides non-verbal clues (indications) concerning pain and physical limitations. Also, speaking with the back turned or looking at the floor or ceiling communicates disinterest.*
- iv. **Gait:** Certain gaits are associated with illness. Slow shuffling gait may indicate fatigue, depression or illness.*
- v. **Body space and proximity:** Cultural norms dictate comfortable distance for interaction with others. People need a certain space around them to feel comfortable and this varies depending on age, sex and culture.*
- vi. **Touch:** Touch is a potent carrier of messages as friends and relatives know. This tells a good deal about the nature of a relationship and the degree of friendliness between two people.*
- vii. **Personal appearance:** Nurses observe the general impression of patients' health and emotional status through appearance.*
- viii. **Eye contact:** Communication often initiates with eye contact. This helps to regulate the flow of communication.*
- ix. **Sounds:** sounds such as moaning, gossiping, crying communicate feelings and thoughts. Sounds can be interpreted in several ways, nurse validates with the patient to interpret accurately.*
- x. **Silence:** periods of silence during conversation carries non verbal messages. Silence between two people reveals complex understanding of each other or anger.*

- xi. **Symbolic communication:** it involves the verbal and non verbal symbolism to convey meaning. Art and music are forms of symbolic communication used by nurses to facilitate understanding and healing for patients.*
- xii. **Meta communication:** it is “communication about communication” so that deeper message with in a message can be uncovered and understood. When a patient tells the nurse that he is cool to undergo surgery with his body rigid and sharp voice, a nurse can interpret that he is anxious as evidenced by the body language.*

**3. Written communication:** Another important form of communication is written communication. It is the best method when the communicator and the recipient are beyond oral communication media. This form of communication ensures exchange of facts, ideas, opinions through a written instrument by which the individual come in touch with each other and share meaning and understanding with another

### **OBJECTIVES OF WRITTEN COMMUNICATION**

All the listed objectives can be applied in health care setting and in colleges of nursing:

1. Record of evidence
2. Measurement of progress
3. Precedents
4. Avoiding mistakes
5. Effective decision making
6. Future reference
7. Organizational efficiency
8. Legal requirements

### **ESSENTIALS OF WRITTEN COMMUNICATION**

**1. Unity:** The principle of unity applies on the three levels:

- a) The individual sentences must be unified
- b) The individual paragraphs must be unified
- c) The totality of the message must be unified

**2. Coherence:** It is also equally important for good written communication. Clear communication in simple sentences facilitates the reader to understand.

**3. Emphasis:** The next important essential of written communication, on which the communicator has to pay adequate attention, the emphasis on ideas, facts and figures.

4. **Clarity:** It is a good manner not to give unnecessary trouble finding out meaning of a written message. Clarity can be achieved by taking effort to write to serve the purpose rather than to impress.
5. **Completeness:** With reference to writing a message means comprehensive coverage of subject matter to be transmitted.
6. **Courtesy:** It indicates politeness, considerate and respectfulness in unity.
7. **Sequence:** A report should be organized sequentially so that the reader can capture main facts easily.
8. **Avoid jargon:** Jargon should be avoided as far as possible.
9. **Conciseness:** It refers to thoughts expressed in a fewest words consistent with writing.
10. **Brevity:** It is also a form of courtesy to be maintained. The time of the writer and reader is limited and valuable; therefore, time should not be wasted on unnecessary details.
11. **Accuracy:** The subject matter of communication must be correct or accurate because decisions may go wrong if wrong figures are given.
12. **Strength:** A letter has strength, is forceful and direct and has language power, the capacity to produce a potent reaction or effect.
13. **Readability:** It is also an important aspect as lack of readability in writing leads to not reading the message.

### **PATTERNS OF COMMUNICATION**

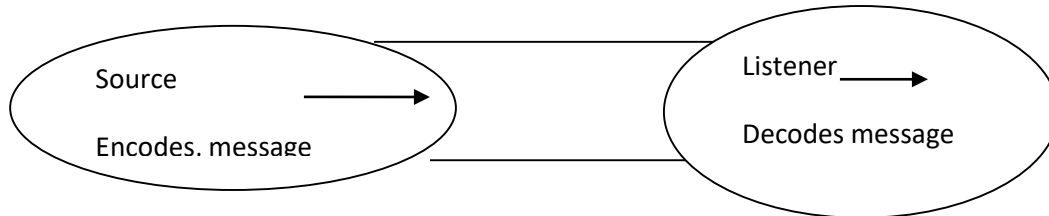
Communication can be one- way and two- way process. Both the patterns are followed in various circumstances efficiently and effectively by the people globally. There is also a horizontal and vertical movement of information from one source to another.

The **horizontal flow** keeps individuals of same status and peer groups informed of what others are doing and what is expected of them.

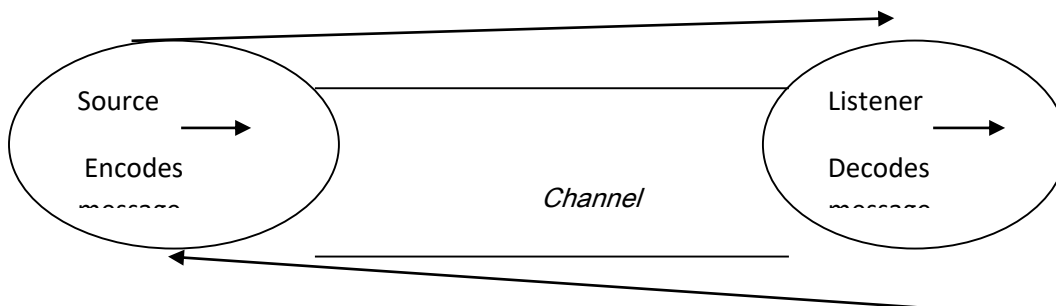
The **vertical communication** is both down ward and upward movement since mere down ward flow is like conversing to a person continuously without giving a chance for the listener to respond.

In such situation, the pattern will be given in one- way communication and when mutual chance is given to the listener, the pattern is similar to two- way communication.

1. **One way communication:** one way communication or one directional communication is explained in linear model of communication. According to this, a speaker encodes a message and sends it to a listener through one or more of the sensory channels. The listener then receives and decodes the message. This is called **one-way or one- directional communication**.



2. **Two- way communication:** This is explained in interaction model of communication. In this model the source encodes a message and sends it to the receiver through one or more sensory channels. The receiver then decodes the message received. The receiver then encodes the feedback and then sends the feedback to the source, making it two-way or interaction communication.



This two- way communication could be classified into two

- 1- One to many
- 2- Many to one

**One to one communication:** There is only one sender and one receiver where in the sender passes the information to the receiver and receiver passes on to the sender in return. Such kind of communication is one to one communication pattern.

1. **One to many communication:** there is only one sender and one or more receivers where in the sender passes information to all the receivers and each of the receiver passes on or replies to the sender in return. Such kind of communication is one to many communications in two –way communication pattern.

2. **Many to one communication:** There are several senders and one receiver where in all sender passes on information to the receiver and receiver replies for them. Such kind of communication is many to one communication in two – way communication.

## **LEVELS OF COMMUNICATION**

Nurses use different levels of communication in their daily practice:

- a) **Intra personal communication:** is a powerful form of communication that occurs within an individual. This level of communication is also called self-talk, self- verbalization and inner thought (monologue) nurses and patients can use intra personal communication to develop self-awareness and a positive self- concept by positive self- talk and defeating negative.
- b) **Inter personal communication:** is one to one interaction that occurs face to face. This level of communication is frequently used in nursing situations. It results in expression of feelings, exchange of ideas, decision making, team building, goal accomplishment, problem solving and personal growth when happens meaningfully. It is also called a dialogue.
- c) **Transpersonal communication:** is interaction that occurs within a person spiritual domain. Nurses who value human spiritually use this level for patients and for themselves.
- d) **Small group communication:** is interaction that takes place with gathering of small number of persons. When communication occurs between three or more people interacting with each other, it is usually goal- oriented and requires an understanding of group dynamics. Nurses use this form for committee work, to lead client support group, from research team and soon.
- e) **Public communication:** is interaction with an audience. Nurses use this form for group health education, class room discussion with students or peers. It involves interaction with the large groups of people, i.e. when a speaker addresses an audience.
- f) **Organizational communication:** is interaction between an individual and groups within an organization in order to achieve established goal i.e. educational institutions.
- g) **Mass communication:** it occurs when a small number of people send messages to a large, anonymous audience through the use of some specialized media e.g. films, television, radio, newspapers and books etc.
- h) **Societal:** This is communication involving the teaching of societal values by formal or informal.

## **METHODS OF COMMUNICATION:**

### **1. Active communication:**

- ❖ Face to face meetings



- ❖ *Video conference or voice only web conference*
- ❖ *Telephone conference or voice only web conference*
- ❖ *Stand up presentations in a person*

## **2.Passive communication**

- *Web cast*
- *Pod cast*
- *New letters*
- *Email*
- *Website*
- *Intranet bulletin boards*
- *Blogs*

## **BENEFITS OF COMMUNICATION**

*The following are the benefits of communication:*

- ✚ *Active and accurate listening habits*
- ✚ *Better understanding of co-worker and client behavior*
- ✚ *New skills for resolving interpersonal conflicts*
- ✚ *Increased productivity even under adverse conditions*
- ✚ *Improved interviewing and consulting techniques*
- ✚ *Ability to create an organizational climate of support and trust*
- ✚ *Flexibility to understand people from different culture*
- ✚ *Enthusiasm to create team spirit, company pride and goal congruence*
- ✚ *Versatility to communicate across information boundaries*
- ✚ *Enhanced powers of interpersonal motivation*

## **COMMUNICATION SYSTEMS USED IN THE HOSPITALS**

- ❖ *Periodical talks between employer and employees*
- ❖ *Sign posts for patients and general public*
- ❖ *Staff conferences*
- ❖ *Social gatherings*
- ❖ *Employee counseling*
- ❖ *Standing orders, protocols*
- ❖ *Hand book*
- ❖ *Manuals*

- ❖ *Bulletin boards*
- ❖ *Suggestion system, complaint book*
- ❖ *Hospital magazine, bulletin*
- ❖ *Annual reports*
- ❖ *Light signaling system*
- ❖ *Alarm systems*
- ❖ *Telecommunication systems*
- ❖ *Enquiry office or public relation office*
- ❖ *Patient information booklets*

### **GOOD COMMUNICATION SKILLS/ EFFECTIVE COMMUNICATION SKILLS**

- *Courtesy*
- *Encouragement to continue*
- *Respect*
- *Active listening*
- *Culturally sensitive*
- *Expressing empathy*
- *Using silence*
- *Being genuine*
- *Smiling face*
- *Body language*
- *Some questions*
- *Eye contact and visible mouth*
- *Checking for understanding*
- *Summarizing what has been said*

### **TEN COMMANDMENTS OF GOOD COMMUNICATION:**

1. ***Seek to clarify your ideas before communicating.*** *By systematically thinking through the message and considering who will be receiving*
2. ***Examine the true purposes of communication.*** *The manager has to determine what he/she wants to accomplish what the message.*
3. ***Take the entire environment, physical and human setting into considerations whenever communication takes place.*** *Questions such as what is said, to whom and when will all affect the success of communication practices should be examined in adapting the message to the environment.*

4. **When valuable, obtain advice from others in planning communication.** Consulting with others can be a useful method of obtaining additional insights regarding how to handle the communication.
5. **Beware of the over tones as well as the basic content of the message:** The listener will be affected by not only what is said but also how it is said, voice, tone, facial expression and choice of language, all influence the listener's reaction to communicate.
6. **When possible, convey useful information:** People remember things that are beneficial to them
7. **Follow upon communication:** The manager must solicit feedback in ascertaining whether the subordinate understands the communication, is willing to comply with it and then takes appropriate action.
8. **Communicate with the future (tomorrow) as well as the present (today) in mind:** Most communications are designed to meet the demands of the current situation.
9. **Support words with deeds (be sure actions support communication):** When manager contradicts themselves by saying one thing and doing another, they undermine their own directives.
10. **Be a good listener:** By concentrating on the speaker's explicit and implicit meanings the manager can obtain a much better understanding of what is being said.

#### **SEVEN C'S OF COMMUNICATION**

1. **Credibility:** Communication starts with the climate of belief which is built by performance on the part of the practitioner. The performance reflects an earnest desire to serve the receiver and receiver must have confidence in the sender.
2. **Content:** The message must have meaning for the receiver and it must be compatible with his / her value system. The content determines the audience.
3. **Context:** A communication program must square with realities of its environment. The context must provide for participation and play back, the context must confirm, not contradict the message.
4. **Channels:** Different channels have different effects.
5. **Clarity:** Complex issues should be compressed into themes that have simplicity and clarity.
6. **Capability:** Communication must take into account the capability of receiver.
7. **Continuity and consistency:** communication is an unending process. Repetition with variation contributes to factual and attitude learning, the **COMMUNICATION**

**The functions of communication are described below:**

- a. **Instructive function:** - it is invariably and importantly dealing with commanding nature. The communicator transmits the necessary directives and guidance as to enable them to accomplish his/her tasks.
- b. **Integration function:** it is a unifying function which integrates the endeavored activities. It mainly involves bringing about interrelationship among various functions.
- c. **Informing function:** the purpose or function of communication is to inform the individual or group about the subject.
- d. **Evaluation function:** Examination of activities to form an idea or judgement of worth of task is achieved through communication. It is a tool to appraise the individual.
- e. **Directive function:** Communication is necessary to issue directions by top management to the lower level. Directing others cannot take place without a complete communication process.
- f. **Influencing function:** It implies the provision of feedback which reflects the effect of communication. Motivational forces in an individual are to be provided and then stimulated through communication
- g. **Interview function:** Interviewer selects qualified and worthy people for enterprise. Recruitment process implies face to face oral communication.
- h. **Teaching function:** A complete communication process is required to teach and educate the health workers with regard to procedures, ensuring safety needs of patients, policies, cost control etc.
- i. **Orientation function:** Communication helps to make people acquainted with colleagues and superiors with policies, rules and regulations of the institution. Similarly nurse orients the newly admitted patient to the ward through communication.
- j. **Decision making function:** Communication either verbal or written helps the process of decision making such as a nurse following data collection arrives at a nursing diagnosis and decides a problem solving technique.

### **FACTORS INFLUENCING COMMUNICATION**

There are many factors that influence communication:

#### **1- Development factors**

- Age
- Developmental

#### **2- Social factors**

- Gender
- Social class
- Language
- Education

- *Power*
- *Social scripts*
- *Social roles*

### **3- Psychological factors**

- *Emotions*
- *Defense mechanisms*
- *Attitudes*
- *Assumptions*
- *Prejudices*
- *Perceptual distortions*

### **4- Cultural factors**

- *Standards of communication*
- *Language*
- *Custom*
- *Self expression patterns*
- *Ethnicity*
- *Values and beliefs*

### **5- Environmental factors**

- ❖ *Noise*
- ❖ *Privacy*
- ❖ *Comfort and safety*
- ❖ *Distraction*

### **6- Situational factors**

- *Stress*
- *Pain and discomfort*
- *Fear and anxiety*
- *Dyspnea*
- *Fatigue*
- *Hearing impaired*
- *Selective listening*

## **GUIDELINES FOR EFFECTIVE COMMUNICATION**

1. **Ambiguity:** using words in current use is important and to avoid words which convey vague meaning as it can lead to confusion in communication.

2. **Audience:** *The communicator should know his / her audience or listeners and accordingly ideas have to be put across.*
3. **Avoid extremes:** *it is desirable to avoid extremes in speaking as some subject matters may be too good or too bad.*
4. **Conditions:** *An ideal infrastructure and environment are to be provided to both speaker and listener*
5. **Cultivate speaking:** *listening and understanding require a lot of reasoning and attitude. The reasons of non- listening are boredom, bias, fear, interruption etc.*
6. **Clarify ideas:** *The communicator has to clarify his/ her ideas himself/ herself before and then think on the message clearly and clarify ideas to ensure effective communication.*
7. **Emphasis on purpose:** *The subject matter and its theme should be greatly emphasized to draw attention to the listener.*
8. **Feedback:** *It is probably the most significant method improving communication. Two- way process ensures feedback.*
9. **Gestures and tones:** *The style in which message is conveyed is equally important as what is being said. There must be integration between facial expressions, voice, gestures, mood to the action of what is said about.*
10. **Ideas:** *one must be clear about the ideas, opinions and facts to be communicated to have a clear communication.*
11. **Not to talk and talk:** *A verbal communication should be short, clear and simple to pass the message.*
12. **Physical and human setting:** *An atmosphere of mutual trust is to be created in the process of communication. The informal relations are the best weapon to promote physical and human setting in an institution.*
13. **Purpose:** *The purpose of communication is to make others understand the subject matter. The communication is in effective if the purpose is not achieved.*

#### **BARRIERS OF COMMUNICATION:**

*The word barriers mean hindrances or difficulties or problems. Any difficulty which partly or fully prevents any activity is called a barrier.*

- *Noise environment*
- *Time*
- *Language*

- *Too many questions*
- *Distractions*
- *Lack of interest*
- *Distance*
- *Poor hearing;- born deaf, excess use of ear phone*
- *Physical health:- in ability receive when ill*
- *Discomfort with the topic*
- *Non- availability of proper machines (public address)*
- *Attitude*
- *Fear and anxiety*
- *Poor pronunciation*
- *Age*
- *Gender (sex)*
- *Talking too fast, too slow or stammering speech*
- *Un clear long message*
- *Lack of readiness to listen*
- *Distrust*
- *Prejudice*
- *Message over load*
- *In convenient venue*
- *No follow up*
- *Interrupting*

#### **METHODS TO OVERCOME BARRIERS OF COMMUNICATION**

- ✚ *Choose a time and place which is convenient*
- ✚ *Suitable language or use of understandable language*
- ✚ *Active listening:- hearing and listening is not the same*
- ✚ *Feed back: - when you know something, say what you know. When you do not know something, say that you do not know*
- ✚ *Actions and deeds:- A meaning to a message is active only when it is acted upon*
- ✚ *Clarity/ clarify idea*
- ✚ *Knowing the receiver / understand the receiver*
- ✚ *Completeness of the message*
- ✚ *Use appropriate channels*
- ✚ *Consistency in communication*

- ✦ *Simplified structure*
- ✦ *Mutual trust and confidence*
- ✦ *Do not try to give too much information at one time*
- ✦ *Conclude the communication covering main point*

### **ESSENTIALS OF SOUND COMMUNICATION**

- ❖ *Clarity*
- ❖ *Adequacy*
- ❖ *Right timing*
- ❖ *Integrity*
- ❖ *Participation*
- ❖ *Strategic use of grape vine (rumor, gossip) two-way communication*
- ❖ *Economy*
- ❖ *Appropriate channels*
- ❖ *Flexibility*
- ❖ *Attention*

### **COMMON FACTORS AFFECTING EFFECTIVE COMMUNICATION**

- *In adequate knowledge and skills*
- *Differences in a culture*
- *Language barrier*
- *Time*
- *Stress and burn out*
- *Lack of motivation and recognition*
- *Fear of doing harm and provoking emotions e.g. sex, death, dying*
- *Distancing (avoiding client due to personal experiences)*
- *Making assumptions about what a client is expressing or feeling use your skills to find out exactly what worries client*