
Counselling for Caregivers



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Introduction to *Counselling for Caregivers*

Welcome to this module which has been designed especially for you, a caregiver working with and caring for orphans and other vulnerable children and youth.

As a caregiver for vulnerable children, you are helping to make their environment more secure and compassionate. By sharing your skills and time, you are helping your charges to develop into happier and healthier human beings, equipped to cope with life's problems and challenges.

The term “caregiver” may be new, but “giving care” as a practice has always been a part of our culture. Since time immemorial, human beings have lived together. Sharing emotions, including happiness as well as sorrow, has always been a common practice. Giving assistance in times of need, such as sickness, war, and natural disasters, is an act that comes naturally to most human beings. In traditional societies, giving care to those that needed it was a basic function of the family. The needs—whether emotional or physical—of all family members were met within the extended family. The older members counselled the younger ones and the younger ones sought advice from the elders. Sharing thoughts and activities with a large family was the accepted norm.

In recent times, social and economic changes have brought changes in the structure of the family. More people have left their communities to seek employment, making extended families less common. More children than ever before are orphans, having lost one or both parents to war, sickness, accidents, or poverty. All children are vulnerable, but especially those that no longer have parents. In many cases, for social, economic, and cultural reasons, the girl-child is even more vulnerable than boys. Wherever they might call home—the streets, institutions, or relatives' homes—all children need somebody to care for their emotional, physical, and spiritual needs.

Goal

This module is the first in a series that is designed to help you, the care-

giver, acquire the necessary skills, knowledge, and understanding to effectively support the healthy development of the children and youth in your care.

The learning materials are developed as stand-alone, self-instructional materials. However, you may find it helpful to study them with a group of your peers, discussing the issues and case studies raised and comparing these with real-life cases that you and your colleagues have encountered in your careers. You can learn from one another and from the experiences that you have had in working with children at risk.

The knowledge and skills that you learn through this module will not replace those that professionally qualified counsellors have. The skills and knowledge in these materials are meant to help you in everyday situations and there may be instances when the best help you can give a child or youth is to refer him or her to a professional counsellor.

Target Audience

The module is intended for caregivers who have attained a minimum level of schooling of Grade 8. It is anticipated that the persons studying this module are working in institutions set up for caring for children, such as children's homes, orphanages, foster homes, daycare centres, and so on. Other caregivers could be engaged in community- or church-based or family support groups. In most cases, it is assumed that the caregivers have little in the way of formal training in counselling.

Module Content

The module is divided into nine units as follows:

- Unit 1 Introduction to Counselling for Caregivers
- Unit 2 Ethical and Cultural Issues in Counselling
- Unit 3 Behavioural Counselling
- Unit 4 Dealing with Child Abuse Issues
- Unit 5 Dealing with Substance Abuse
- Unit 6 Counselling Those Infected and/or Affected by HIV/AIDS
- Unit 7 Grief Counselling

Unit 8 Career and Vocational Guidance

Unit 9 Coping with Stress

Unit 1 introduces basic counselling skills and different forms of counselling, such as individual counselling, peer counselling, and group counselling. Unit 2 discusses issues of ethics and culture and explains the need for every caregiver to be sensitive to different cultures as well as to observe certain ethical guidelines while counselling children and youth. In Unit 3, the focus is on counselling for behavioural change. The next unit addresses child abuse and the different coping strategies to deal with it. Unit 5 describes substance abuse and outlines a programme for prevention of substance abuse. HIV/AIDS and how it impacts infected and affected children and youth is discussed in Unit 6. In Unit 7, issues of grief counselling are addressed. Part of the work of a caregiver may be to provide youth with career and vocational guidance, and Unit 8 provides information in this area. The final unit is meant to help the caregiver as a person who is working in a highly stressful job and may need coping strategies to live a healthy, productive, and happy life.

Format

The units are written in simple language and are self-instructional in design. The cultural context is that of Africa, but it is hoped that they can be used by caregivers anywhere in the world. In writing these modules, case studies have been included so that a variety of problems can be identified and solutions found for them.

Most units include the following sections:

- Introduction
- Objectives
- Stories
- Activities
- Summary
- Self-Assessment Exercises and Suggested Answers
- Glossary
- References

Directions for Using the Module

As you work through the materials, you will notice symbols in the left margin of the page. These “icons” guide the learners through the content and are used to note the following:



Explanations and discussion of unit content.



Stories, examples, and case studies to illustrate the content of the unit.



Activities to give you practice in applying your knowledge and encourage you to reflect on your own experiences.



Summary of key points to remember from the unit.



Self-assessment activities to test your knowledge of the material you have learned.



Suggested answers to the self-assessment activities.



References cited in the unit, suggested resources for further reading, and a glossary of key terms used in the unit.

Counselling for Caregivers

Unit 1:
Introduction to Counselling
for Caregivers



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Unit 1:
Introduction to Counselling
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Unit 1: Introduction to Counselling for Caregivers

Introduction

People have different problems that cause them pain, discomfort, and sorrow. Counselling is one of the tools used to help people solve their problems. Counselling has been in existence for a long time. In traditional communities there have always been elders to offer counselling and guidance to the young people.

This introductory unit has seven lessons. The first two lessons explain what counselling is and why it is important to you, as a caregiver working with disadvantaged children and youth. The third lesson discusses the different kinds of communication involved in counselling situations, and the fourth talks about techniques to ensure that you have a clear understanding of what those you are counselling are attempting to communicate to you. The fifth lesson is about skills you can use to ensure that you are communicating effectively when you are counselling, and the sixth explains nine different types of counselling. Using a case study, the last lesson takes you through a sample counselling session.

Objectives

By the end of this unit, you should be able to:

1. Define counselling.
2. Explain the importance of counselling.
3. Define communication.
4. Explain communication and its role in counselling.
5. Use counselling skills.
6. Demonstrate understanding of the different forms of counselling.
7. Conduct a counselling session.

Lesson One



What is Counselling?

Activity 1

Think about the word counselling and answer these questions.
What does the word counselling mean?

List some of the problems for which people would require counselling.

Counselling is a way of helping people deal with their problems. These problems could have many causes such as Acquired Immunodeficiency Syndrome (AIDS), death in the family, divorce, loss of employment, poverty, poor parental care, war, or lack of support to go to school (Gichinga, 1999). Some of the signs that will show you that a person has a problem include isolation, lack of sleep, fear, sadness, crying, substance abuse, poor nutritional status or, in the case of children, running away from home.

Counselling may be offered at various levels: to an individual, to a family, to a group, or to an entire community. As a caregiver you will find yourself counselling children, youths and their families in both informal and formal settings.

SAT (2001) urges counsellors to note that counselling is not the same as giving advice. Rather, counselling involves helping the client understand their problem and take the necessary action to correct it. In giving advice, the client is not involved in finding the solution to the problem because the person providing the advice is seen as the expert who has the answer to the problem.

The two examples below will help you understand the difference between counselling and giving advice.



Example 1: Giving Advice



Mutinta's Aunt

Mutinta, I'm concerned that you aren't finishing your homework. I'd like you to write down all of your assignments in this book when your teacher gives them to you. Then when you come home from school each evening, sit down right away and finish them before you do anything else.



Mutinta



Example 2: Counselling



Mutinta, I'm concerned that you aren't finishing your homework. I'm wondering how you feel about the situation?

Sometimes I think I've finished but then I find out that I haven't.



So you think that you're up-to-date but then you find out there's still something you haven't finished?

Yes.



How do you feel when that happens?

Kind of embarrassed. The other children laugh.



It sounds like you'd like to be keeping up with your homework but sometimes you don't know that you have an assignment. Is that right?

Yes. I guess the teacher tells us but I don't remember.



(continued on next page)

Example 2 (continued)

I wonder what you could do so that you would remember. Do you have any ideas?

Maybe I could write it down every time she tells us about our homework.

That sounds like a good idea. I have a little book that you could use for that. Would you like to try?

Okay.

Let's talk about it again at the end of the week and see how it's worked for you.



Activity 2

What do you think is the difference between the two examples?

Compare your answer with the suggested answer below.

In the first example the caregiver gives advice to Mutinta without allowing Mutinta to explain the reason for not finishing her homework. In the second example, the caregiver helps Mutinta see what is making her not finish the homework. Mutinta is further helped to explore possible solutions and implement the solution.

If you were Mutinta, what thoughts and feelings might you have about the advice-giving situation? You may think that your aunt does not understand why you are not completing your homework.

How might you respond? If you were Mutinta in this situation, you probably would not like your aunt. Possibly you would walk away and leave her talking.

If you were Mutinta, what thoughts and feelings might you have about the counselling situation? You may think that your aunt cares and listens to you.

How might you respond? You may begin to trust your aunt and begin to share difficulties that you face.

The counselling approach empowers children to draw on their own resources and teaches them how to find solutions and make decisions.

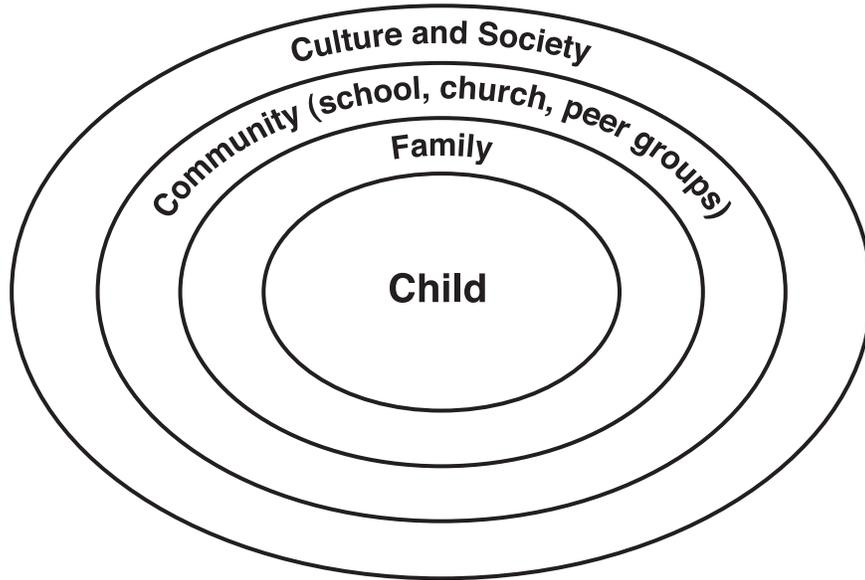
There is a place for giving advice, but in many situations giving advice can get in the way of open communication. Suggesting solutions communicates to other people that you are superior and they are inferior, tells them you don't have confidence in their ability to work things out for themselves, encourages dependency, and can make them feel inadequate.

Counselling is a way of helping people deal with their problems.

Lesson Two

The Importance of Counselling

To understand the importance of counselling in childcare we need to consider the child in relation to other members of the community. In the diagram below, you see where the child stands in relation to others.



Activity 3

What do you think the diagram shows?



You may have realised that the diagram above shows that the problem is not with the child but with the changing environment in which the child finds himself or herself. The following issues in the child's environment may put children at risk:

- Broken homes
- Poverty
- Lack of education

- Unemployment
- Chronic illnesses such as HIV/AIDS
- Death of loved ones
- Peer pressures
- Substance abuse and many others.

As the diagram shows, when a child is born, the family is the first point of contact. It is the duty of the parents and/or guardians to ensure the basic needs of the child are met. These basic needs include food, shelter, clothing, security, health, love and care. The extent to which each of these needs are met shapes the way the child grows. Failure to provide for any or all of these needs affects the child in a negative way.

For example, a child who lives with an uncle who mistreats him may grow up to feel hatred and act aggressively. A child who is denied food may suffer from nutritional problems that could lead to poor performance in school.

The community also helps to shape the growth of the child. The community consists of institutions like religious groups and schools, and also of different groups of people like the child's peers and school teachers. All these influence how the child grows. If the various institutions teach and model support and caring for people in difficulties, children are more likely to grow with an attitude of love for others.

Lesson Three : Characteristics of a Good Counsellor



Activity 4

Think of someone you know who is good at counselling—at helping people to help themselves. What are some of the attitudes and abilities that person has that make him or her effective in this role?

The chart on the next page lists attitudes and abilities that are considered to be important for counsellors to have. Do you see some of the characteristics of the person you described in the list?

Use the chart to help you assess your own abilities and identify areas where you would like to learn and grow. Which of the characteristics do you have? Which would you like to develop? Remember, you are just beginning to learn about counselling, so you aren't expected to have all of these characteristics. By the time you have finished the course, you will have new skills and additional knowledge.

Key Characteristics of Effective Counsellors

	I am strong in this area	I would like to work on this area
Awareness of my own values, beliefs and needs		
Awareness of how my beliefs, values and needs may affect relationships with clients		
Able to recognise and accept my feelings		
Desire to truly understand myself and others		
Desire to help others		
Belief that clients have the right to determine the course of their own lives		
Openness to ways of thinking and being that are different from my own		
Belief that every person has value		
Desire to continue learning		
Understand ways that cultural variations can affect the counselling situation		
Understanding of ethical behaviour		
Understanding of my role as a counsellor		
Knowledge of issues that clients face		
Knowledge of resources available to clients		
Ability to build warm and deep relationships with others		
Ability to share information clearly		
Ability to use communication strategies to achieve shared meaning		
Ability to use counselling strategies to help clients understand themselves and their situation and make decisions for their lives		
Ability to adapt my approach to meet the needs of different clients		

Lesson Four



The Role of Communication in Counselling

Communication is the process of sharing information between two or more people. The information shared may include ideas, emotions, knowledge or skills. There are two main types of communication. These are *verbal communication* and *non-verbal communication*.

Verbal Communication

Verbal communication occurs when both the caregiver and the client share information through spoken words. This happens, for example, when a caregiver asks the clients to talk about their problem and when the clients tell their story.

As a caregiver you should encourage the clients to talk more about themselves by responding to them verbally and non-verbally.

Non-Verbal Communication

In this type of communication the counsellor or the client conveys information through body movements or sounds. This does not involve the use of words but rather:

- Gestures
- Eye contact
- Sitting position
- Dress
- Head movements
- Tone of voice

For example, the trembling hands of the person with whom you are speaking may indicate that the person is afraid or anxious. On the other hand, a high tone of voice could indicate anger or over-excitement.

The Role of Communication in Counselling

In counselling, both the caregiver and the client are involved in interpersonal communication. The purposes of this communication are to:

- Get information from the client.

- Give information to the client.
- Help the client learn and apply coping skills to deal with a problem.
- Persuade the client to adopt positive ways of doing things.
- Help the client make a decision.
- Help the client express emotions, feelings, and thoughts.

As you discuss with a client, you should observe body movements and tone of voice and compare them with what the client is saying. It is said that there is more information in non-verbal communication than in verbal communication. Sometimes words hide the real situations. You should be able to recognise non-verbal responses to help you gain more insight into the client's problem.

The non-verbal messages that the counsellor sends are also important. For example, the counsellor who sits in a chair facing the client and leans toward the client will seem more approachable than one who leans back behind a desk.



Activity 5

What is verbal communication? Give three examples of verbal responses you can use.

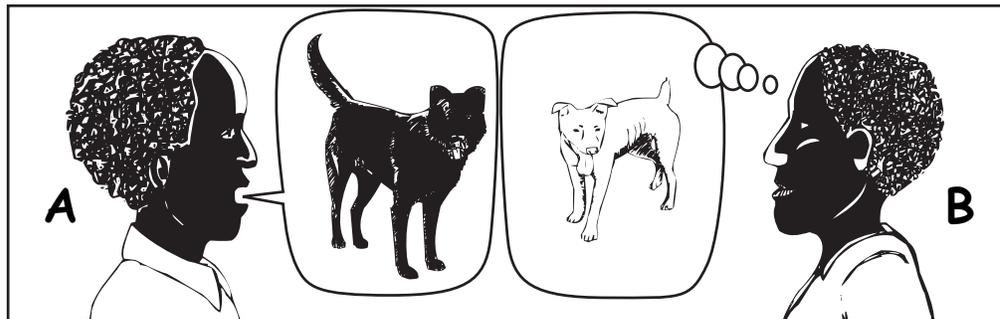
What is non-verbal communication? Give examples of non-verbal responses.

Lesson Five

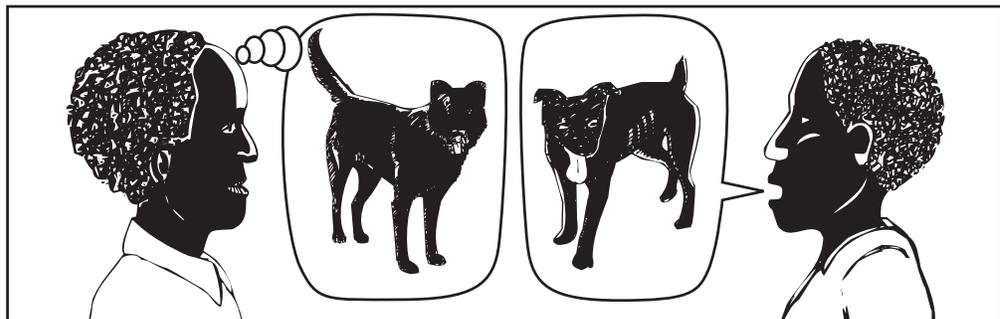


Arriving at Shared Meaning

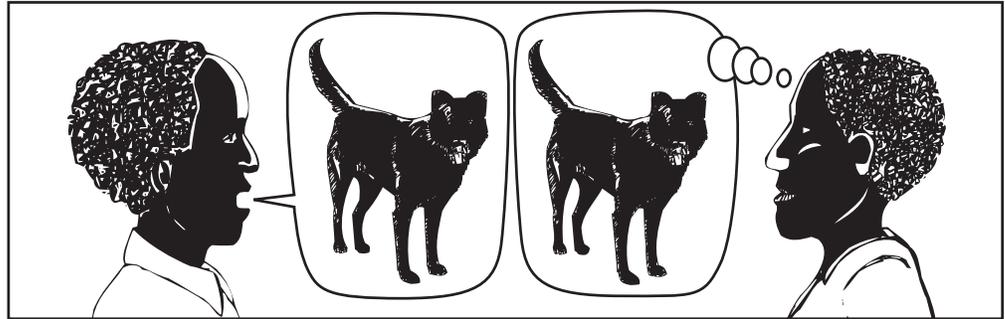
In effective communication there is an exchange of meanings. The listener is able to understand the speaker’s message in the way the speaker intended. When the listener and speaker get to the point where they understand what is being said in the same way, we say they have achieved “shared meaning.” The example below shows that while we will never understand each other perfectly, we can, if we care enough to work at it, come close.



In the diagram above, we see that we can never perfectly communicate our meaning to another person because each one of us comes into a communication event with ideas that come from our past experiences. While Speaker A is talking about a large, fierce-looking dog, Listener B is envisioning a fluffy little house pet like she has at home. The more clearly the speaker describes the dog, the more accurate the picture in the listener’s head will become.



The above diagram shows that both the speaker and the listener want to have the same understanding of the situation. The goal is for them to, as nearly as possible, achieve the same meaning. In order to do that, the speaker needs to describe the dog clearly, and the listener needs to ask questions.



These diagrams have shown that in any given communication there is always a speaker and a listener. However, for communication to be effective there must be a responsible speaker and responsible listener.

A responsible speaker is someone who includes the detail that is needed to help the listener understand his/her meanings. On the other hand, a responsible listener is someone who asks the questions that help the speaker clarify his/her meaning. In a counselling situation, the counsellor is almost always the listener, so needs to have skills to help speakers express their ideas fully. We call this attentive listening. The goals of attentive listening in a counselling situation are:

- To understand the speaker’s message from his or her point of view.
- To let the speakers know that you care about them and their experience.
- To let the speaker know that you hear and understand the message.

To emphasise the importance of listening, do the following exercise:



Activity 6

Think about a situation you have been in where you haven’t felt listened to. What were your thoughts, feelings and reactions during that experience?



Typically, when we aren't feeling listened to we feel like what we have to say isn't important or interesting. We may become frustrated or angry. We may try to find ways to attract the person's attention (as children do when they pull on their parent's sleeve and make a big fuss while the parent is on the phone) or we may just give up and not bother trying to communicate.



Activity 7

Think about how you know when someone is really listening to you. What things do they say and do that let you know they are listening?



Types of listening behaviour vary from one culture to another. For example, in western culture it is believed that people are listening when they are showing types of behaviour such as eye contact, facing the other person, asking relevant questions, and nodding. Some communication practices in the African culture that you, as a counsellor, need to be aware of are:

- Avoiding eye contact and looking to the ground, especially when an older person is talking to a young person.
- Not answering back when an older person is talking to a young person.
- Avoiding physical contact.
- Giving "Yes" answers when what is meant is really "No".
- Not feeling free to talk to counsellors of the opposite sex.
- For females, not talking when males are talking.



Activity 8

You are trying to get some desk work done but a young child keeps climbing on your lap and trying to draw on your paper. What might the child be trying to say to you?

A child who is new to the home hides behind the closet door when you come into the room. What are some possible meanings of this non-verbal behaviour?

You are called to talk to a young boy who misses school and goes playing with friends. When you ask him questions he does not answer and avoids eye contact. How can you help him express himself?

A young girl is brought to your office for counselling. You, a male counsellor, begin to interview her but she is not responding. What can you do?

A boy about 10 years old is brought to your office by his mother for help. You welcome them and extend a handshake. His mother shakes your hand but the boy withdraws his hand. What can this mean to you? How can you create trust?



These exercises show that for you to help your clients you must observe their behaviour and listen attentively to what they are saying. Note, too, that children and youth do not easily express themselves verbally. Therefore there is a need for you as a counsellor to use creative methods to help young people express themselves. Unit 6 of this module discusses the use of play, drawing, drama, and story telling to help children and youths express their feelings, thoughts, and ideas.

There are some things that stand in the way of effective listening. Two examples are:

- Paying partial attention because you are thinking about what you want to say.
- Evaluating what the other person is saying even as you listen.

Paying attention can be harder than it would seem, and is an important skill for counsellors!

Strategies for Attentive Listening

Strategies that you as a listener can use include: paraphrasing, behaviour descriptions, feelings checks and questions.

Paraphrasing

When you are paraphrasing, you are making guesses about what the message is:

“Do you mean....”

“Are you saying that...?”

“Sounds like you....Am I right?”

The following illustration shows an example of paraphrasing.



Example 1: Paraphrasing

Child: My teacher said I need to read this book tonight.

Caregiver: Do you mean that reading the book is your homework for tonight?

Child: No, it's not really homework. I was asking a question about horses and the teacher said I'd find an answer in this book.



Behaviour Description and Feelings Check

When you describe the behaviour you see you are doing a behaviour description. When you guess about the feelings, thoughts or intentions that go with the behaviour you are doing a feelings check:

“I notice that you are...I’m guessing that you feel....?”

“When you....I’m wondering if you feel....?”

The dialogue below illustrates behaviour and feelings check:



Example 2: Behaviour and Feelings Check

Caregiver: I noticed that you were quiet tonight at dinner. Are you feeling tired?

Child: No, my tummy hurts.



Questions

Asking questions effectively can be a real art. Here are some guidelines:

- “What” and “How” questions are usually preferable to “Why” questions.
- Closed questions force a specific answer; for example, “Do you like dogs?”
- Open-ended questions encourage a person to explore their thoughts and feelings by leaving the person free to answer in many ways. Examples of open-ended questions are:
 - What does that feel like?
 - Can you tell me more about...?
 - What have you thought of?
 - I’m wondering what would happen if...?
 - What’s most important for you now?
 - How would you like things to be?
 - Would you like to talk about...?
 - Where would you like to begin?



Example 3: Questions

Counsellor: I'm wondering what would happen if you told Choolwe how you feel about what she said.

Child: I think she'd be angry.

In order for attentive listening to be effective, the counsellor needs to:

- Be genuinely interested in knowing about the child's experience from his/her perspective.
- Ask questions, rather than make assumptions.

In a counselling session both the caregiver and the client communicate their feelings, thoughts and actions with each other. Good communication is necessary for counselling to take place.



Activity 9

As a caregiver who is involved in counselling, write your understanding of the word "communication".



Did your answer include some of the following points?

Communication is the process of sharing information between two or more people. The information shared may include ideas, emotions, knowledge or skills. In counselling, communication may take the form of explaining a point, expressing a feeling, or asking a question.

Communication may either be one-way or two-way. One-way communication involves sending a message without receiving an answer. On the other hand, two-way communication involves sending a message and receiving a response. In counselling, two-way communication is recommended where you and the client share information.

As a caregiver you should be aware of the factors that may affect communication between you and your client. Think about these factors:

- The place where communication takes place. When do you think communication is likely to be most effective—when you are alone with a client in a calm, quiet area, or when you are in a noisy, crowded room?
- The time when communication takes place. Do you think you will be a more effective communicator when you are well-rested and fed or when you are hungry and tired?
- The way you or the client talk and listen to each other. Would you prefer to talk with someone who is paying attention and seems to care about your experience, or someone who is mostly interested in telling you what to do?
- The language used in the communication. Would you find it easier to communicate with someone who uses the same kind of language you do, or someone who speaks quite differently (perhaps very formally)?
- The emotions underlying the communication. Have you ever tried to speak with someone who was very angry or sad? Powerful emotions get in the way of communication. The best way to deal with these emotions is to acknowledge them. You might say, “It seems like you’re feeling a bit sad. Am I right?” or “It sounds like you’re pretty angry!” Once the person sees that you understand how they feel, they are often ready to communicate more calmly.

Referring

Knowing when to refer a client to a colleague or to a professional counsellor is an important counselling skill. Some situations where you should refer clients to someone else are:

- When the client needs kinds of services that you aren’t able to provide.
- When your relationship with the client stands in the way of being able to work effectively with them.
- When you feel like you aren’t making any progress with the client.
- When the client asks for a referral.

Lesson Six



Counselling Skills

The communication skills that we have discussed will help you in any of your communications but will be especially useful in your work as a counsellor. In this section we will look at how you use these communication skills in a counselling situation.

Questioning

Good questioning will help you obtain correct and adequate information from the client. Use simple, short and straightforward questions. Open-ended questions are better than closed questions because they encourage the client to talk. Closed questions limit answers from the client. Give your client time to think and reply.



Activity 10

Think of a possible counselling situation and write examples of questions you might use that are:

Open-ended

Closed

Compare with the examples below.

An open-ended question:

How is your relationship with your stepmother?



A closed question:

Does your stepmother like you?

Listening

This means that you must hear and understand what the client is saying to you. As a caregiver you must learn to be a good listener. Good listening encourages the client to provide all the information about their problem.



It also helps you to understand the problem better and deeper in order to enable you to help the client. You can improve your listening skills by:

- Not thinking about other things while the client is talking to you.
- Being emotionally neutral when attending to a client. For example, you should not start shedding tears when a client is explaining a bad experience.
- Not doing other activities such as answering the phone.
- Practicing the attentive listening skills detailed in the last lesson.

Observation Skills

Concentration is very important when you are attending to your client. It will enable you to notice non-verbal communication behaviours. For example, check the body language (posture, hand movement, face expressions) to see whether it agrees with the story the client is telling you.

Establishing a Relationship

It is very important that you and your client first know each other. Some of the ways to build this relationship are:

- By offering a warm welcome.
- By greeting the clients and offering them a chair.
- By introducing yourself and providing information on what you do and where you work.

- By allowing the clients to also introduce themselves.
- By talking about other general issues, such as the rainy weather.
- By assuring the clients that your conversation with them is confidential.

Empathy

Empathy refers to showing the clients that you understand their situation and that you are willing to help. You should show the clients that you are also a person with emotions and understand what they are going through. However, your emotions as a caregiver should be appropriate so that you do not lose sight of your role of helping the clients find solutions themselves.

Building on Your Client's Strength

You must remember that clients have the ability to solve their problems. Help the client to identify such abilities. To achieve this you may ask the following questions:

- What have you done about the problem?
- Whom have you shared the problem with?
- Is there anything you could have done to solve the problem earlier?

Summarising

When you summarise, you pick the main points from what your client has said. Summarising is important when:

- Ending the session.
- Taking a break.
- Starting a new session so that you connect it to the previous one.
- You have not clearly understood a point the client explained (see paraphrasing, above).

Acceptance

You should receive and accept the client the way they are, whether pleasant or unpleasant, clean or dirty, nicely dressed or in rags. You

• must respect clients as persons and show that you like and care for them. Do not judge them.

Probing

• Probing means asking the client a series of questions in order to obtain more information about a situation. In doing this you develop the questions from what the client is explaining. The purpose of probing is to help clients explore issues more fully.

Clarifying

• Clarifying is when you ask the clients to explain their point in more detail by rewording what they have said. Clarifying is also used when you have not clearly understood the client.

Reassurance

• Reassurance is when you communicate support, acceptance and encouragement to the client. This will help the clients to relax and be confident that they will find help in your care.

Challenging

• In challenging, you question the behaviour of the clients so that they are made to analyse their own actions. For example, you would ask a teenage girl who wants to marry before completing school whether she thinks that marriage is the right thing to do now rather than school. The goals of challenging are to help clients develop new ways of thinking and acting.

Partialisation

• Partialisation is where you help a client who has many problems to focus on one problem at a time. This helps the clients to focus all their energies on that one particular problem and achieve positive results, instead of trying to solve too many problems at the same time without any meaningful results.

Lesson Seven



Types of Counselling

There are many types of counselling that may be used in providing care to clients. Your choice of which type to use will depend on the problem presented by the client.

Some common types of counselling are:

- Preventive counselling
- Behavioural counselling
- Individual counselling
- Group counselling
- Peer counselling
- Crisis counselling
- Supportive counselling
- Spiritual counselling
- Grief counselling

Preventive Counselling



Preventive counselling is structured and based on a specific programme with specific goals. For example, the aim of counselling may be AIDS prevention. Preventive counselling involves providing information on an individual or group basis. In a group situation one or more caregivers can carry it out.

Behavioural Counselling

The main aim of behavioural counselling is to support the child's personal growth through the process of self-understanding and self-acceptance. Personal awareness and acceptance helps the child to know what they can achieve and how to utilise their potential fully. The child, through education and learning, is helped to change to a more acceptable behaviour. For more details of behaviour counselling, see Unit 3.

Individual Counselling

This is a one-to-one counselling process involving only the counsellor and client. In this type of counselling your aim as a caregiver is to empower the client. The caregiver guides the clients into understanding their problem and enabling them to see the choices available to solve the problem.



The following is an example that will help you understand individual counselling.



Example 1: Individual Counselling

Ali is a 17-year-old boy. He is in grade eleven at St. Edmunds Secondary School in Mazabuka. Ali is the first-born child in a family of 4. He lost his mother from HIV/AIDS in 2001 when he was in grade ten and he also lost his father to the same disease some years earlier. Now Ali does not know where to go to get money for school. He fears that he will have to drop out of school before he can complete grade twelve.

Ali is advised to see the community counsellor. The counsellor takes time to get to know Ali and help Ali trust him. He listens to the details of Ali's situation and to his fears. He asks Ali if he has any relatives or if his late father has left any assets that could help to pay his school fees. Ali answers that he has no relatives and his father did not leave any money. The counsellor informs him of some individuals and organisations that may be able to provide some assistance.

The relationship that develops between Ali and the counsellor is an example of individual counselling.



Group Counselling

This is a type of counselling where the counsellor involves other people associated with the client's problem. This approach is based on the

belief that there are factors in the environment, culture and relationships that affect the client. Group counselling is used to change such factors in order to bring a desirable change in the behaviour of the client. An example of group counselling is the involvement of family members in counselling a client suffering from AIDS.



The example below illustrates a situation in which the counsellor uses group counselling.



Example 2: Group Counselling

Kamau is a 30-year-old man who was tested for HIV and found to be positive.

When relatives learnt that Kamau was HIV positive they stopped talking, eating and shaking hands with him. Family members thought that they could contract AIDS by being close to him.

Kamau visited the counsellor and complained of isolation and neglect by family members. He felt that killing himself would solve this problem. In helping the client, the counsellor also talked to family members. The counsellor helped them to understand that talking, eating and shaking hands do not spread AIDS. This helped Kamau's relatives change their attitude towards him.

Peer Counselling

In peer counselling, the counsellor involves other people who have similar experiences and characteristics as the client. Some common characteristics could include interests, age, gender, OVC status, chronically sick parents, sexual abuse, and substance abuse. The persons who share these characteristics, the client's peers, would be appropriate to include in a peer counselling session.



For example, a caregiver is faced with a youth who has a habit of taking drugs as a way of dealing with unemployment. The caregiver could involve other youths who also had this similar problem but managed to overcome it. The role of the caregiver is to provide an environment in which the peers are able to share experiences and support one another.

The case study below illustrates further how peer counselling can be used.



Example 3: Peer Counselling

Zawadi visits Goma clinic for voluntary counselling and testing (VCT) and she tests positive for HIV. However, she has not yet developed AIDS. She is worried that she could soon develop fully blown AIDS. She visits the counsellor for help. In order for the counsellor to help her live positively, she links her to a group of people living with HIV/AIDS. These people begin to help Zawadi by sharing their own experiences and their ways of coping with the problem.



Crisis Counselling

Crisis counselling is a type of counselling given to a client who is in acute distress and feels he/she can no longer cope. Crisis counselling is short term and provided to clients who need immediate help. A client in a crisis may appear panicky, restless, confused, afraid, and so on.



Some examples of situations which may require crisis counselling include suicide, bereavement, substance abuse, rape, a run-away teenager, broken love affair, battered spouse, or awareness of a terminal illnesses like HIV/AIDS.

There are many types of crises that can be experienced by children. For example:

- Loss of parent(s) or sibling(s)

- Unwanted pregnancy
- Financial difficulties



Activity 11

List ways you could help a young person deal with a crisis.



Did your list include any of the following?

- Remain calm.
- Help the child to tell his/her story.
- Allow the child to express his/her feelings.
- Be supportive.
- Show empathy.
- Deal with the present problem in a practical way to help the child.
- Refer to other professionals when necessary.

Supportive Counselling

Supportive counselling occurs after the initial crisis counselling and helps clients develop the hope to live on. This type of counselling may be institution-based or home-based. It gives the caregiver the chance to understand the client's social and home situation, which could help in the counselling of the client.

Some examples of supportive counselling activities are:

- Setting tasks and goals, which are followed up on the next visit.

- Working with the family to improve the client's social support and help create more openness within the family.
- Helping the client to improve his or her communication skills.



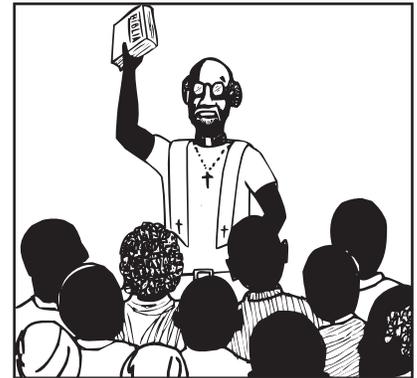
Activity 12

A teenage girl who has attempted suicide has been brought to you for counselling. As a caregiver, what could you do to help her?



Spiritual Counselling

Spiritual counselling is provided by priests, pastors, nuns, imams and others. In spiritual counselling, belief in a supernatural being is used to help clients deal with their problems. For example, belief in God is used for a client who is a Christian. It is important to note that religious workers are always willing and ready to provide spiritual counselling. You should refer children who need spiritual counselling to religious workers.



Grief Counselling

Grief counselling is helpful to clients who have lost their loved ones and need support in dealing with their grief. It is also called bereavement counselling because it aims to help clients experience normal mourning.

Losing loved ones like parents, children, or spouses make the surviving relatives experience stress, depression, failure to make correct deci-

sions, and other uncomfortable feelings. Therefore, the goals of grief counselling include:

- Giving information to the clients to help them make good decisions.
- Helping the clients to plan for their life without the person.
- Helping the clients to deal with the stress.
- Helping the clients to express feelings.
- Helping the clients to understand that the environment they are in is safe.



The process of grief counselling may begin when the loss is anticipated. However, it is not advisable to start grief counselling too soon after a loss (for example, at the funeral), because the clients may still be in a state of shock. Instead, start to make contact with the clients during the funeral time to give support and to start establishing a relationship with them. Then they will feel comfortable coming to you later if they feel they need help dealing with their loss.

Lesson Eight

Conducting a Counselling Session

While counselling is carried out in different situations, both informally and formally, you will find that the counselling process is the same. The case study in this lesson will help you understand how a counselling session is conducted.



Case Study 1: Miyoba

Miyoba is an 18 year old girl and doing her last grade in high school. She lives with her poor and unemployed parents. They struggle to raise money and send her to school.

Miyoba has experienced sleepless nights because of worry. She is worried that she could be HIV positive because she recently had unprotected sex with a man who promised her some money. She then visited Chipo the counsellor at the Voluntary and Counselling Centre (VCC).

The dialogue below shows how the session was conducted:

The session

Chipo: You are welcome to the centre. Please sit down.

Miyoba sits down.

Chipo: My name is Chipo. I am one of the counsellors here at the centre. You need not to tell me your name for we use code numbers as names for our clients. This is because we believe in confidentiality. Whatever is discussed here is confidential.

Miyoba nods her head.

Chipo: Here at the VCC we offer counselling and HIV testing services.

Miyoba nods her head again.

Chipo: Our session will take about 45 minutes or more depending on the problem you have. If you decide to take a test, this will take another 15 minutes. Are you prepared for this length of time?

Miyoba: Yes I am.

Chipo: What is your reason for visiting this centre today?

Miyoba: I am worried that I could be HIV positive. I want to know my HIV status.

(continued on next page)

Case Study 1 (continued)

Chipo: Can you tell me why you think you might be HIV positive?

Miyoba: I had sex with a man a few months ago.

Chopo: Was it unprotected sex?

Miyoba nods.

Chipo: You were wise to come here. We can help you. You are worried that you might be HIV positive. Let's talk for a minute about HIV and AIDS. Do you know the difference between HIV and AIDS?

Miyoba: HIV and AIDS are the same thing. There is no difference.

Chipo : HIV is the virus that causes AIDS. AIDS is the disease. If you have the virus it does not mean that you have AIDS. One may be living with the virus but not show signs and symptoms of the disease. Is the explanation clear?

Miyoba: Yes, it is clear.

Chipo: How is HIV/AIDS transmitted?

Miyoba: It is transmitted through unprotected sex, blood transfusion and use of used needles and razor blades.

Chipo: In addition to what you have said, it is also transmitted through mother-to-child transmission. Mother-to-child transmission is when an infected mother passes the virus to the child at birth or through breast milk. Do you have any questions?

Miyoba: No.

Chipo: How can you prevent HIV/AIDS?

Miyoba: Abstinence and the use of condoms will prevent HIV/AIDS.

Chipo: Avoiding the use of contaminated needles and razor blades also helps prevent HIV/AIDS.

Miyoba nods her head.

Chipo: You have talked about condoms. Do you know how to use them?

Miyoba: Yes I do.

Chipo: You said your reason for coming to this Centre is to be tested for HIV.

(continued on next page)

Miyoba: Yes

Chipo: Did you discuss HIV testing with anybody?

Miyoba: Yes, I discussed with my friend who encouraged me to come and take a test.

Chipo: Do you know anything about the HIV testing?

Miyoba: No, I don't.

Chipo: When the test is done, there are two possible results, either negative or positive. A negative result shows that you do not have the virus while a positive result indicates that you have the virus in your body. However, there is also a window period which is the period between your last sexual contact with an infected person and the period when the virus can be detected. This window period is about three months. So you could be negative now and be positive if you were tested after three months. Do you have any questions?

Miyoba: No, I do not.

Chipo: If the result came out HIV negative, what would you do?

Miyoba: I would be very happy and avoid unprotected sex.

Chipo: What would you do if you tested HIV positive?

Miyoba: I will accept the results and will inform my parents.

Chipo: After the test is done and the results are out, we will again sit together and discuss them. Now that you have the information about HIV/AIDS and the HIV test, do you still want to be tested?

Miyoba: Yes, I do.

Chipo: (Gives the client the consent sheet) Can you read that sheet and say whether you agree or not?

Miyoba: (client receives the sheet and reads it) I agree and consent.

Chipo: (Fills in the lab form) I will meet you again after 15 minutes to discuss the results. Is that alright?

Miyoba: It is fine.

Chipo: Let us go the laboratory waiting room. See you after 15 minutes.



Activity 13

In this case study, how did Chipo provide help to Miyoba?



You may have noticed that the counselling session basically has three phases. Gichinga (1999) identifies the Beginning (warming) stage, Middle (working) stage, and the Ending (terminating) stage.

1. **Beginning (Warming) Phase**

This is the beginning stage where you get to know the client and ensure that the client is comfortable. It is important that you make the client feel that they can trust you with what they tell you. As a caregiver, your aim at this phase is to establish a counselling relationship.



2. **Middle (Action) Phase**

The working phase is also called the middle or action phase. Here you begin to ask the clients why they have visited you and you help them tell their story. During this stage, you obtain as much information from the clients as possible. You also help the clients to understand their problem and explore alternative courses of action. In the case study above, Chipo helped Miyoba to tell her story. Chipo also provided Miyoba with information on HIV/AIDS and the VCC services.

This is the stage where you help the client to identify solutions, and develop and implement an action plan. The action plan should include support systems that can be used, such as family, church, employer, etc.

3. Ending (Terminating) Phase

In the terminating phase you are ending the relationship with the client. As a caregiver, you help the clients to do things on their own. It is important that you do not make the client dependent on you in the counselling relationship. For example, Chipo gives Miyoba information about HIV/AIDS and the test, and asks if Miyoba is still interested in undergoing the test.

It is also at this phase where you should agree with the client as to whether they will need more counselling. If there is a need for more counselling, you agree on the date and time that you will meet. In the case study, Chipo makes an appointment to meet with Miyoba after the results are given to her.



Summary

This unit has introduced you to basic counselling, which is a necessary foundation for the other units in this course. “Counselling” has been explained as a way of helping people in difficult situations solve their own problems. You have been given a list of characteristics of effective counsellors and have used it to identify your strengths and the areas you would like to work on.

Communication and its role in counselling have been discussed. You have been introduced to strategies for effective listening and for asking questions. These are particularly valuable when working with children and youth because they often have problems expressing themselves. A number of counselling strategies and techniques have been described. Finally, you have been shown how to conduct a basic counselling session through all three stages.

Counselling is a complex process. There is a great deal of information in this unit and a number of skills for you to work on. It will take time for you to understand the counselling process and develop these skills. The key is to refer back to this unit as you need to and to keep practicing. Change may come slowly, but it will come.



Self-Assessment Exercise

Question 1

- a. Which of the following statements are correct about the meaning of counselling? Write true or false next to each statement.

Counselling involves:

- i) Establishing and developing relationships with clients.
 - ii) Giving advice to clients.
 - iii) Telling clients what to do.
 - iv) Helping clients explain their problem.
 - v) Helping clients identify their abilities.
 - vi) Giving correct information to help clients make decisions.
 - vii) Blaming clients for their weaknesses.
 - viii) Listening attentively to clients.
 - ix) Continuously talking to clients while they only listen.
- b. What are some reasons to offer counselling to people who are dealing with difficult situations?

Question 2

- a. List at least 4 types of counselling.

- b. Explain in a few lines what each of the following types of counselling means.

- i) Individual counselling.

ii) Grief counselling.

iii) Peer Counselling.

iv) Crisis counselling

Question 3

Briefly explain the steps you use in counselling. Give examples.

Question 4

a. List five reasons for communicating with your client.

- b. What is the difference between verbal and non-verbal communication? Explain the importance of this difference.

Question 5

List five techniques you use when counselling a client.



Suggested Answers to Self-Assessment Exercise

Question 1

- a. Which of the following statements are correct about the meaning of counselling?
- i) True. As a counsellor you need to make a positive and helpful relationship with the client.
 - ii) False. Counselling is not giving advice. In counselling you give information so that clients make informed decisions.
 - iii) False. Counselling is not telling clients what to do but helping them recognise their abilities and building upon them.
 - iv) True. In counselling you encourage clients to tell their whole story by being attentive and showing interest in them.
 - v) True. Every client has the potential to deal with his or her problem. They may not have realised this ability. Your role is to help them see their potential and put it into action.
 - vi) True. Correct information is very important in counselling. Many clients make wrong decisions because they lack correct information.
 - vii) False. Counselling is not about judging clients or telling them they are at fault. It is about helping clients understand their problem and take action to solve it.
 - viii) True. Listening to what the client is explaining will help you understand the client's problem and become helpful.
 - ix) False. As a counsellor you should do more listening than talking.
- b. People in difficult situations are counselled because:
- i) You want to help them remove emotional feelings of pain and discomfort they are experiencing.
 - ii) You want to help them gain a deeper understanding of their problem in order for them to solve it.
 - iii) You want to help them to change their negative behaviour to positive behaviour.

Question 2

- a. There are many types of counselling. Any four of the following are correct:
- i) Individual counselling
 - ii) Peer counselling
 - iii) Grief Counselling
 - iv) Crisis Counselling
 - v) Spiritual Counselling
 - vi) Supportive counselling
 - vii) Group Counselling.
- b. Explain in a few lines what each of the following types of counselling mean.
- i) Individual Counselling is a one-to-one counselling process where only you and the client are involved. Your aim is to help clients understand their problems and their ability to solve them.
 - ii) Bereavement Counselling is also called grief counselling. In this type of counselling you help clients whose problems are associated with the loss of loved ones.
 - iii) Peer counselling requires the involvement of other people who have experienced similar problems as your client and have found ways to cope with them.
 - iv) Crisis counselling is used to help clients who are in acute distress and feel that they can no longer cope. A client that attempts suicide will require this type of counselling. Crisis counselling is short term and is followed by supportive counselling.

Question 3

- a. Warming phase/engagement or beginning stage.
- The warming phase is the first step in counselling. It involves welcoming the clients, ensuring that they are comfortable, and introducing yourselves to each other. Then you can explain the kind of relationship you are entering into and the need for confidentiality.

b. Working phase or the middle stage.

The working phase is the second stage in the counselling process. It begins with asking clients to explain the reason for their visit. You should allow the client to give you as much information as possible about the problem. During this stage, you help the client to understand the problems and explore possible courses of action to overcome them. Assist the client to develop an action plan and begin to implement it.

c. Terminating stage.

The terminating phase is the stage where you end the relationship. The counselling relationship should not be permanent; the client should not depend on you forever.

Throughout the counselling process you should aim to help the client to do things on his or her own. The relationship should end when the client can take responsibility for the problem for which he/she is receiving counselling.

Question 4

a. List five reasons for communicating with your client.

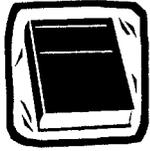
- i) You communicate because you want to get or give information to the client.
- ii) You communicate because you want to help the client learn and apply coping skills to deal with the problem.
- iii) You communicate because you want to persuade the client to adopt positive ways of doing things.
- iv) You communicate because you want to help the client make a correct decision.
- v) You communicate because you want clients to express their emotions, bad feelings and thoughts in order to feel better.

b. In verbal communication the client and the counsellor send messages by the use of words. Non-verbal communication uses body language to convey the messages. The knowledge of the two is important to the counsellor because the client will send messages in both ways. The counsellor must check whether the message in the spoken word is the same as the one in the body language. This helps the counsellor to understand the problem of the client and provide helpful counselling.

• Question 5

• There are many techniques used in counselling. They are grouped
• into the following:

- i) Relationship-building techniques like acceptance, reassurance, empathy, and so on.
- ii) Information-gathering techniques such as questioning, listening, observation, probing, clarifying, etc.
- iii) Information-giving techniques, like challenging and summarising.



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Glossary

Acceptance: An attitude of effective counselling in which the counsellor accepts the client the way he or she is.

Attentive listening: Attitudes and strategies that allow communicators to achieve shared meaning.

Behavioural counselling: Counselling intended to support a child's personal growth by helping the child achieve self-understanding and self-acceptance.

Caregiver: A parent or guardian who cares for a child or an elderly or ill person.

Clarifying: A counselling technique in which the counsellor helps the client to explain a point in more detail by rewording what the client has said.

Closed questions: Questions that invite a "yes"/"no" or one-word response.

Challenging: A counselling technique in which the counsellor questions the behaviour of the clients so they are made to analyze their own actions.

Clients: The children or adults whom a counsellor is trying to help.

Communication: The process of sharing information between two or more people. The information shared may include ideas, emotions, knowledge, or skills.

Counselling: A way of helping people in difficult situations solve their own problems.

Crisis counselling: Short-term counselling given to clients who are in acute distress and feel they can no longer cope.

Empathy: An attitude of effective counselling in which the counsellor shows the client that he or she understands the client's situation and is willing to help.

Giving advice: Telling people what they should do. This approach to

counselling is ineffective because people aren't encouraged to find their own solutions to problems.

Grief counselling: Counselling provided for clients who have lost their loved ones and need support in dealing with their grief. It is also called bereavement counselling.

Group counselling: Counselling which involves other people associated with the client's problem (e.g. family members).

Individual counselling: A one-to-one counselling process involving only the counsellor and client.

Non-verbal communication: Communication through such means as body movements, facial expressions, and touch.

Open-ended questions: Questions that invite the other to elaborate and explain.

Partialisation: A counselling technique in which the counsellor helps a client who has many problems to focus on one problem at a time.

Peer counselling: Counselling which involves other people who have similar experiences and characteristics to the client.

Preventive counselling: Counselling which is structured and based on a specific programme with specific goals.

Probing: A counselling technique in which the counsellor asks the client a series of questions in order to obtain more information about a situation.

Responsible listener: Someone who asks questions that help the speaker clarify his/her meaning.

Responsible speaker: Someone who includes the detail that is needed to help the listener understand his/her meanings.

Shared meaning: Occurs when a communication partner fully understands the message the other is trying to convey.

- **Spiritual counselling:** Counselling in which belief in a supernatural being is used to help clients deal with their problems. It is usually provided by spiritual leaders such as priests, pastors, nuns, imams, and others.
- **Substance abuse:** The misuse of substances that may have legitimate uses but can cause harm when misused; for example, drugs, alcohol, or glue.
- **Summarising:** A counselling technique in which the counsellor restates the main points from what the client has said.
- **Supportive counselling:** Counselling provided after an initial crisis counselling to help clients develop the hope to live on.
- **Verbal communication:** The use of spoken or written language to convey meaning.

