adolescence health care

'counselling the adolescents'

a manual for trainers of health personnel at the primary health care level

Prepared by
Family Health and Nutrition Division
Public Health Institute
Ministry of Health
MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH
MINISTRY OF HEALTH, MALAYSIA

This manual on counselling the adolescents for trainers at Primary Health Care Level is indeed timely to address the increasing health as well as social issues of 2.35 million adolescents in the country.

Health care providers need to acquire the basic skills in counselling as it is an important tool in providing service especially in handling matters relating to the physical and psychosocial development of adolescents. It is imperative that the Primary Health Care System provides service for the adolescent and with acquirement of counselling skills, the task of promoting healthy adolescent behaviour leading to positive health actions will be more effective.

The main objective of this counselling manual is to provide Primary Health Care Workers the understanding of the concept, principle and practice of counselling. I therefore would like to advise users of the manual that this manual is not itself adequate to create counsellors but sufficient to attain counselling skills required in daily interpersonal communication at work.

Finally, I wish to congratulate the Public Health Institute, the writers and contributors for having successfully prepared this manual.

Y.Bhg. Tan Sri Dato' Dr. Abu Bakar Suleiman
MESSAGE FROM THE DEPUTY DIRECTOR GENERAL
(Research and Technical Support Services)

More than 50% of the world population are below the age of 25, of whom more than 80% live in the developing countries. In Malaysia, 21% of the population are adolescents, that is, those aged between 10 and 19 years old.

To ensure that Malaysian adolescents will be able to lead a healthy and fruitful life, the Ministry of Health has incorporated Adolescent Health Care in the Seventh Malaysian Plan. Part of the strategic planning is to get a core number of health personnel trained in this area to cater to the health needs of adolescents. This role can only be achieved through structured training to prepare the health personnel for their role in adolescence health care. This training manual provide basic counselling skills needed by the health personnel to guide the adolescent on health issues related to the physical and psychosocial changes that occur during this period of life.

I would like to congratulate the Institute of Public Health for having successfully prepared this training manual and hope that it will be fully utilized to benefit our adolescents.

Y. Bhg. Dato’ Dr. M. Jegathesan
Since 1995 the Public Health Institute has been conducting awareness training on adolescence health for primary health care personnel, highlighting the importance of counselling as a tool in provision of health services for the adolescent.

I believe that knowledge on basic counselling skills will broaden the scope of health service provision catering to not only the presenting problems of adolescents, but also contributing to the overall development of the adolescent in helping them clarify their feelings and thinking so as to make a wise and healthy decision.

This module ‘Counselling the Adolescents’ is a complement to the module ‘Adolescent Health Needs’ and is designed to train primary health care personnel in understanding the concept, principle and practice of counselling. The emphasis is in providing essential counselling skills required in their daily interpersonal communication at work. This module has been developed in a general manner, hence health care providers may also use it for target groups other than adolescents.

I therefore hope that the trainers will be able to utilize and practise the counselling so as to communicate more effectively with the adolescents to meet their needs.

Finally, I take this opportunity to thank all the writers and contributors who have given their valuable assistant and cooperation in the preparation of this manual.

Dr. Narimah Awin
ACKNOWLEDGEMENT

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We would also like to thank all the writers and contributors for their valuable participation and cooperation.
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Counselling The Adolescents

Counselling the Adolescent

If you really want to help somebody, first of all you must find him where he is and start from there.

This is the secret of caring. If you cannot do that, it is only an illusion, if you think you can help another human being. Helping somebody implies you understand. If you cannot do that, your help will be of no avail. The helper must be humble in his attitude towards the person he wants to help. He must understand that helping is not dominating, but serving.

Caring implies patience as well as acceptance of not being right and of not understanding what the other person understands.

Kierkegaard 1859
COUNSELLING THE ADOLESCENTS

1. INTRODUCTION TO THE MODULE

Psychosocial development is a complicated phenomena in adolescence. The adolescent has to face a period of extreme instability. However, 80% of adolescent cope well with the development process. Out of these, 30% have an easy continual growth process while 40% have tumultuous development marked by bouts of intense storm and stress. These problems will be manifested in the form of physical ailments and missed by the health personnel. Therefore knowledge in counselling is essential for health personnel when managing the adolescent.

Health personnel come into contact with the adolescent and their families almost everyday. They are expected to motivate, educate and counsel. The most intimate of these interactions is counselling which is a process of defining feelings, providing unbiased information and empowering their clients to make their decisions. The interpersonal skill acquired by a health-care provider will enhances his/her communication and counselling of his/her clients resulting in the provision of quality care for the clients.

This module is designed to train Primary Health Care workers in understanding the concept, principle and practice of counselling. The emphasis is in providing essential counselling skills required in their daily interpersonal communication at work. However it must be emphasised here that this module is not meant to train health personnel to take over the job of professional counsellors.

2. TIME FRAME—12 hours 15 min

3. GENERAL OBJECTIVE

To equip the health care personnel with basic principles and skills in counselling.
4. SPECIFIC OBJECTIVES

At the end of this module you will be able:

1. To become more knowledgeable and familiar with topics related to counselling of adolescents.
2. To explain the qualities of a good counsellor.
3. To learn and practise communication skills in counselling with special emphasis on listening.
4. To use the skills of communicating so that counselling is more effective with the ability to identify their real problems.
5. To demonstrate the counselling skills in managing adolescent health issues.

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- Lecture
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- Exercise
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7. ASSESSMENT

- Scoring
- Rating
# CURRICULUM PLAN

## MODULE 3—COUNSELLING THE ADOLESCENT

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Facilitator's Guide
INTRODUCTION

This guide is designed to help facilitators run a workshop for training of counselling skills for primary health personnel. It describes preparatory activities and facilities needed for the workshop. Key issues addressed include:

Preparatory Phase

- Participants should be selected among those actively engaged or interested in providing services for young people.

- To be effective, the maximum size of a group should be about 10 participants per facilitator. This allows the participants to be exposed to skill acquisition, to set the feeling and provide adequate opportunities to practise the roles of a counsellor, client and an observer.
COMMON QUESTIONS ASKED BY PARTICIPANTS DURING COUNSELLING TRAINING

Question 1

When a client is having a problem and come for help, certainly they want a solution from you. By just listening and not giving him any suggestion or advice, how could the client gain?

Answer 1

Normally most people feel this way about counselling. It is difficult to accept that we cannot give any ideas, suggestion or advice. Usually there is a tendency to give our own ideas without having a thorough understanding of the actual problem. This is dangerous because most client does not relate to you the real story. Most people has a tendency to reject other's advice either because they have tried it or accepting the idea of others give the feeling that they are incapable of helping themselves. The important assumption in counselling is that whoever is facing the problem is in the best position to solve the problem. The ideas and solution which have worked for you might not work for your client.

Question 2

When a counsellor remains silent without saying anything, how could the client know that the counsellor is listening and following the story.

Answer 2

There is a difference between a person who is silent but not following the client's story and a person who remains silent but is interested in the story. A client is usually able to differentiate this through your facial expression, gestures and other body movement. A person who is following the client's story will vary his/her body language accordingly. In addition to that a person who listens actively will naturally respond verbally in the form of encouragers. A counsellor usually reflects to the client what has been said by paraphrasing, reflecting client's feelings and summarizing in order to check his/her understanding as well as to prove to the client that he/she is following what has been said.

Question 3

If the client talks for too long, jumping from one topic to another to the extent that you are not able to follow what has been said, what should you as the counsellor do?
Answer 3

As far as possible the counsellor should try to avoid interrupting a client talking. This is because the client's long story is actually a way of expressing his/her feeling of anger, frustration or desperation. In this situation what is more important is to attend to client's expression of feelings. However if the client is relating a story for too long, to the extent that you are not able to understand the content of the story, you could also interrupt by saying that 'let me check first whether I understand you correctly.......' followed by summarising what you have heard.

Question 4

What should a counsellor do when a client cries?

Answer 4

One of the important objective of counselling is to allow expression of feelings. Therefore a client should be allowed to cry. Provide some tissues or even leave her/him alone if it is indicated non verbally that she/he is uncomfortable crying in front of you. Whether you should touch her/him depend very much on what the client needs rather than what you feel right to be done. It is safer not to touch the client because it might be against his/her religious or cultural practice. As far as possible the counsellor should not cry in front of the client because the client might feel worst or guilty and decide not to disclose the real story!

Question 5

A counsellor is supposed to maintain eye contact with the client throughout the discussion. What happens if the client avoid the eye contact?

Answer 5

A client has a good reason to avoid looking at the counsellor, either due to certain anxiety or discomfort. Nevertheless the counsellor can still look at the direction of the client.

Question 6

While the counsellor is paraphrasing or trying to formulate a question the client continue to talk. What should the counsellor do?

Answer 6

What is important is to encourage the client to keep on talking. If the client continues talking, then the counsellor should stop paraphrasing or questioning and allow the client to continue.
Question 7

A counsellor is not suppose to ask too many questions. How can you refrain from asking questions?

Answer 7

You can refrain yourself from asking questions by making a neutral response like paraphrasing, reflecting client’s feelings and summarising. Asking questions might lead to a wrong direction or areas which are not the actual concern of the client.

Question 8

Paraphrasing requires us to repeat what is said by the client. You feel very unnatural to do this and the client may get irritated as well because you are repeating what he/she had said.

Answer 8

Paraphrasing requires us to repeat the content or message using our own sentence, and to include the key words used by the client. This is a new behaviour, therefore you will indeed feel very unnatural at first. If it is done properly it will give the client the feeling that you’ve understood him/her and is interested in his/her story.

Question 9

A counsellor is not supposed to solve the client’s problems. How should the counsellor respond to questions like ‘If you were in my place, what would you do’?

Answer 9

A counsellor does not need to answer this question. Instead the counsellor can revert the question to the client. The counsellor can also admit his/her limitation and give the client the confidence by saying ‘You are in the best position to solve because you understand the whole situation better than I’.
DIFFICULT MOMENTS IN COUNSELLING THE ADOLESCENTS

When working with adolescents, as like other groups of clients, the counsellor will face some difficult moments as given below. Examples of those are:

1. Silence

The client is unwilling or unable to speak for some time. This is a common phenomenon among adolescents who are very anxious or angry, usually because they have been sent against their will. If it happens at the very beginning of a session it is best for the counsellor after a little while to gently call attention to it saying perhaps, “I can see that it is a bit difficult to talk. It’s often that way when someone first comes to see me. I wonder if you’re feeling a bit anxious? If the silence seems an angry one (e.g. the adolescent is looking away from you) you might say ‘You know sometimes when someone comes to see me and doesn’t really want to be here he decides not to say anything. I wonder if that’s how you’re feeling? These statements should be followed by another period of silence, with the counsellor looking at the adolescent and maintaining body language which indicates a sympathetic interest.

Sometimes silence will occur in the middle of a session. Generally it is best to wait as it is crucial that the young person makes the effort to express his or her feelings or thoughts, even though the counsellor may initially find it uncomfortable. There is no need to break the silence nor to indicate in any way that it is not acceptable.

2. The client cries

A client who starts to cry or sob may make the counsellor uncomfortable. A natural response is to try to stop it perhaps by comforting the client, but that is usually not in the best interest of the counselling session. It is best to let the client cry, indicating that although you are sorry he/she is feeling sad, it is nevertheless a good thing to express their feelings. If the client is being manipulative it will soon come to an end and the lesson learned is that the counsellor cannot be manipulated in the same way that other adults have been. Some counsellors in some cultures will want to comfort the client by touching him or her. While it may be appropriate, touching a client, especially of the opposite sex, it should be treated with extreme caution.
3. The counsellor believes there is no solution to the ‘Problem’

This is an anxiety often expressed by counsellors and results in their becoming ‘stuck’, i.e. not knowing how to proceed. It is important to remember that the primary focus of counselling is on the person, not the problem, even the most intractable of difficulties. This does not mean that the counsellor cannot help the client. You may not be able to change some things but getting to know the person better is always helpful, and sometimes the perspective of things changes.

4. The client threatens suicide

This is perhaps the most anxiety-provoking situation for a counsellor. Most young people who threaten suicide do not commit suicide, but cry out for attention in this way. It is impossible to stop anyone from committing suicide if they wish to do so. It is appropriate to say ‘No one can stop a person from taking his/her own life. I would feel terribly sad if that were to happen. We were just getting to know each other and I see much that I like and admire about you’. Those who commit suicide often feel hopeless. They feel that they have no relationship with anyone who cares. This lifeline which the counsellor throws to the adolescent is that he or she does care and that may give his/her sufficient hope to continue.

5. The counsellor makes a mistake

There are many ways in which the counsellor can make a mistake. The single most important rule in establishing a good relationship with the client is to be honest. Basic respect for the client is one of the key principles of counselling. That respect and confidence in the client can best be demonstrated by admitting that you have made a mistake. An apology is appropriate if you were wrong. The more open you deal with your feelings when it is appropriate (without making personal revelations about your life outside the session) the better example you will be providing the client. The counsellor’s mistake can be turned for the good of the client.

6. The counsellor does not know the answer to a factual question

This is a common anxiety expressed by counsellors. but, as with the above circumstance, it is perfectly appropriate to say that you don’t know the answer but will try to get the information for the client if it is appropriate for you to do so, or alternatively identify other sources of information for the client. Evading the question or answering without
adequate knowledge will do far more harm to the all-important relationship you are establishing with your client than simply admitting your lack of knowledge.

7. The client refuses help

Gently probe as to the reason. Helping the young person say why he/she was there will usually open up the subject. It is then appropriate to say something like: 'Well, I can understand how you feel. I'm not sure whether I can help but perhaps we could take a few minutes just to see what you think, and together we can decide whether it might be worthwhile talking a bit more'.

If the adolescent is completely unwilling to talk, stress the positive, that at least he did come, you’ve met each other and maybe he might like to reconsider. Suggest another appointment and try, if possible to leave it open. The adolescent then has a 'lifeline' and may indeed return.

8. The client is uncomfortable with the counsellor's gender

This difficulty may be made explicit if the client says, 'I don't think I can talk to a woman (or man) about this' or 'I was expecting a woman (or man)' It may not be stated but sensed by the counsellor. If this is the case, it is best for the counsellor to raise the issue by saying something like - 'I wonder if you were expecting to see a man (or woman)?'. Once the issue is in the open it is appropriate to say something like 'Some young people are, at first, more comfortable with someone of the same (or opposite) sex, but in my experience that usually becomes less important once they get to know each other. Why don't we try to continue, and see how we get on?' the client will usually accept that, and the problem is likely to vanish if the counsellor is attentive, respects the client and is non-judgemental.

9. The counsellor is short of time

It is always of benefit to the client to know approximately how much time he or she will have with the counsellor, and it is best if that amount of time remains more or less constant. On occasion, it may happen that the counsellor has less time than usual. It is then extremely important to say so at the beginning, provide the reason if that is feasible, and apologize, indicating that she or he will hope to meet the client again at a specific time. A great deal can be accomplished even in a few minutes. It is best to make use of that time rather than send the client away.
10. The counsellor cannot establish good rapport

Sometimes it may be very difficult to establish satisfactory rapport with the client. This is not necessarily a reason for ending counselling or referring to someone else. Rather the counsellor should ask for help from others in reviewing the sessions to understand better where the difficulty lies. One of the important aspects of training is for the counsellor to learn what may make him or her uncomfortable and try to deal with those issues before beginning the counselling sessions.

11. The counsellor and client know each other socially

It is quite common in small communities that an adolescent client will know who the counsellor is and may know him or her quite well. It must be made clear earlier on, that confidentiality will be totally respected. If, you are well known to each other, it is not possible to serve as a counsellor. It will be necessary to explain that to the client and arrange for someone else to help. It isn't possible to change roles when meeting outside the counselling session, and this will inevitably give rise to confusion and hurt feelings.

12. The client talks continuously and inappropriately

This is the opposite of a client who is unduly silent or refusing to talk. Continuous talking may arise from the same kind of anxiety which makes talking difficult. It is appropriate to interrupt after sometime, and say e.g., 'Excuse me Mary, but I wonder if you realize that for sometime now you have been repeating the same thing? Are you feeling a bit nervous or finding it hard to talk about other things?' This may help to alter the focus of the conversation from something outside the session to the client herself.

13. The client asks a personal question about the counsellor

A counsellor-client relationship is a professional one, not a social one. That is a valuable aspect, because it enables the counsellor to be treated in different ways from the other people in the young person's life, and can help them to learn more constructive and rewarding ways of relating to people. This may be difficult for the client to understand at first, especially if the counsellor is not being warm and caring at the same time. One hazard to this relationship is responding to personal questions from the client about oneself. This is almost not advisable for several reasons. It takes attention away from the client. It may lead to a series of questions which while starting innocuously may end with very private matters which the
counsellor then refuses to answer. This gives the wrong message to the client suggesting that something is wrong either with the counsellor, or with the client for being concerned about such things. It is far better to respond to a personal question by saying that it is not helpful to the client if the counsellor talks about herself and that is why he or she makes it a rule not to. The client will accept that rule.

14. The counsellor is embarrassed by the subject matter

It may happen that something the client says embarrasses the counsellor. The more training he or she has had in sensitive subjects, the better he or she will be able to identify areas in which he/she feels most vulnerable and the less likely he/she is to be unprepared. Nevertheless the counsellor may be embarrassed. It is always best for him/her to be honest with the client especially if he/she has responded emotionally since the client will anyway be aware of it. This can be turned to an advantage, by acknowledging having had such a feeling and then returning to the subject if the client has raised it. The counsellor may wish to say something like: ‘You may have noticed that when you mentioned the fact that you were masturbating, for a moment I was taken aback. That sometimes happens when people aren’t expecting something but in fact, I’m glad you brought it up and maybe it would be useful to talk about that’. After the session it may be helpful to talk with whoever is providing supervision about what happened, and see if such uncomfortable feelings can be overcome.
COUNSELLING ADOLESCENTS WITH FAMILY

Many young people who appear for counselling are in fact sent by their families, and it is not uncommon for them to be seen, at least initially, with one or more members of the family. While the same basic principles apply to family counselling as to individual counselling, some special considerations are necessary because of the complexity of the situation. These include attention to differences in responsibility and authority among members of the family and the need to help not only the individual, but the family as an effective unit.

The Decision

As with an individual it is important to ascertain first who made the decision to come, how was it made, and why. It may be that it was done without consulting the adolescent or against the adolescent's wishes. Or that may be true of another crucial member of the family who may not be present.

Counsellor's role

It is especially important to emphasize at the start that the chief task of the counsellor is to clarify the situation and help the family reach their own decisions. It may be noted that it is very common for families not to listen so carefully to each other since they know each other so well, yet things change, and those changes are not always clearly perceived.

Family seating

A very useful indication of relationships in a family is how they choose to seat themselves. Place the chairs in the room in such a way that they can be easily moved and allow the clients to seat themselves. Notice how they have arranged themselves. Important information will be provided about alignments within the family and whether they are positive or negative. The more flexibility the counsellor allows, the more will be learnt from the seating arrangement. The counsellor may wish to point out how they have seated themselves later in the session if it is relevant to the discussion.

Together or separately

At the first session, it is best if the group waiting to see you come in together. The usual introductions are made and then the Counsellor asks the group how they arrived at their decision. If it appears that the adolescent is unhappy about being there, it is sometimes useful to say 'I find it helpful, sometimes, to meet for a few minutes separately with the young person
and the adults in a family when they first come just to help clarify the situation since sometimes it is difficult for people to talk together. Would that be all right with you?* If the parents or adults agree, the counsellor will then ask the adolescent to wait outside for a few minutes and escort the young person out to a chair. After a few minutes with the other family members, in which they give you their perspective, guide them courteously outside the room and ask the adolescent to come in. Once the adolescent has spoken his or her mind, ask the adults to come in again. Thank them for expressing the difficulties as they see things, and then summarize what each party has said in a neutral fashion. Once the family has been brought together, however, if you are going to continue to see them as a family, they should not be separated again. This is important since separating them will suggest that counselling has not enabled them to communicate and that there may be secrets between different members of the family and the counsellor. This can be very harmful to the overall process.

At the end of this first session, it may be felt by all concerned that counselling the whole family together will not be the best procedure. It may be sufficient to see the adolescent alone, or the parents may need help in their own right and the adolescent does not. If the latter is the case it must be stated tactfully, and the agreement of the parents sought to that procedure.

Helping the family listen to each other

One of the most crucial tasks of the counsellor is to help every member of the family listen to each other. Because of long-standing habits, assumptions are often held which are no longer valid, especially when adolescents are rapidly developing.

Counsellor neutrality

Throughout the sessions it is essential that the counsellor does not take sides, bearing in mind that the role is one of clarifying, not deciding. The key to achieve this is to help each member express their views and their feelings, and to help the others perceive them.

Family roles

Remember that individual members of a family have different roles and responsibilities. The adolescent does not have responsibility or authority over the adults in the family. The adults however are to some degree, responsible for the adolescent. As the young person matures the relative balance of responsibility needs to change. It is important that the counsellor helps the family to readjust to the changes which are more rapid in the adolescent than in the adult.
Adolescents and fairness

Adolescents are particularly sensitive to being consulted and feel the need to be part of decision-making as a sign of their growing maturity. If they can be made to feel that a decision has been fairly arrived at, much of the disagreement may dissolve and a pattern set to defuse future differences of opinion. It is not uncommon for one of the children in a family to be in a ‘scapegoat’ role taking the blame for problems which are generated by others.

Father’s role

In many societies the father is expected to be the final authority in the family and responsible for its major decisions. It will be important to ascertain who is in control in a particular family. Nevertheless the ‘father’ role needs special consideration by the counsellor in order to be effective. It is often true (whatever the reason) that women are more able to express their feelings generally, and more accustomed to expressing them verbally, than men. It is thus usually much more common for the mother rather than the father to come with an adolescent. Thus if the father has come, the counsellor needs to acknowledge the fact and compliment the father on his willingness to help the family by clarifying issues and reassure him that you are not usurping his role.

Arguments during the session

Anger is often expressed in family session. It is best to let it occur, at least for a little while, rather than attempt to stop it. It will help you to observe the family as it really is, it will help you to provide feedback once it is over as to how each behaves during an argument, and it will show them that you accept the expression of their true feelings during the session. The argument should not go on indefinitely and once each of the individuals have made his/her views clear, you may wish to thank them for that but suggest that they might like to hear what you, as an outsider, have noticed.

Bringing the session to a close

It is important to close the session appropriately. Before ending summarize each person’s point of view as clearly and neutrally as possible, and highlight the achievements made during the session. The first achievement has been their willingness to come together. The second achievement may be the fact that they have all been able to communicate their respective points of view, and that they have been able to listen well to each other. The achievements may, of course, go beyond that, if some issues have been resolved, and plans made for the future. The fact that some differences remain, however, should neither be ignored nor treated as a failure since changes, to be enduring, need practice and time. Confirm the next meeting unless it is the final session, in which case a review of the plans should take place, and the counsellor should indicate his or her willingness to see the family again should the need arise.
UNIT 1
UNIT I—WHAT IS COUNSELLING?

1. INTRODUCTION

This section provides information to help you understand the basic concepts and principles of counselling. It is hoped that this would help form the foundation in providing effective services to the adolescent. This is an essential prerequisite for acquiring interpersonal communication and counselling skills.

2. TIME FRAME—1 hour 45 minutes

3. OBJECTIVE

After completing this unit, you will be able:

i. To assess your present believes and understandings about counselling.

ii. To list the differences between counselling and consultation.

iii. To explain the six basic principles of counselling.

iv. To discuss some ethical and legal issues pertaining to counselling.

v. To discuss some of the qualities and traits of a good counsellor.

4. CONTENTS

i. What do you understand by counselling

ii. Definition

iii. Difference between consultation and counselling

iv. Aim and objectives of counselling

v. Principles in counselling

vi. Ethical and legal issues in counselling

vii. A good counsellor

viii. Counselling the adolescent

ix. Summary
5. METHOD AND MATERIAL

Quiz
Discussion
Lecture
Case discussion

6. EVALUATION—scoring
QUIZ NO. 1

Your Understanding On Counselling

Facilitators' Guide

Before you start the module, you are required to give a short quiz to the group. This is to examine their present understanding and beliefs about counselling. After the test is completed, summarize the group score.

Facilitator will then explain the rationale of each statement after completing this module.
### Quiz

You can assess your understanding on counseling by putting a check (✓) under true or false for each statement read.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
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<tbody>
<tr>
<td>1. The less talking you do as a counsellor the more effective you will be</td>
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<td>2. The individual being counselled should never be made to feel embarrassed, insulted or guilty</td>
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<tr>
<td>3. Keeping silent without interrupting while the client is talking will make the client feel as though you the counsellor is not interested in their story</td>
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<td>4. When your client cries you should try to console him or her</td>
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<tr>
<td>5. As a counsellor you should try to avoid using 'why' in questioning as this will make the client feel as though he is being interrogated</td>
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<tr>
<td>6. A good counsellor is one who helps others analyse their problems and decide on the right solutions to their problems</td>
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<td>7. In a counselling session, a counsellor should make the client realize their own weaknesses</td>
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<td>8. The client who has strong negative emotions towards an individual should be encouraged to look at the positive side of that person</td>
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<td></td>
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<td>True</td>
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DEFINITION

Counselling can be defined as:--

1. a process by which a troubled person (the client) is to feel and behave in a more personally satisfying manner through interaction with an uninvolved person (counsellor). The counsellor provides information and reaction which stimulate the client to develop behaviour changes to enable him to deal more effectively with himself and his environment. (E.C. Lewis)

2. providing help, support and understanding for someone who is in need; creating a non-defensive climate and building a trusting relationship, helping the client to gain clearer insight into himself and his situation so that he is more able to help himself and draw on his resources.

3. a process of helping someone to be more confident of him/herself and uplifting his/her esteem so as to enable him/her to solve his/her problems. This is to ensure his/her well being and a more meaningful life for him/her.

Important points to counselling:
- it is a helping process
- encourages free expression by the clients
- a way to improve self esteem and self confidence
- self problem-solving
THE DIFFERENCES BETWEEN COUNSELLING AND CONSULTATION

In the health profession, consultation is widely practised. However consultation is not synonymous with counselling. Let us examine the differences between the two.

<table>
<thead>
<tr>
<th>Counselling</th>
<th>Consultation</th>
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<tbody>
<tr>
<td>1. Counsellors talk less and listen more</td>
<td>Consultants tend to talk more and listen less</td>
</tr>
<tr>
<td>2. It is a helping process so the focus is mainly on the client’s topic</td>
<td>Discussions are normally focussed on common issues or topics of interest to the consultant in trying to analyse and solve the problem</td>
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<tr>
<td>3. Client gives more opinion or options regarding the issue</td>
<td>Consultants give more opinion and options since he is assumed to have more knowledge</td>
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<tr>
<td>4. Counselling is not advice giving</td>
<td>Consultants involve more in advice giving</td>
</tr>
<tr>
<td>5. The counsellor does less questioning. Questions are mainly posed to enable the clients to understand the situation better</td>
<td>Consultants normally ask more question. Questions posed are meant for the consultant to diagnose the problem</td>
</tr>
<tr>
<td>6. Counsellor does not make the decision for the client, counsellor only gives options but clients has to decide</td>
<td>Consultants usually decide on the best options or decisions for the clients</td>
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</table>
PRINCIPLES OF COUNSELLING

- Human beings are very complex and unique individuals, therefore in counselling, they should be managed as such.
- The presenting problems are not necessarily their actual problems.
- Different persons require different length of time to trust and disclose their real problems to others.
- Individuals have the right to either disclose or not any information about themselves.
- Personal relationship is necessary to create rapport and trust towards the counsellor (adult-adult relationship).
- Clients are in the best position to solve or cope with their own problems and make the right decision.

PRINCIPLES OF COUNSELLING THE ADOLESCENTS

There are some basic principles to understand when counselling the adolescent:

1. Adolescence is a period of transition from childhood to adulthood in which adolescents begin to take control of their own life and make decisions for themselves.
2. The counsellor's task in this process of change is to assist the adolescent to make informed choices.
3. The client-counsellor relationship is very important in the process of the client's transition to adulthood.
4. The relationship must be based on respect for the client as an individual.
5. Respect for the client involves the counsellor believing that the client can be helped to help him or herself.
6. The counsellor should have the skills necessary to demonstrate to the client respect and a willingness to listen.
7. The counsellor should be able to help clients believe that they have some control over their own lives, that they can make their own decisions, act on those decisions, and evaluate the consequences.
8. The counsellor should have the ability to enable clients to talk freely about themselves.

9. The counsellor should be able to help client explore the feelings behind the facts.

10. The counsellor should be able to help clients understand that feelings are involuntary; that a person cannot choose how they feel and therefore should not feel responsible or guilty about the way they are feeling.

11. Equally, the counsellor should understand that behaviour is voluntary; that a person is usually able to choose how he/she behave and therefore is responsible for what he/she does; clients can begin to judge their own behaviour and be prepared for their behaviour to be judged by others.

12. Nevertheless, if a person does something that he or she considers wrong it does not automatically make him/her a 'bad' person.

13. It is important that the counsellor accepts the client as an individual even if the behaviour is seen as inappropriate.

14. It can be very rewarding for a client to be able to change his/her behaviour voluntarily, having talked through possible courses of action and the consequences of those actions.

15. The client will gain more confidence if he/she is able to make informed decisions for himself/herself.

16. The counsellor can help clients feel more in control of their own lives, to feel successful and confident. Initially, this will be done by clients making small changes.

17. Rewards from feeling more confident have a far greater effect on the healthy development and behaviour changes of adolescents than do punishments.

18. Internal reward is more durable than external reward.

19. Helping the adolescent to experience internal reward will motivate future self help.

20. Internal rewards will help the adolescent try to make greater changes in the way they live his/her life and to wait longer for the reward.
21. Adolescents are very sensitive about confidentiality so the counsellor must reassure them about this.

22. The establishment of internal control over one's own behaviour, self-understanding and the capacity for longer term planning are characteristics of maturity, the pursuit of which is an objective of adolescents counselling.

Issues to be considered in counselling adolescent with the family

1. Determine who chose to come for help, the adolescent or others?

2. Ask them to explain how and why they made that decision.

3. Observe how they seat themselves.

4. Explain that the counsellor's role is to help.
   a. Clarify the situation
   b. Help them take action to improve the situation

5. If you feel it necessary to see the adolescent and adults separately at first then, explain that it is sometimes difficult to talk together at first. Ask their permission to see them separately.

6. Learn from each whether they think there is a problem, and what they believe the problem to be

7. Bring them together and don't separate them again.

8. Describe briefly and neutrally the points of view they have expressed to you.

9. Enable each to listen to the other

10. Observe what is
    a. Hurtful
    b. Arousing anger
    c. Comforting
11. Comment on what you observe by reflecting facts and feeling so that each will
   a. See that you understand
   b. Correct you if you don’t
   c. Help them to listen to each other
   d. See the impact of what they have said on others

12. Don’t take sides but ensure that each is given the chance to express his/her feelings

13. Remember that the roles of parent and adolescent are different
   a. Parent has more responsibility and authority but
   b. The relationship changes as the adolescents matures

14. Help them to negotiate a new arrangement recognizing this change in roles.

15. Adolescents are very sensitive to ‘justice’—if an agreement is reached then it is only fair that they are abided by.

16. If father is present he may feel that the counsellor is usurping his role—be sure not to do that

17. Remember that you are helping them to make their own decisions

18. Thank father for coming—compliment him on his willingness to help family by talking things over with an outsider

19. Explain that families naturally fall into habits of communicating that sometimes make it difficult to see changes

20. Reassure him that your main job is to help clarify the situation so that they may decide what to do

21. If arguments within the family occur during the session allow them to continue for a little while and reflect what has occurred.

22. To end the initial session summarize key points in a balanced way and highlighting positive aspects of
   a. Family relationship
   b. Achievements in the session
ETHICAL ISSUES IN COUNSELLING

1. Confidentiality

Confidentiality is particularly important in counselling. The knowledge that what is discussed with the counsellor will not be revealed to anyone else gives people permission to disclose their innermost fears and feelings and to trust the counsellor with information which could cause great harm if used carelessly. For example, if a counsellor informs a client’s partner that he/she has STD, this could result in violence, divorce and loss of economic support.

Confidentiality also raises a number of important ethical issues for counsellors and it is essential that health care personnel formulate clear policies to guide the process of counselling.

Example of a situation where ethical issue may arise:

*The husband of one of your clients tells you in confidence that he is HIV positive and you know that they have been practising unprotected sex together.*

2. Transference

It is an unconscious process whereby clients project onto their counsellors past feelings or attitudes that they had toward significant people in their lives. A client will then view the counsellors with a mixture of positive and negative feelings. At different times the same client may express love and hatred towards the counsellors.

Transference is a natural effect in the counselling process and it should not be regarded as a hindrance. In fact, transference facilitates counselling and helps produce positive results.

3. Counter transference

Counter transference is the opposite of transference, whereby the counsellor develops certain feelings and emotions towards the particular client.
Examples of counter transference:

- You feel like adopting the abused child
- You feel excited knowing that a certain client is soon to arrive
- You become bored with a certain client
- You become aware of giving a great deal of advice and wanting to have clients do what you think they should do
- You are quick not to accept a certain type of client, or you suggest a referral with little data

A good way to expand your awareness of potential counter transference is by talking with colleagues and supervisors about feelings toward clients. Such conversations can be especially helpful if you feel stuck and do not quite know what to do in some of your sessions. It is good to remember that helping others change will certainly also have the effect of change in you.

Counter transference may facilitate or become a hindrance to the progress of counselling. If it causes hindrances, the counsellor should terminate the sessions and refer the client to another counsellor. However termination in the counselling process should be done cautiously and gradually; preferably after discussing the terms which were agreed upon with the client.

Termination of counselling

As mentioned earlier, it is clearly best that termination of counselling is by mutual agreement between counsellor and client. Counsellor should not end abruptly. It is more helpful if it is discussed in advance.

If a counsellor feels counselling should end but the client does not feel the same, this shows that something had gone wrong. It indicates that the client has become overly dependent upon the counsellor and efforts should be made to deal with that issue before ending the counselling.
QUALITIES OF A GOOD COUNSELLOR

1. Personal traits of successful counsellors

Before we proceed to know how to be a good counsellor, let us first assess our personal traits. Below are ten personality traits found in successful counsellors. Place a plus in the square opposite those you already possess; a check mark (✓) opposite those you feel can be better developed in the future, and a question mark in any remaining squares.

- patient
- perceptive and sensitive
- like people
- non-threatening demeanor
- sense of humour
- desire to help others
- positive attitude
- good listener
- warm personality
- problem solver
2. Some personal qualities of a counsellor

Based on person centred counselling model, below are some of the personal qualities which a counsellor should have

A. Congruence, or genuineness

Congruence implies that therapists are real; that they are genuine, integrated, and authentic during the therapy hour. They are without a false front, their inner experience and outer expression of that experience match, and they can openly express feelings and attitudes that are present in the relationship with the client. Authentic counsellors are spontaneous and open about feelings and attitudes, both negative and positive, that flow in them. By expressing (and accepting) any negative feelings, they can facilitate honest communication with the client.

Through authenticity, counsellor serve as a model of a human being struggling towards greater realities. Being congruent might necessitate the expression of anger, frustration, liking, attraction, concern, boredom, annoyance, and a range of other feelings in the relationship. This does not mean that counsellors should impulsively share all feelings, because self-disclosure must also be appropriate. A pitfall is that counsellors can try too hard to be genuine. Sharing feelings because one thinks it will be good for the client, without being genuine can be incongruent. Counsellors must, however, take responsibility for their own feelings and explore with the client persistent feelings that block their ability to be fully present with the client. The goal of counselling is not, of course, for counsellor to continually discuss their own feelings with the client. Person-centered therapy also stresses that counselling will be inhibited if the counsellor feels one way but acts in a different way towards a client. Hence, if the counsellor either dislike or disapproves of the client but forge acceptance, therapy will not work.

Rogers' concept of congruence does not imply that only a fully self-actualized counsellor can be effective in counselling. Because counsellors are human, they cannot be expected to be fully authentic. The person-centered model assumes that if counsellors are congruent in the relationship with the client, the process of consultation will get under way. Congruence exists on a continuum rather than on an all-or-none basis, as is true of all four qualities.
B. **Unconditional positive regard and acceptance**

The second attitude that the counsellor needs to communicate to the client is a deep and genuine caring for him or her as a person. The caring is unconditional, in that it is not contaminated by evaluation as good or bad. Counsellors value and warmly accept the client without placing stipulations on the acceptance. It is not an attitude of ‘I’ll accept you when...’, rather, it is one of ‘I’ll accept you as you are’. Counsellor communicate through his/her behavior that value the client as the client is and that the client is free to have feelings and experiences without risking the loss of the counsellor’s acceptance. Acceptance is the recognition of the client’s right to have feelings; it is not the approval of all behavior. All overt behavior need not be approved of or accepted.

It is also important that, counsellors’ caring be non-possessive. If the caring is for personal gains such as the need to be liked and appreciated, intention and positive changes in the client is inhibited.

According to Rogers (1977), as cited by Corey (1991) research indicated that the greater the degree of caring, prizing, accepting, and valuing the client in a non possessive way, the greater the chance that the therapy will be successful. He also made it clear that it was not possible for counsellors to genuinely feel acceptance and unconditional caring at all times.

One implication of this emphasis on acceptance is that counsellors who have little respect for their clients or an active dislike or disgust can anticipate that their work will not be fruitful. Clients will sense this lack of regard and become increasingly defensive.

C. **Accurate empathic understanding**

One of the main tasks of the counsellor is to understand client’s experiences and feelings sensitively and accurately as they are revealed in the moment-to-moment interaction during the therapy session. The counsellor strives to sense clients’ subjective experience, particularly in the here-and-now. The aim is to encourage them to get closer to themselves, to feel more deeply and intensely, and to recognize and resolve the incongruity that exists within them.
Empathic understanding implies that the counsellor will sense client’s feelings as if they were his or her own without becoming lost in those feelings. By moving freely in the world as experienced by clients, the counsellor can not only communicate to them an understanding of what is already known to them but can also voice meanings of experience of which the clients usually are only dimly aware of. It is important to understand that accurate empathy goes beyond recognition of obvious feelings to a sense of the less clearly experienced feelings of clients.

Empathy entails more than reflecting content to the client, and it is more than an artificial technique that the counsellor routinely uses. It is not simply objective knowledge (“I understand what your problem is”), which is an evaluation of understanding the client from the outside. Instead, empathy is a deep and subjective understanding of the client by the counsellor. It is a sense of personal identification with the client. A counsellor is able to share the client’s subjective world by tuning in to his/her own feelings that are like the client’s feelings. Yet counsellor must not personalise the clients’ feelings. Be empathic, not sympathetic. Rogers believed that when a counsellor can grasp the client’s private world, as the client sees and feels it, without being emotionally involved, constructive change is likely to occur.

D. Non Judgemental

A counsellor, through his or her own life experience, has developed a certain attitude and value towards herself and others. In communication with the client, there is a tendency for the counsellor to evaluate or judge the client’s behaviour. This is indicated to the client through vocal qualities, body language and verbal response of approval or disapproval. Clients who are working through difficulties and issues do not need judgment or evaluation; instead they need acceptance for themselves and their actions as they are.

In trying to understand the client and encourage him/her to disclose further it is very important that the counsellor refrain from passing judgment over the client’s behaviour. The ability of the counsellor to remain neutral instead of approving or disapproving the client is referred to as being non judgemental.
DOING IT RIGHT

Below are a few tips to remember when conducting a counselling session.

**THE RIGHT PURPOSE.** Counselling is a way to solve problems that have not or will not solve themselves in other ways. Sometimes the counsellor (supervised parent, advisor, friend) will initiate the process sometimes the individual will seek assistance voluntarily. Whenever talking things over will help the purpose right.

**THE RIGHT TIME.** Counselling is often a sensitive process. Arranging the best time for both parties will set the stage for successful discussion. The time selected happens by accident (It is not a good time for a parent to counsel a teenager at two a.m.)

**THE RIGHT PLACE.** Whether in a living room, office or on a park bench, the location should be relaxed, quiet, private, and free from interruptions (including telephone).

**THE RIGHT APPROACH.** The serious nature counselling can cause both parties to be 'uneasy' at the beginning. Developing a non-threatening reassuring approach is important. People talk more freely when they do not feel threatened.

**THE RIGHT TECHNIQUES.** Every counselling situation is different. An advisor must be sensitive to what involved and proceed accordingly. Sometimes a direct 'let's get down to business' approach is called for; sometimes a non-directive 'It's great to see you again' approach is best. The idea is to use the best technique throughout the process. The module is hoped to provide the right techniques.

You have now reached the end of the module. Reaching this point however is best considered the beginning to a lifetime of learning to help others more effectively.
UNIT 2
UNIT 2 - COUNSELLING SKILLS

1. INTRODUCTION

This section will help healthcare personnel improve their skills in counselling. Counselling skills refer to listening as well as questioning skills while attending to someone in need.

Counselling skills is divided into several micro skills. Each micro skill will be taught separately. At the end of this unit the participants are expected to use all the micro skills in an integrated form and apply it in a given situation.

2. TIME FRAME-5 hours

3. OBJECTIVE

At the end of this unit you will be able to:
- explain various micro skills in counselling
- demonstrate and practise each micro skill in counselling
- practise the basic counselling skills in a given situation.

4. CONTENT

- Guideline to effective listening
- Attending skills
- Encouragers
- Paraphrasing
- Reflection of feelings
- Confrontation
- Questioning skills
- Summarising skills

5. METHOD AND MATERIAL

- Lecture
- Demonstration
- Practical exercises

6. ASSESSMENT-rating
GUIDELINES TO EFFECTIVE LISTENING

Effective listening means:

1. Ability to remain interested and focussed on the client’s topic.
2. Ability to remain silent with minimal responses while the client is talking.
3. Ability to understand the message and feelings expressed by the client.

Do’s in listening

1. Try to maintain eye contact while your client is talking
2. Respond to his/her facial expression accordingly. Smile or remain cool even though the story shocks you.
3. Try to remain silent while the client pause to think before continuing the conversation.
4. Check frequently whether you are listening to your client’s conversation accurately by paraphrasing and reflecting his/her feelings.
5. Listen to what is said as well as how it is said. Listen to the intonation of voice, stammering or throat clearing.
6. Observe the client’s facial expression, hand gestures and body languages.
7. Use open ended question like ‘what’ and ‘how’.

Don’ts in listening

1. Avoid asking too many questions especially during the early stages of the counselling session.
2. Avoid asking questions out of your own curiosity. The information might not be necessary or might be irrelevant in solving her problems.
3. Do not interrupt the client with comments, questions and judgments which will hinder the clients from disclosing further.
4. Do not interpret too soon because it will create defensiveness.
5. Do not give advice, because you may be giving the wrong advice and the client will likely reject your ideas.
ATTENDING SKILLS

Attending skills is the ability to maintain interest in the topic of conversation. Counsellors need to pay attention to the client and not his/her own self. This interest or attention can be observed by the client from the counsellor’s facial expression, especially eye contact, sitting posture and body language. This skill can be observed by the counsellors’s ability to remain patient and not interrupting or interfering when the client pause during the conversation.

ENCOURAGERS

Encouragers are a variety of verbal and non-verbal means that the counsellor or interviewer uses to prompt clients to continue talking.

- Non verbal encouragers
  - These include actions like nodding head, open-hand gestures, phrases such as “Uh-huh!

- Verbal encouragers
  - “Yes”
  - “I see”
  - “Go on, please”
  - “mm…..mm”

Besides keeping quiet the counsellor may use minimal encouragers like “mm” or “yes” according to whichever the counsellor prefers.

PARAPHRASING

Paraphrasing means repeating all that have been said by the client using the counsellor’s own words and including the client’s key words. Paraphrasing is not parroting.

The purpose of paraphrasing is to prove to the client that the counsellor is following and understands what the client has been talking about and this encourages the client to keep on talking. It also enables the counsellor to check his/her own understanding.
REFLECTION OF FEELINGS

Reflection of feelings simply means restatement of whatever feelings that has been expressed either stated clearly or subtly or non-verbally by the clients.

eg. 'It seems to me that you feel sad because your family always seems to be picking on you'.

CONFRONTATION

Confrontation means challenging the client by offering a new or different perspective on what the client feels, says, does or believes—challenging is difficult and risky, therefore should be done in later stage of counselling when the relationship and trust between counsellor and client is well established. Challenging is done when you observed inconsistencies between:

i. What the client says now and what they have said previously
   E.g. 'previously you said that you hate him but now you are saying you don’t want to lose him, I am not sure what is your stand'.

ii. What they say and what they feel.
    E.g. 'you said you are very happy now, but I see tears in your eyes'.

iii. What they said and how they behave. E.g. 'you sound as though you are very dissappointed and does not need him anymore, but you are not willing to leave him.'

QUESTIONING SKILLS

The way you question and the tone of your voice will influence the client to either talk or remain silent. When starting a session, the counsellor usually throws an open-ended question which is non-threatening for the client. Open ended question requires a long answer and not merely a 'yes' or a 'no' or a single answer. Examples of open ended questions are 'what', 'when', 'how' and 'where'. Questions starting with 'why' is not suitable because it can make the client feel that he is being interrogated. Counsellors should avoid asking too many questions because it may discourage the clients from talking.
Example of good question.
'what shall we discuss today?'
Example of poor question
'was it painful?'

Types of questions

i. Close-ended question
   - Require a 'yes' or 'no' answer
   - Start with 'is' 'are' 'do' 'did'

Functions of close-ended questions
   - To gather information
   - To clarify
   - To focus/change focus

Caution in using close-ended questions
   - The session can become an interrogation
   - The client may be overwhelmed
   - The client become less communicative

ii. Open-ended Questions
   - Cannot be easily answered with a 'yes' or a 'no'
   - Require an explanation
   - Start with 'what' 'could' 'would' 'how'.

Functions of open-ended questions
   - Encourage client to elaborate
   - Allow conversation to move to a certain direction
   - Explore emotions

Caution in using open ended questions
   - Avoid 'why' questions
   - Avoid asking too many questions
   - Avoid asking only one type of question
SUMMARISING

The counsellor should summarise whatever has been said by the client after some time by using his/her own sentences. This is to allow the client to understand him/herself better and also help to understand his/her problem better. Summarising all key points discussed is also important before you terminate each session.

eg. 'so in short......'
    'all this means that......'
    'in summary......'

To be able to practise all the micro skills in an integrated form, effective listening skills is essential.
EXERCISES ON MICRO SKILLS COUNSELLING

Participants are divided into a group of 9-12 persons. Each group will be facilitated by one facilitator who is experienced in counselling. Before the exercise each participant is required to introduce themselves to the others.

Exercise No. 1—Attending Skills

Divide participants into two groups. Ask one group to sit in a circle facing outwards. Ask the others to sit opposite them (see Figure 2.). Initially those in the inner circle becomes the counsellors and those on the outside becomes the clients. Ask the clients to talk about themselves, while the counsellors practice their attending skill. Allow between 3-5 minutes for each session. Ask the clients to give feedbacks to their counsellors about their listening skill. Repeat the same process by changing the roles, the inner circle will play the role of client while the outer circle will play the role of the counsellors (see diagram 2.)

After the first round is completed, ask the participants in the outer circle to move in clockwise direction and sit opposite another partner in the inner circles (see diagram 3). Repeat the exercises in as many rounds as possible by giving them other topics to discuss like:

i. How do you spend your time at home
ii. Your likes and dislikes about yourselves
iii. Person you appreciate most in your life.

Assemble them in a group of 10 (same group as started earlier), and ask for feedback from each participant by asking the following questions:

1. What are the indications that your counsellors were listening
2. What are the indications that your counsellors were not listening
3. How do you rate yourself as a listener
FIGURE 2

SITTING ARRANGEMENTS—EXERCISE 1

Diagram 1—1st Rounds

Diagram 2—Change Role

Diagram 3—2nd Round
Exercice No. 2—Paraphrasing Skills

Participants sit in a circle of 10. Facilitator divide the group into 2 semi circles A & B. Each participant will take turn to give his/her opinions on a certain topic while the participant from the opposite side will paraphrase. Facilitator will demonstrate for the first few exercises before asking the participants to practice paraphrasing.

E.g. of topics for discussion:
- define happiness
- what are your goals in life
- what do you value most in life
- how do you identify yourself

Each participant from both groups A and B should be given the opportunity to speak and to practice paraphrasing alternately.

Exercice No. 3—Reflection of feelings

Ask participants to form a group of three and label themselves A, B, C. Ask them to take a piece of paper and divide into three columns. Explain that each of them will talk uninterrupted for five minutes on a topic ‘One of the most unforgettable experience in my life’ At the end of the five minutes, all three take another five minutes to write down feelings expressed verbally and non verbally. Repeat the exercise until all three have spoken and the three columns have been filled. When this is done, ask them to take turns to note and comments on each person.

Discuss the participant’s feedback in plenary
1. How do you rate your ability to read others’ feelings?
2. What hindered you from doing this?

Exercice No. 4—Confrontation

Divide the group into two halves, counsellors and clients group. Ask the counsellors to leave the room and ask the client to choose one of the scenarios to present to their counsellors.

1. You tell your counsellor that you are very sad but smile and laugh.
2. You tell your counsellor the opposite of what you believe about polygamy, abortions or other controversial issues.
Assemble them in a group of 10, ask each of the client to relate the scenario to the group while the counsellors will be required to respond to the statement. At the end of the session, discuss with the group about the counsellor’s confrontation skills.

Exercise No. 5—Questioning Skills

Divide participants into small groups consisting of three members: a counsellor, a client and an observer. Each counselling session will last about five minutes. The members are then required to shift roles to make sure everybody has experienced three different roles. The counsellor will ask questions about sexual experience while the observer will evaluate the appropriateness the question used and the reaction of the client.

Exercise No. 6—Summarising

In pairs, ask each participant in turn to tell his/her partners within 5 minutes what he/she has learnt so far in this workshop. Assemble in a group of 10, each participant in turn summarise what his/her partner have just said. After completing the summary session, each participant will give a rating on the accuracy of the summary done.
UNIT 3
UNIT 3 - COUNSELLING PROCESS

1. INTRODUCTION

Counselling has several stages. The duration taken to complete each stage varies. In some, a single session is sufficient to reach the final stage of counselling; while in others the counselling stages are still not completed even after conducting several counselling sessions.

As a guide to counsellors, in ensuring that the counselling session is geared towards problem solving of the client, the REDA Model is recommended. This model is suitable for responding to a wide range of health problems.

2. TIME FRAME-2 hours 45 minutes

3. OBJECTIVES

1. To understand the different stages in the counselling process using the Reda model.

2. To put into practice the various stages in the process of counselling.

4. CONTENTS

Counselling model-REDA
- Rapport
- Exploration
- Decision
- Action

5. METHOD AND MATERIAL

- Lecture
- Exercise
- Observation
- Discussion

6. ASSESSMENT-Observation
COUNSELLING PROCESS—REDA MODEL

RAPPORT

For a counsellor to be able to assist a client, time need to be spent establishing a co-operative working relationship so that the client can begin to trust the counsellor enough to share his or her difficulties.

AIM of rapport—to establish a co-operative working relationship

TASKS in building rapport

☐ Welcoming

☐ Introductions

☐ Making a contract (explaining the purpose of the session, confidentiality, and how much time is available)

☐ Helping the client to be relaxed enough to talk.

EXPLORATION

It can be very tempting for counsellors to rush in with solutions to clients' concerns and problems. However, until the counsellor and client really understand the nature of the problem and what the client feels about it, solutions, however well-intended, are likely to be of little use to the client.

AIM of exploration — To assist the client to identify the nature of the problem for which help is being sought. To understand what the problem means to the client

TASKS in exploration

☐ Obtaining as complete a picture of the problem as possible.

☐ Identifying the most pressing aspects of the problem.

☐ Understanding the client’s general situation
DECISION

Having explored the problem and its meaning to the client the counsellor can now offer new perspectives and begin to focus attention towards what, if anything, can be done about the problem.

AIM of decision making — To assist the client to make decisions regarding the options available to them.

TASKS in decision making

- Introduction of different ways of looking at the problem.
- Providing new and relevant information.

ACTION

At this stage, the client and counsellor would have identified a number of possible solutions or strategies. The counsellor will help the client to select the most appropriate goals and devise strategies to achieve these in small steps, encouraging the client to try these out beyond the safety of the counselling relationship. The counsellor at this stage becomes more of a consultant and support the client in dealing with the outside world. Increasingly, the counsellor will be encouraging the client to draw upon his/her own resources and to become more self-sufficient. The relationship will end when either the agreed number of sessions has run out, or ideally when the client no longer needs the assistance of the counsellor.

AIM of action phase — To assist the client to plan a course of action and embark upon it, reviewing when appropriate.

TASKS in action phase

- Identifying an appropriate course of action
- Supporting the client to do this in manageable steps
- Evaluating action taken
- Reviewing goals
FIGURE 3
SUMMARY OF 4 STAGES OF COUNSELLING PROCESS

ENDING

Develop plan of action
Evaluate outcome
Preparation/develop new skill
Provide support

Greetings
Friendly conversation
Self Introduction
Offer your help

Understanding of the actual problems
Develop possibilities
Evaluate possibilities

Encourage clients to talk by being 'with' them
Check your understanding
Show them that you understand their stories and feelings
Ask for clarification
Encourage clients to focus

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EXERCISE 7

Counselling Process Using REDA Model

Participants are divided into smaller groups of 9-12 persons. Each group will be assisted by a facilitator who is experienced in counselling.

Next, ask the participants to form small groups of 3 persons. Each participant will in turn practise the role of a counsellor, client and an observer. The counsellor is required to follow the steps in the REDA Model during the counselling session. The counsellor is required to relate one of his/her real life day to day problems he/she face. The observer will use observation sheet provided in the next page to evaluate the counsellor's performance. Each counselling session should take about 15-20 minutes. After completing the three rounds discussions on the feedback will be done in the main group. Each participant will be allowed to give his/her feedback as an observer, counsellor and client.

The facilitator will brief the participants on the skills used during the exercise, and relate to the principles of counselling, quality of a good counsellor and difficulties faced by the counsellors.
Observation Sheet No. 1

Integrated Counselling Skills
Date: ..............................................

Name of counsellor: ..........................................................

Name of observer: ..........................................................

A. Attending Skill

Write comments where necessary.

Points to observe are:

1. Eye contact: Facilitative? Staring? Avoiding?


4. Verbal tracking and attention. Staying on topic? Yes? No?

B. Encourager/Restatement

1. Non-verbal? E.g. ..............................................

2. Verbal? E.g. ..............................................
UNIT 4
UNIT 4 - SPECIFIC ISSUES IN COUNSELLING THE ADOLESCENTS

1. INTRODUCTION

The changing behaviour patterns of the adolescents have been identified as the leading factor to health problems amongst them. These behaviour patterns are generally under the voluntary control of individuals, although there are many pressures which influence those behaviours. It is within the potential capacity of most adolescents to make decisions and take actions to protect their health. Most young people are fully aware of the prevailing moral and cultural norms in their societies; they generally know what adults want them to do. But they are often overcomen by other influences and personal needs. Counselling which contributes to their overall development will help them to clarify their feelings and thinking, and make more advantageous decisions. In many societies, however, ‘counselling’ is highly directive, i.e the counsellor tells the adolescent what to do. This form of counselling does not facilitate development nor strengthen the adolescent’s capacity to deal with other problems which may arise in the future. It may even be counterproductive if the adolescent feels rebuked or treated like a child. A style of counselling which is non-directive, i.e. helps young people make their own decision, is of greater value to them in the long run.

This unit gives examples of real-life situations related by various counsellors to be used by the learners to practise upon.

2. TIME FRAME—2 hours 45 minutes

3. OBJECTIVE

At the end of this unit you will be able:

- To practise all the micro skills in counselling using the scenarios given in this unit.

- To identify your strengths and weaknesses when conducting the counselling session based on the participants’ and the facilitators’ observations.
4. CONTENT

☐ Understanding the adolescent

☐ Counselling of adolescent with problem
  — Simple pimple (Acne vulgaris)
  — A sister’s helping hand (teenage pregnancy)
  — Stuck with a bad reputation (self-image)

☐ Counselling of parents of adolescent
  — Case of Abirami (adolescent with problems)
  — Love Knot (adolescent with special needs)

5. METHOD AND MATERIALS

☐ Role play

6. ASSESSMENT—Self—Observation
QUIZ NO. 2
UNDERSTANDING THE ADOLESCENT

Before we proceed to our role-play on specific problems of the adolescent, it is essential that we evaluate our values and attitudes towards the adolescent. Attempt these 10 short statement by rating yourself as sincerely as possible. Discuss them with the facilitators.

Rating is as below

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Statement

1. In general, majority of the adolescents have negative attitude and are therefore unable to handle their problems on their own

2. An adolescent should be concentrating on studies rather than spend time dreaming about their sexual fantasies

3. Adolescence is a stage of emotional turmoil therefore adolescents are unable to think rationally and need constant adult supervision

4. Adolescents should be discouraged to groom themselves with the intention of attracting the opposite sex

5. Adolescents who get involved in unfavourable social activities should be punished and deserve it.

6. Adolescents should not be encouraged to come alone to the clinic without their parents accompanying them

7. It is my duty as a counsellor to influence an adolescent to change from the negative to the positive attitude

8. Adolescents by nature are rebellious and therefore their parents should exert their control to avoid them from getting into trouble

9. As a counsellor I should try to influence good cultural and religious values to my adolescent clients

10. Positive behaviours should be inculcated since young therefore it is too late to change behaviour once they have reached adolescence stage

The higher your score, the better chances that you will become a good counsellor.
Counselling The Adolescent With Specific Problem

Preparatory Phase

Assign the big group into smaller sub-groups of around 8-10 participants each. Pick 2 participants from each subgroup and assign them roles based on the scenario games. One will be an ‘adolescent’ and the other the counsellor. You must give the specific scripts to the ‘adolescent’ a day before the actual role-play for him/her to emphasize their roles. The counsellor need not know of the adolescent role until the actual role play.

Actual role play

Let the subgroups sit in a circle. Both the adolescent and the counsellor will be seated in the middle of the circle. See diagram below.

![Diagram]

Key
- Observers
- Counsellor
- Adolescent
- Facilitator

Give out observation sheets to all observers and tell them how to fill up the sheet. The facilitator will move around keeping at a distance from the group. Allow the session the continue for 30-45 minutes before discussing about the session with the other observers giving their inputs.
**SCENERIO 1**

**A SISTER’S HELPING HAND**

You are Tania, a 15-year-old schoolgirl living with an extended family. You are the 5th in the family of 8 siblings. You have an elder sister, Linda, married and pregnant, living together. Linda is beautiful and her husband Sham is equally good looking. You envy your sister and wish that you were in her place instead.

One day, when Linda gave birth to a baby boy, you see this as an opportunity to take over the role of your sister, while she is in confinement. Each day you get more attracted to Sham and the relationship became more intimate.

Lately you have been feeling very sick, missed your periods and your abdomen seem to be bulging. You became worried and then told your mother about your complain-enlarging abdomen (‘bengkak dalam perut’). You were brought to see the doctor.

**SCENERIO 2**

**SIMPLE PIMPLE**

You are Ayuni, a 13-year-old girl. You have just attained menarche. You realised that pimples have started to appear on your face. You are shy to mix around with your friends. In the mean time, you have been spending your pocket-money to buy all sorts of remedies advertised on TV or those recommended by friends. These include cleansers, facial creams and ‘jamu’ in the hope that these could cure you and give you the clear skin of your dream. However, these not only does not improve your condition they even worsens it. The pimples got infected and this made you more worried and upset. You hated yourself because of it felt embarrassed and you are conscious of your face especially when the opposite sex stare at you.

Finally you decided that you need the doctors’ help and went to see a doctor at your local clinic.
SCENERIO 3

‘LOVE KNOT’

You are Mr. Zack aged 50 years and working as a teacher. Your wife Zara owns a food stall. You have 7 children and your youngest son, Zill aged 14 years is mentally retarded since birth. Even since he was born, both you and your wife had sought help from various sources, both traditional and modern to cure him but to no avail.

Both of you have to work extra hard to earn more money for the family. You do not have a helper or any neighbours who are willing to care for Zill while both of you are away at work. Both of you love Zill very much and feel sorry for him and worry about his future. Your neighbours however were weary of Zill who has habit of wandering around if left unattended. Neighbours usually become annoyed and passed negative remarks about him. This makes both of you feel very guilty. This leaves you no choice but to restrain him by chaining him at home while both of you are at work. This action of yours has reached the attention of the Public Health Nurse, during one of her home visits to the neighbourhood. You and Zara, have been asked to see the Nurse at the Health Clinic.

SCENERIO 4

‘THE CASE OF ABIRAMI’

You are Mrs Shana a 42 years old mother with 2 teenage daughters. Your first child Anela is doing well in college. She is very obedient, intelligent and you never have any problems with her.

Your second daughter Abirami however is completely the opposite. She always seems to do things that you dislike. Abi is rebellious, rude, stubborn and plain lazy. She piles up her soiled clothes and simply refuses household chores She refuse to talk to you but spend hours talking to friends over the phone. She also stays out late at night and ignores your instruction to be home early. You do not seem to find anything good in her and you have given up hope of advising her. You often regret giving birth to her and often tell her to be more like her sister Anela.

One day, you went to the clinic for a pap smear screening. Coincidentally you related this story to the Public Health Nurse.
SCENERIO 5

STUCK WITH A BAD REPUTATION

You are Fiona, a 17 year-old girl. Lately you have a problem that bothers you tremendously. You used to be a very shy girl who never mixed with boys. Last year your friends and you befriended some guys and that was when the problem started. The guys were of your age. One of them, Vivian is the boyfriend of your friend Paula.

Vivian and you were very close. Both of you share a lot of secrets and you even lent him money because he was always getting into trouble. But you never loved him or flirted with him. Everyone started spreading rumours that you were V’s girlfriend. This was because before P became V’s girlfriend, she told him that you loved him. You just admired him for his good looks, nothing more. You actually realise that Vivian has a very bad attitude.

You had fights with V. after which he told the whole school that you were a bad girl with a ‘loud mouth’. Actually you have never had a boyfriend or flirted with any boys. But now you have a very bad reputation among the students.

It is your nature to be friendly and to compliment people. But the boys took you for granted and mistook your friendship for something else. All these is really hurting you very much.

Things took a turn for the worse after P broke off with V. When you called V, he refused to talk to you. To add insult to injury, he even called you a ‘bohsia’. You came to know about it from a friend!

You cry whenever you think about it. You just can’t stand it whenever your friends or the boys talk bad about you behind your back. Your only fault was to mix with the boys and being close to them, nothing more.

You can’t study and your SPM is just around the corner.
SCENERIO 6

PERMANENT SCAR

You are Lewis an 18 year-old boy. When you were in Form 3 you were involved in a motorcycle accident. Following that you were hospitalised for 3 months. On recovery, you had to walk with a limp. After completing school, you managed to get a job in a factory and had no problems at work. You have tried in a number of occasions to build relationships with the opposite sex but failed.

Because of the number of rejections you faced you think that you have no future in building relationship and had attributed the failures to your handicap. You kept this secret to yourself and had not talked about it with anybody. Lately you have been having sleepless nights and frequent episodes of headaches. You also loose interest to mix around with your friends and avoid social outings. You then seek treatment from a nearby clinic.
TIPS TO BECOME A GOOD COUNSELLOR

Be A Guide, Not A Leader

Your role is to guide others to decisions that will be best for them. You don’t make the decision, they do. Although two heads are often better than one, your head should play a minor role.

Be Someone Who Helps Another Resolve A Problem

A problem burdens the other party, not you. When you help a person solve that problem, you lighten the burden they carry. It is a win-win situation. They feel better, and you feel rewarded about the role you played in the process.

Promote Self-Esteem

You may need to instill some self-confidence and build self-esteem in the other party before they can sort out and solve their problems. When you listen respectfully and say the right things at the right time, you make others more capable. Sometimes this is the key for a good solution.

Be A Person Who Takes The Initiative

Intervention counselling is difficult. When another party seeks you out for advice, everything is in your favor. The ‘climate’ is usually positive. However, when you must intervene because a person’s problem is causing distress (or lower productivity) among others, you have a more difficult challenge. When you are successful with intervention counselling everyone comes out ahead.

Foster Independence, Not Dependence

Counselling assumes a different dimension when you attempt to help a party you supervise or live with. In such cases it is a good idea to keep the Mutual Reward Theory in mind. The idea is to make sure you and the other party receive rewards from each other and that the reward system is understood. Identifying such rewards during a counselling session can be productive. Once identified—and the rewards are earned—a relationship is strengthened and further counselling may not be necessary.
WORKSHOP EVALUATION

Please answer the question below frankly and fully. There is no need to put your name on the form unless you particularly wish to. Your candid responses will help us to improve future workshops. Thank you.

1. WHAT DID YOU LIKE MOST ABOUT THE WORKSHOP?

2. WHAT DID YOU LIKE LEAST ABOUT THE WORKSHOP?

3. TO WHAT EXTENT WERE THE OBJECTIVES OF THE WORKSHOP MET?

4. WHAT HAVE YOU GAINED THAT YOU WILL BE ABLE TO USE IN:
   A. COUNSELLING?

   B. THE TRAINING OF OTHERS?

5. ANY OTHER COMMENTS
INFORGIVABLE MISTAKES

Acting like a psychologist or clinical counsellor when you are not. The individual might expect therapy, which you are not qualified to deliver.

Prying into the personal life of the individual you are attempting to help. It might destroy the counselling relationship.

Using a counselling relationship to your own advantage. This violates your primary role as a "helper".

Failure to keep information obtained from a counselling relationship confidential. Otherwise you will be labeled as a person who cannot be trusted.

Making decisions for those being counselled. They won't learn how to make quality decisions. Also if things won't work out, they can blame you.

Overtalking and underlistening. You may never learn the real problem.

YOU NEED NOT HAVE FORMAL TRAINING TO USE THESE COUNSELLING SKILLS DON'T CONFUSE YOUR ROLE HOWEVER WITH PROFESSIONAL CLINICAL COUNSELLORS SOME PROBLEMS CAN ONLY BE HANDLED BY EXPERTS
REFERENCES


