

Counselling skills.

For (health)professionals working with the sex worker community

Trainers Manual



This training manual is part of a serie



Outreach



Counselling



Leadership Skills



Material Development



Financial Skills

 **Aids Fonds**

Introduction

How to use this manual



Outreach



Counselling



Leadership Skills



Material Development



Financial Skills

Aids Fonds wishes you an inspiring and joyful training.

This Training Manual supports trainers to adequately facilitate the three day training course Counselling skills for (health) professionals working with the sexworker community.

Training programme

This counselling skills training is based on the theory of Motivational Interviewing. This is a directive goal-oriented, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. Motivation to change is elicited from the client, and not imposed. This counselling style recognizes and accepts the fact that clients are not always ready to make changes.

It is essential to build trust between professionals and sex workers receiving services. This may be done, in part, by offering acceptable services: professionals should be discreet, non-judgemental, and non-stigmatizing and trained to address the special needs of sex workers. In this 3 day training, participants will work on a non-judgmental and non-confrontational attitude towards sex worker issues and behaviour change. They will learn to understand and appreciate their clients frame of reference; particularly via reflective listening, expressing acceptance and affirmation. During the training participants will work on eliciting and selectively reinforcing the client's own concern, intention and ability to change. By affirming the client's freedom of choice and self-direction, professionals will contribute to the process of empowerment.

Potential participants for this training are outreach workers, nurses, health assistants, medical doctors, as well as sex workers and peer educators. The term counsellor in this manual refers to all (health) professionals and sex workers who work with the sex worker community on counselling and behaviour change. Although this course has not been specifically designed for paralegals, they can also benefit from the skills and knowledge offered in this training.

Materials needed

It is recommended to prepare a document for the participants containing the learning objectives and the hand-outs. In case participants do not read English, it is advisable to translate the hand-outs in the appropriate language beforehand. Some hand-outs can be translated on the spot by the trainer or an interpreter.

Development of the training manual

This manual is developed by Sex work Programme and Aids Fonds. The training is designed in collaboration with international sex work organisations and is pre-tested and evaluated by (health) professionals. The publication Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions* is used in developing this trainers manual.

Users of this training manual can follow the progress of the training in the timeline on top of the page. Each exercise is accompanied by a section called 'notes for the trainer' that provides additional information.

This manual is one of five training manuals that have been developed in collaboration with the international sex work community. The other manuals deal with counselling, leadership skills, financial skills and IEC material development.

* World Health Organisation, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, World Health Organisation, 2013.
www.who.int/hiv/pub/sti/en/

DAY 1

DAY 1

Output

Introduction to the training

- ✓ Learning expectation
- ✓ Rules
- ✓ Participants tasks

Ambivalence

- ✓ Definition of ambivalence

Autonomy in counselling

- ✓ Definition of autonomy
- ✓ Tips for the doctor

DAY 1

Introduction to the training

Time

09:00 AM - 10:30 AM

Method

Group work
Plenary discussion

Break

10:30 AM - 10:45 AM

Ambivalence

10:45 AM - 12:15 PM

- Brainstorm on change
- Ambivalence role-play

Plenary introduction
Role-play by trainers

Lunch

12:15 PM - 01:15 PM

Autonomy in counselling

01:15 PM - 04:00 PM

- Role of autonomy
- Showing respect for clients autonomy

Plenary introduction
Video
Group work

Closing

04:00 PM - 04:15 PM

DAY 2

DAY 2

Output

Clients' needs

- ✓ Three types of clients

Counselling – The four techniques

- ✓ Open-ended questions
- ✓ Affirmations
- ✓ Reflections
- ✓ Summaries

DAY 2

Recap

Time

09:00 AM - 09:15 AM

Method

Three types of clients

09:15 AM - 10:30 AM

Cycle of change

10:30 AM - 11:00 AM

Group work

Break

11:00 AM - 11:15 AM

Counselling the four techniques

11:15 AM - 12:15 PM

- Open-ended questions
- Affirmations

Plenary introduction
Group work

Lunch

12:15 PM - 01:15 PM

Counselling the four techniques

01:15 PM - 03:00 PM

- Reflections
- Summaries

Plenary introduction
Group work

Break

03:00 PM - 03:15 PM

The four techniques combined

03:15 PM - 04:00 PM

Closing

04:00 PM - 04:15 PM

DAY 3

DAY 3

Output

Information & advice

- ✓ EPE Model

Action plan

Evaluation

- ✓ Personal action plan

DAY 3

Recap

Time

09:00 AM - 09:15 AM

Method

Knowledge is within the client

09:15 AM - 10:00 AM

- Reflex to help
- Resistance

Group work
Videos

Information & advice

10:00 AM - 12:00 PM

- Role-play advice giving
- Practice EPE model
- Explore (non) motivational approaches

Plenary introduction
Group work
Videos

Lunch

12:15 PM - 01:15 PM

Action plan

01:15 PM - 02:30 PM

Break

02:30 PM - 02:45 PM

Personal action plan

02:45 PM - 03:30 PM

- Introduction
- Fill in personal action plan
- Discussion

Plenary introduction
Group work

Evaluation

03:30 PM - 04:15 PM

- Fill out form
- Group discussion

Plenary introduction
Group work

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Day 1.

1. Introduction to the training

This chapter provides exercises to lay a solid basis for effective collaboration during the training and to have a thorough understanding of the training programme. The participants will also reflect on behaviour change.


Indicated time:

- 30 minutes


Objective:

- Trainers and participants get to know each other


Output:

- List of learning expectations for the training


Materials:

- A4 white paper
- Markers
- Tape


Method:

- Group work
- Introduction exercises

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Annex 1

1.1 Getting to know each other

Exercise

The trainers welcome the participants and introduce themselves. The participants get to know each other by doing one or more of the introduction exercises (see annex).


Indicated time:

- 20 minutes


Objective:

- Participants agree on roles and responsibilities during the training


Output:

- List of rules to be followed during the training
- List of participants and their specific tasks during the training


Materials:

- Flip chart sheets
- Markers


Method:

- Group discussion

1.2 Agreeing on basic training rules

Exercises

Setting the training rules

A safe and positive learning space is crucial for a successful training. The trainer explains the importance of a joint set of agreements, emphasizing the participants' rights and responsibilities throughout the training. Ask each participant to mention essential training rules on confidentiality, being on time, telephone use, praying and so on. Ask if all participants agree and discuss with the group what to do when agreements are broken. Rules can be added at the end of the day, also anonymously on sticky notes. Write the input from the group on a flip chart sheet and put it on the wall, visible in the room.

Dividing roles and responsibilities

During the training, some participants get specific responsibilities that will benefit the group process. Invite participants to take the following roles:

- Time keeper;
- Person responsible for the energizer;
- Someone responsible for recap and summary;
- Participant who can speak on behalf of the group.

Assign the roles and write them down on the flip chart, visible for everyone in the room. Rotate the roles each training day.

**Indicated time:**

- 30 minutes

**Objective:**

- Participants are able to reflect on pros and cons of changing habits and behaviours
- Participants can indicate factors that prevent and encourage people to change behaviour

**Materials:**

- Hand-out 1

**Method:**

- Group work

Page

17

Hand-out 1

1.3 What is change?

Exercises

Reflecting on changing behaviour

The trainer distributes different quotes on change (hand-out 1). Each participant picks one favourite. Ask participants to discuss in pairs why these quotes appeal to them. After that, all favourite quotes are plenary discussed and summarized.

Folding arms

Ask the participants to fold one arm over the other arm. Then ask the participants to do the same, but starting with the other arm. The participants discuss their experiences: is it easy to fold your arms in a different way, does it feel comfortable and is anyone willing to fold her or his arms the other way from now on? The trainer explains that, in this case, people have difficulties changing a habit and are not always willing or enthusiastic to maintain this behaviour.

Writing with the 'wrong' hand

The trainer asks participants to write their full name with the wrong hand: right-handers with their left and vice versa. Then jointly discuss experiences: who will continue to write this way, what might be reasons to write with the other hand, does this mean you will always write with the 'wrong' hand?

After that, demand that participants write with their other hand from now on. Wait for the reactions to come and repeat your demand. Ask participants for how long they will follow your demand. Perhaps until you are out of sight? Ask participants if it is true that changing a habit feels weird. Also ask them if people generally are willing to change a habit, even if another person or an authority forces them.

Closing

Ask the group if they would like to go on a journey together during the three day-training to learn and reflect on supporting clients to make their own choices that might instigate change.

2. Ambivalence – The necessary state for change

This chapter offers exercises to recognise ambivalence and its role in the process of behaviour change.



Indicated time:

- 30 minutes



Objective:

- Participants recognise ambivalence during a counselling session
- Participants can demonstrate the process of exploring ambivalence during a counselling session
- Participants are able to explain the role of ambivalence in the process of behaviour change
- Participants are able to demonstrate engagement while exploring ambivalence



Output:

- Definition of ambivalence



Materials:

- Picture of crossroads
- YouTube video 'Stop it'



Method:

- Group brainstorm
- Role-playing
- Watching a film
- Discussion

2.1 Ambivalence: Shall I or shall I not?

Exercise

Brainstorm on change

Show a picture of a crossroads to the group. The participants discuss in the group: what does this picture tell them in relation to behaviour change? Invite participants to express their ideas. Make sure to ask open-ended questions. Then reflect on the participants' suggestions and summarise.



You can help the group along by asking: What does the picture represent? There are many possible answers, like choosing between two directions, having mixed feelings, being in two minds, wanting or not wanting something at the same time.

Then explore the ideas that participants have on ambivalence. Questions to help the group discussion are: is it doubt, a sign of weakness or lack of will power. Or is it an opportunity, a stage in behaviour change and a possibility to explore options and chances? Is one road better than the other, and who decides? Is it possible to change direction if you already took a turn? Who decides to turn left or right? And what is needed to choose between left or right?

Notes for the trainer**Ambivalence**

Ambivalence refers to experiencing conflicting reactions and feelings about a decision or a potential change in behaviour. Like simultaneously wanting and not wanting something or wishing two incompatible things at the same time. It is a natural state that we all pass through when we decide to take action to change behaviour in some way.

Many people can easily decide to change after briefly considering both sides of ambivalence. But some people, perhaps the clients you interact with, get stuck in the ambivalent state. Equal forces are at play to both encourage and discourage change. Ambivalence produces anxiety, whereas we all try to avoid anxiety and the discomfort it produces.

Handling ambivalence

1. Try to hold your client in the ambivalent state long enough to explore both sides thoroughly until your client begins to tip the balance towards healthy behaviour change.
2. You should not argue for change with an ambivalent client. People resist persuasion and believe what they tell themselves. If you argue for change your client, resisting your arguments, may argue for the status quo. He or she may become less motivated to change and more entrenched in continuing old, unhealthy behaviours.
3. Accept ambivalence, although it causes anxiety, it is a normal step towards change.

Exercise**Ambivalence role-play**

The trainers perform the following role-play in front of the group. A sex worker comes in for consultation and tells the counsellor she finds it difficult to use a condom with all the clients. The counsellor asks permission to talk to her about this subject and invites the sex worker to talk. The conversation might be as follows (ambivalent arguments are numbered):

- Counsellor: 'Can you tell me what it is you find difficult in using a condom?'
 Sex worker: 'Sometimes the client does not want to use one (1) or he pays more money to have sex without a condom (2).'
- Counsellor: 'Can you think of more situations that make it difficult for you?'
 Sex worker: 'Yes, when I have no money I can't buy condoms (3); these are days I don't care at all, about nothing (4).'
- Counsellor: 'You told me that there are times that you do use a condom. Can you tell me a bit more about that?'
 Sex worker: 'Yes, when I have them in my purse, I'm more determined to use them (1). Sometimes a client insists I use one (2).'
- Counsellor: 'What do you see as an advantage of using a condom with clients?'
 Sex worker: 'I don't have to worry about getting sick (3) and I don't need to come here for a test (4). I feel clean and in control when I use one (5).'

Counsellor ends conversation, in harsh and determined voice, saying 'So it seems clear what you have to do then: Use a condom next time because you will not get sick and you don't have to come back here again.'

Discuss in the group what has happened in this role-play. Did participants recognise the ambivalence? What did the sex worker tell the counsellor? What was the role of the counsellor? How did the role-play end? Do participants recognise the way of advice giving? How did that feel for them? Could there also be a different approach?

Exploring ambivalence

The participants work in groups of three: a counsellor, a client and an observer. They explore ambivalence regarding a self-chosen topic (work or private). The counsellor and client perform a role-play. The counsellor invites the client to speak about her or his concerns, listening carefully. During the conversation, the counsellor asks questions about the advantages and disadvantages of current behaviour and the advantages of new behaviour, while following on what the client says. She or he pays attention to the client's ambivalence and encourages the client to open up. The observer takes notes and marks how counsellor and client are exploring ambivalence. After the role-play, the group discusses the exercise. The counsellors, clients and observers have a chance to express their experiences.

Discussing 'Stop it' video

Show the video 'Stop It' by Bob Newheart (which can be found on the USB stick), and discuss it in the group. What happened here? How did the psychiatrist react to the challenges of his client? Is there room for the client to discuss ambivalent feelings? What kind of advice did the psychiatrist give? What was the effect?

3. Autonomy in counselling

The exercises in this chapter focus on showing respect for the client's autonomy during counselling.



Indicated time:

- 60 minutes



Objective:

- Participants are able to explain the role of the client's autonomy during counselling
- Participants are able to explain how autonomy and collaborating with clients during counselling enhances engaging with clients
- Participants are able to come up with suggestions regarding the strengthening of the client's autonomy and collaboration during counselling



Output:

- Definition of autonomy



Materials:

- Video 'The doctor' (part I)
- Paper
- Pen
- Sticky notes



Method:

- Group brainstorm
- Role-playing
- Watching a video
- Discussion

3.1 The role of autonomy in counselling

Exercises

Defining autonomy

The participants have a group brainstorm on the meaning of autonomy. They might come up with concepts like independence, freedom in will or action, self-determination, independence in one's thoughts or actions and freedom from external control or influence.

Notes for the trainer

Change and autonomy

The true power of change rests within the client. Ultimately, it is up to him or her to persevere and make changes happen. This process can be empowering, but also gives the client responsibility for her or his own actions.

There is not just one path to change and change can occur in multiple ways. Counsellors can encourage clients to investigate the different ways to achieve the desired change by offering empathy, affirmation and autonomy support. By respecting a sex worker's autonomy you explicitly support her or his right to make decisions and choices about life.

Discussing 'The doctor' video

The participants watch part I of the video 'The doctor' (which can be found on the USB stick). The trainer asks them to pay attention to the following questions:

- In what way is the patient's autonomy respected and disrespected?
- Is this patient willing to change his habits (smoking, drinking and eating)?
- Who is responsible for this change?
- What is the doctor's role in this?
- Is it the right person providing arguments for change?

The group discusses the questions after watching the film.

**Indicated time:**

- 60 minutes

**Objective:**

- Participants show respect for the client's autonomy during a counselling session
- Participants are able to collaborate with a client during a counselling session

**Output:**

- List of tips for the doctor

**Materials:**

- Video 'The doctor' (part II)
- Paper
- Pen
- Sticky notes

**Method:**

- Group brainstorm
- Role-playing
- Watching a video
- Discussion

3.2 Showing respect for a client's autonomy during counselling

Exercises

Tips for the doctor

After watching part I of video, ask participants to come up with tips for the doctor. What advice would they give the doctor? In what way could the doctor respect the patient's autonomy and work towards behaviour change (stop smoking). The participants work in groups. Each group presents its three most mentioned tips. The trainer clusters these on a flip chart sheet. Afterwards participants watch part II of the video. In this part, the doctor respects the patient's autonomy. Ask the participants to look for tips that are not on the flip chart sheet. Can we add tips?

Explore the ambivalence matrix

The trainer explains to the group that the doctor in the video part I emphasises the negative effects of the patient's (old) behaviour: smoking is bad for your health. The trainer explains the ambivalence matrix. Discuss in the group how the doctor, in the second part of the movie, emphasised the positive effect of the new behaviour of his patient.

Ambivalence matrix

	+	-
Old behaviour		x
New behaviour	*	

Together with the client the counsellor can explore ambivalence by looking at positive and negative effects of new and old behaviour. This puts the client in the necessary state for behaviour change. The counsellor puts emphasise on the positive effects of the new, desired behaviour.

3.3 Closing the day

At the end of the first training day, the trainer discusses the following questions with the group:

- What are the most important lessons learnt during this day?
- Have we all collaborated effectively?
- What about logistics? Did we adhere to the training rules? Did we have enough breaks?

The trainer informs the participants about the programme of the second training day.

Hand-outs Day 1.

Annex 1

Introduction exercises

Meeting your neighbour

Each participant shakes hands with her or his neighbour and tells why she or he participates in this training. Then the participant does the same with the other neighbour. All participants walk around the room and at a signal from the trainer shake hands with their neighbour.

Joining your team

Write different categories (for example four age groups, years with the organisation, outreach activities, colours) on four separate A4-sized pages. Put up the sheets in four corners of the room. The trainer poses questions or statements and asks the participants to go and stand in the corner of the most applicable category. This exercise gives good insight in the group composition and makes participants feel more at ease in the training room.

Creating a self-portrait

Ask participants to draw a self-portrait on a piece of paper. They can choose any style they like (realistic, cartoon, abstract). Ask them to write their name on the portrait. Now ask participants to write down three stepping stones (important events) that led them to this training. When everyone is finished, ask the participants to show their self-portraits and to present themselves through the drawing, including a short explanation of their stepping stones.

Hand-out 1

Quotes

“THE HABITS THAT TOOK
YEARS TO BUILD, DO NOT
TAKE A DAY TO CHANGE”

-SUSAN POWTER

IF YOU WANT TO
CHANGE
YOU HAVE TO BE
WILLING
TO BE
UNCOMFORTABLE

A CHANGE IN BEHAVIOR
BEGINS WITH
A CHANGE IN THE HEART.

“A mind that is stretched
by a new experience
can never go back to its
old dimensions.”

— Oliver Wendell Holmes, Jr.

Change your
thinking, change
your life.

Feather Stone

meetville.com

“THE SECRET OF
CHANGE IS TO FOCUS
ALL OF YOUR ENERGY,
NOT ON FIGHTING THE
OLD, BUT ON BUILDING
THE NEW.”

— SOCRATES

If it doesn't
CHALLENGE you
it doesn't
CHANGE you

Living3.com

People change,
but only if you
give them room to
do it.

Jodi Picoult

meetville.com

Day 2.

4. Clients' needs

During the second training day, participants look at the different types of clients they might meet.

4.1 Starting of the day

Recap of day 1

Participants who are responsible for recap present the lessons learnt during the first training day. Is there anything to add that came to the participants overnight?

Where would you go?

The trainer asks the participants to write down three characteristics of a person they would turn to when they face a challenge. Make an inventory on a flip chart paper. Connect the answers of the group to the topics of the first training day: ambivalence, autonomy, and 'tips for the doctor' (see 3.2).



Indicated time:

- 60 minutes



Objective:

- Participants are able to recognise clients that fit the three categories
- Participants can explain in general how to perform counselling with clients of the three categories
- Participants can explain that clients can move from one category to another. They know how they can encourage this process
- Participants can explain the importance of collaborating with clients in order to know their needs



Output:

- Three types of clients



Materials:

- Flip chart
- Hand-out 2



Method:

- Discussion

Page **30** →
Hand-out 2

4.2 Three types of clients

Exercises

Recognising three types of clients and their needs

Work in pairs. Ask the participants to take in mind a recent working day and to share an experience with the most difficult sex worker (in the light of behaviour change) whom she or he met that day. After five minutes the participants switch roles. Repeat the exercise but now the participant discusses the most easy sex worker whom she or he encountered. The participants characterise the clients: what type of client was she or he?

The trainer collects the input from the group and clusters the info on a sheet according to the 'three types of sex worker':

1. Sex worker who has no intention to change,
2. Sex worker who is in doubt, and
3. Sex worker who is determined to change.

Discuss with the group the best way to deal with the different types of clients. What lessons from yesterday can be incorporated (ambivalence, autonomy)? The trainer explains the following interventions:

1. Engagement
2. Exploring/enlarging ambivalence
3. Plan of action

The trainer explains that a client can move from one type to the other.

Type of sex worker	Type of intervention
1. Sex worker who has no intention to change	Engagement
2. Sex worker who is in doubt	Exploring/enlarging ambivalence
3. Sex worker who is determined to change	Action plan

Practicing the 'cycle of change' theory

The trainer explains the 'cycle of change' theory (hand-out 2).

The trainer explains that a client can move from one type to the other. Distribute hand-out 2, the 'Cycle of change'. You can use this cycle to explore the different stages in behaviour change. In a role-play, participants practice the different reactions to the different types of interventions.

5. Counselling – The four techniques

Specific techniques can help you to motivate clients towards behaviour change during counselling. In this chapter, the group explores four techniques, shortly referred to as OARS:

O: Open-ended questions

A: Affirmations

R: Reflections

S: Summaries



Indicated time:

- 30 minutes



Objective:

- Participants are able to distinguish open-ended questions from closed-ended questions
- Participants are able to explain what the purposes are of asking open-ended questions
- Participants are able to ask open-ended questions



Materials:

- Flip chart sheets



Method:

- Role-playing
- Group discussion

5.1 Open-ended questions

Exercises

Asking open-ended questions

Notes for the trainer

Open-ended questions

Invite clients to talk about what is on their mind and help counsellors to get information on a topic. Examples of open-ended questions are: what do you know about the risk of unsafe sex, what is your experience with taking HIV medication? Open-ended questions can start with:

How...

What...

Where...

Which...

Why...

Closed-ended questions-, which can only be answered with a yes or no response-, can be necessary to get fact data from a client. It is not erroneous to ask closed-ended questions, but there should be a balance between open-ended and closed-ended questions.

The trainer explains the difference between open-ended questions and closed-ended questions. The trainer tells a short story about yesterday's training and walks around the room. Every participant can ask an open-ended question. The other participants and other trainer give suggestions to improve the open-ended questions if needed.

Who am I?

The trainer asks one participant to write the name of a famous person (for example Nelson Mandela) on a piece of paper, not visible to other participants. Invite the group to find out this famous person by asking the participant closed-ended questions. The trainer counts the number of questions asked. Subsequently repeat the exercise, choosing another well-known personality. This time the group can only use open-ended questions. Again, the trainer counts the number of questions asked. Discuss the difference in the number of questions asked to discover the names.

**Indicated time:**

- 30 minutes

**Objective:**

- Participants are able to explain the purposes of using affirmations during counselling
- Participants are able to demonstrate making affirmations during a counselling session

**Materials:**

- Flip chart

**Method:**

- Group work

5.2 Affirmations

Exercise

Using an affirmation

Notes for the trainer

Affirmations

Affirmations are positive statements that a counsellor makes to confirm the client's strength, accomplishment and behaviour. In the process of behaviour change, it is important that clients receive affirmations. Counsellors can use affirmations in the beginning of the consultation to show respect: 'thank you for coming today' or 'you seem like a person who cares a lot about her/his health'.

Explain the affirmations technique and why it is useful during counselling. Then ask the group to identify strengths that sex workers show in daily or professional life. A possible strength is that the client keeps a good mood even in difficult times. Write the strengths on a flip chart sheet. Gather at least twenty strengths, making sure they are positively stated. Divide the group into four groups and assign a set of five strengths to each group.

Then ask the groups to practice with affirmations:

- Identify an open-ended question to elicit each strength
- Identify an affirmation you might offer in response to this strength.

A possible open-ended question for the above example might be: how do you deal with difficulties? The affirmation: 'You confront difficulties by keeping a good mood.'

**Indicated time:**

- 30 minutes

**Objective:**

- Participants are able to distinguish reflection from a question
- Participants are able to explain what reflection is about, and why and when to use it during counselling
- Participants are able to demonstrate reflections during a counselling session

**Materials:**

- PowerPoint illustration of iceberg/termite hill
- Hand-out 3
- Ball

**Method:**

- Group work

5.3 Reflections

Exercise

Using reflections

The trainer explains the reflection technique and its purposes during counselling. Show participants the illustration of the iceberg/termite hill and explain that reflections are aimed at the norms and values people have, rather than at their skills. Values and norms are hidden, like half of the termite hill that is under ground or half of the iceberg that is under water. Present the Reflection model (see below) to visualise what a reflection is about.

Notes for the trainer

Reflections

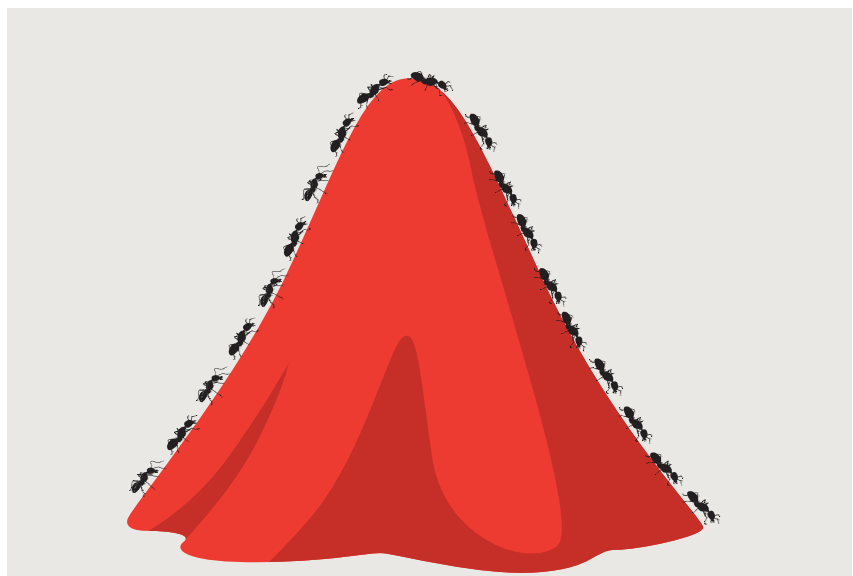
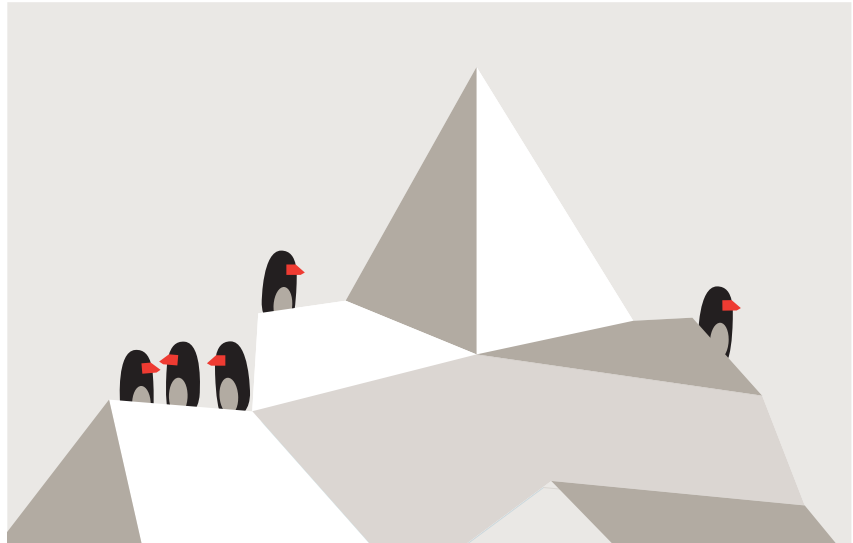
- Reflections are statements that mirror, give back, repeat and rephrase what you hear the client saying. Reflections are hypotheses and guesses about what is going on in the client's mind. The counsellor reflects what she or he thinks the client is feeling.
- Good reflections are delivered with confidence. The intonation in the counsellor's voice drops (no question mark at the end of a sentence).

- Reflections can be simple, for instance rephrasing what your client just said, or more complex, like reflecting feelings.

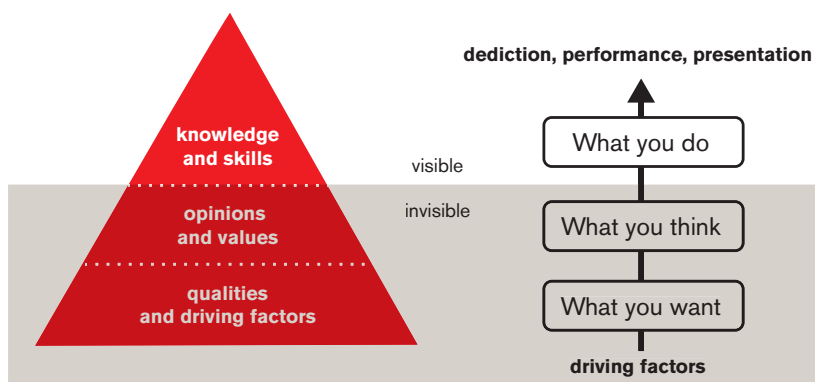
Reflections are a useful and powerful technique in counselling and one of the most difficult techniques to learn.

Aims of reflections

- A counsellor can use reflections to help a client explore her or his thoughts and ambivalence regarding certain topics.
- Reflections help a counsellor discover what is not visible at first sight.
- By using reflections, the counsellor shows empathy and makes clear that she or he is listening to what the client says.
- Reflections are not about what the counsellor thinks; they are about what the client thinks.



Reflections model



Reflections aim at the invisible: a person's driving factors (beliefs and motivation), rather than on knowledge and skills.

Examples of reflections:

Sex worker: 'I'm not sure why I'm here. My doctor just told me to come.'
 Counsellor: 'You are not sure why your doctor referred you to me.'
 Sex worker: 'I'm worried about my stomach-ache for a while now. I did not use a condom with all my clients. Last year I contracted Chlamydia from a client.'
 Counsellor: 'You are worried that your stomach ache is caused by Chlamydia.'

Exercise

The trainer tells a short story (hand-out 3). In groups, participants make three reflections on the story. The trainer invites each group to share their reflections.

Tips for phrasing reflections:

1. Start your observations with phrases like:
 - 'It sounds like...'
 - 'If I understand you correctly...'
 - 'What I'm hearing...'

Example

Client: 'The constant focus on safe sex, it makes me very tired'
 Counsellor: 'It sounds like the focus on safe sex makes you tired'

You can also leave out the first part of the sentence:

Counsellor: 'The focus on safe sex makes you tired'

Example

Client: 'Everybody tells me to get tested, but I have no money for transport'
 Counsellor: 'What I'm hearing is that you have a financial problem'

Make sure that you always make statements –instead of posing questions:

Counsellor: 'You have a financial problem.'

This is me...

Stand in a circle. One participant (or the trainer) has the ball and starts with a personal characteristic feature or something she or he likes. Then she or he throws the ball to another person with the question: 'What can you say about me?' The other person gives a reflection. Repeat this a few times.

**Indicated time:**

- 30 minutes

**Objective:**

- Participants are able to explain the purposes of summaries
- Participants are able to demonstrate summaries during a counselling session

**Materials:**

- Short story by the trainer

**Method:**

- Group work

5.4 Summaries

Exercise

Making a summary

The trainer explains the summaries technique and the purposes of summaries during counselling.

Notes for the trainer

Summaries

Summaries are brief recapitulations on what you hear and see. By using summaries, you can:

- Let the client know you are listening
- Help the client to structure the conversation
- Make sure you understand the client
- Close a topic and transit to a new topic
- Connect different things you hear
- Continue the conversation, when you feel 'stuck'

A counsellor can ask the client for feedback after the summary, by saying, for example:

- 'So let me see if I understand correctly what you are saying.'
- 'Is it right that...'
- 'Did I forget anything?'
- 'Do you have anything to add?'

The counsellor can also ask the client to give a summary. If the conversation continues after a summary, it is useful to ask an open-ended question.

The trainer speaks for 90 seconds about a habit, behaviour, dilemma or situation. The participants listen without asking any questions. They successively write a comprehensive summary by remembering as much details as possible. Invite some of the participants to read the summaries aloud.

Then participants work in teams of three (storyteller, summariser and observer) and repeat the exercise. One participant tells a short story of 90 seconds. The other participant summarizes, while the observer takes notes. Switch roles. Afterwards, the group discusses the summaries technique: how is it to be the listener, the summariser and the receiver of a summary?



Indicated time:
▪ 30 minutes



Objective:
▪ Participants are able to use the four counselling techniques during a counselling session



Materials:
▪ Hand-outs 4 and 5



Method:
▪ Role-playing

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Hand-outs 4 and 5

5.5 The four techniques combined

Exercises

Recognising OARS

The trainers do a role-play. They simulate a counselling conversation and use open-ended questions, affirmations, reflections, and summaries (OARS). While doing so, the participants raise the OARS Quiz cards (hand-out 4) when they hear one of the four techniques used.

Changing chairs

Place three chairs in the room facing the group. The trainer takes the middle chair with a sign that reads 'neutral'. The left chair carries a sign reading 'motivated or cooperative'; the chair to the right reads 'defensive or resistant'. The three chairs represent possible feelings that a client can experience during a conversation.

The trainer now presents a situation that he or she would like to change. Participants can ask questions and make comments. If a participant's question evokes a feeling of empathy or affirmation, the trainer immediately moves to the 'motivated or cooperative'- chair, while verbally responding. In case of defensiveness or resistance, he or she moves to the right-hand chair.

Role-playing a counselling conversation

The trainer divides the group into groups of three, indicating a counsellor, a client and one observer in each group. The participant role-playing the client chooses a topic he or she feels ambivalent about. The counsellor starts the conversation and tries to use as many OARS techniques as possible. The observer uses the OARS scoring list (hand-out 5). After one minute the counsellor gives a summary.

5.6 Closing of the day

At the end of the second training day, the trainer discusses the following questions with the group:

- What are the most important lessons learnt during this day?
- Have we all collaborated effectively?
- What about logistics? Did we adhere to the code of conduct? Did we have enough breaks?

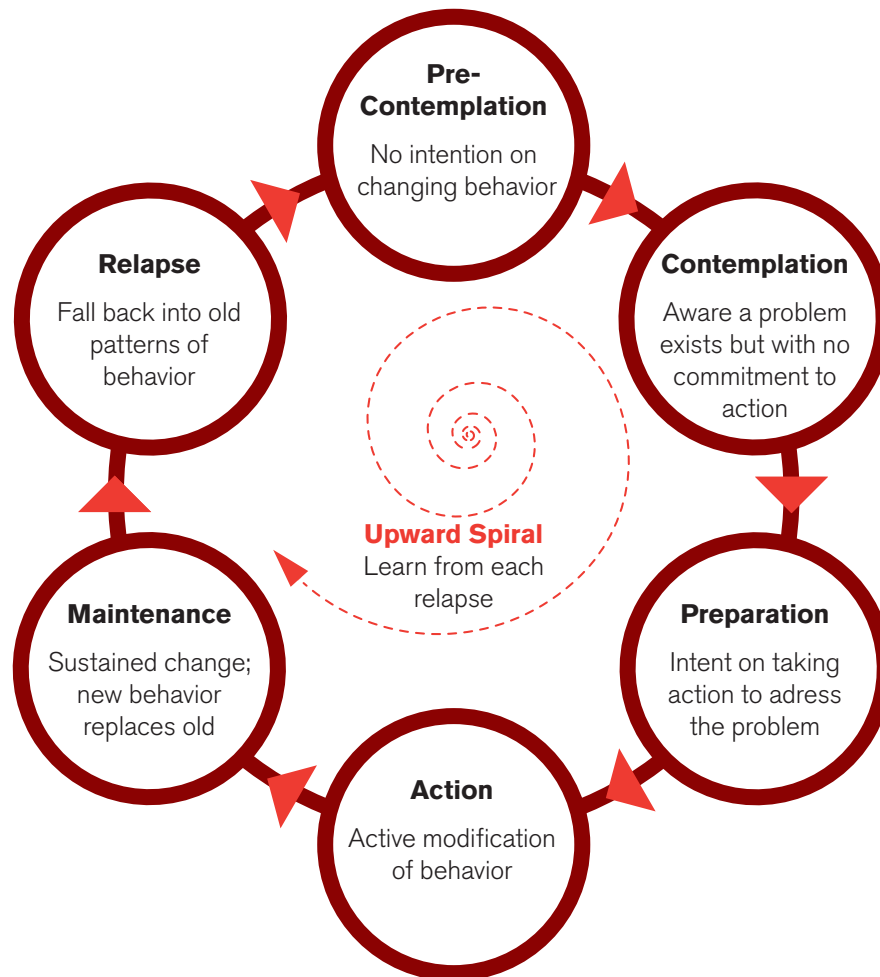
The trainer informs the participants about the programme of the third training day.

Hand-outs Day 2.

Hand-out 2

Cycle of change

Prochaska & DiClemente



Hand-out 3

Short stories

I'm experiencing more and more difficulties at my job, I can't keep my attention to my tasks. My co-workers don't understand me and my boss called me in his office several times. I cannot concentrate and I'm making mistakes. At home things are going relatively well. We both feel that we have a connection, but I'm not sure how things will end.

I went crazy when I heard this week that my husband/wife cheated on me. I was so angry. Fortunately, I could control myself but I feel very unhappy with the situation. That's why I came here, to you.

I feel sad sometimes. All my friends are different from me. Also at my job I feel like I'm different from the others. Seems like I'm doing different things. My sexual preference is different, my appearance is different and I have other ideas about life. It is hard sometimes to have so little in common with the people around me.

I don't know why I married him instead of somebody else. Everybody knows that you have to get married sometimes. I mean, this time will come for everybody. What else do you have to do than get married? And now I fell in love with somebody else. I didn't know this could happen to me.

No, I don't feel like informing my partner. No way. You don't know him. I'm afraid he will hit me in the face and our relationship will be over. I don't know how to handle this. Let me think about it.

I love my job. I see so many people with so many stories. At the end of the day I'm tired, but that is because I just started the job. All these impressions. When I come home, it's hard for me to let go all the stories I heard.

I'm not proud of the way I earn my living, but you know, I also need to make money. My children need to go to school and they need cloths. I see my customers in my home. I made a profile on the internet. I meet them there and make appointments. Sometimes I meet nice men that way.

When the nurse said to me 'How would you feel if you have gonorrhoea and the person who gave it to you didn't warn you?' It made me think. I asked the nurse to call my partner.

I'm so happy! I'm going to do a training in counselling. Yes, it seems fun to get better in counselling my clients. I hope to learn how to leave more responsibility with my clients. I sometimes feel like I'm the one making the decisions and I feel the burden of their emotions.

I do want to organise training for my team, but my boss is not giving me time to do it. This puts me in a difficult position. I think it's important that my co-workers and me do this training. I'm used to address unsafe sex behaviour with my clients. It's one of my duties as a counsellor. But since I work here, I notice it's useless to point out the unsafe behaviour. Most people know that they need to use a condom, but find it hard to do it. That's a good lesson for me.

I find it hard to keep up. I'm tempted many times, just to feel how it is without a condom. Yes, and then all bets are off! Afterwards I feel bad.

I hate condoms, really. I don't want to use them. Even thinking about a condom makes me lose my erection. I don't like the smell. And this messing with the packaging. No, I'm done, I take the risk for STIs.

At the clinic I see people return. Some people ask especially to see me. I'm happy about that. I'm good at my job and people find it difficult to tell the same story to somebody else. Then it is good that I can help them again.

I want to stop, but I can't stop smoking/eating chocolate/watching TV/eating fried foods.

I want to spend more time with my family, but I also want this promotion at work.

I know I should not borrow money, but everybody has this new iPhone.

I know I should leave him because he is cheating, but I still love him.

If I stay with this pimp, the abuse will go on, but it also puts food on the table for the kids.

I should exercise more regularly, but I have no time.

I should quit smoking, but I think a cigarette reduces my stress levels.

I want to exercise more, but I'm too tired when I come home from work.

I know I need to use a condom, but in the heat of the moment I forget all about it.

I know I should not drink when I meet costumers, but I need to relax.

I need to take my tablets every day, but I'm on the road a lot.

Hand-out 4

OARS quiz

Open-ended question	Open-ended question
Open-ended question	Open-ended question
Affirmation	Affirmation
Reflection	Reflection
Reflection	Summary
Summary	Summary

Hand-out 5

OARS scoring list

Strategy	Number	Comments (for instance: elicited change talk, enhanced confidence/readiness, created resistance)
Open-ended questions		
Closed-ended questions		
Affirmations		
Reflection		
Summaries		
Comments regarding overall use of OARS:		

Day 3.

6. Information and advice – Enhance the client's choices

Participants explore how they can advise and provide information in an effective way, dealing with resistance and using the Elicit – Provide – Elicit counselling model.

6.1 Starting of the day

Recap of day 2

Participants who are responsible for recap present the lessons learnt during the second training day. Is there anything to add that came to the participants overnight?

OARS quiz

Then, the participants play the OARS quiz. The trainer distributes OARS cards. Each participant receives one card (hand-out 4 day 2).

The trainer tells a short story that contains ambivalence. The participant to the left practices the OARS techniques (on his/her card) on the trainer. Thereafter her or his neighbour practices the OARS on his or her card using the same short story, and so on. In this way, all the participants practice the techniques.



Indicated time:
▪ 15 minutes



Objective:
▪ Participants can explain the importance of collaborating with clients in order to know their needs



Materials:
▪ Japp commercial



Method:
▪ Group discussion

6.2 The knowledge is within the client

Exercise

Recognizing the reflex to help

The participants watch the Japp commercial (which can be found on the USB stick). This video shows what can happen if you are not aware of the needs of a client, while being convinced that you act in his or her best interest. Discuss in the group what happens in the video clip.

Notes for the trainer

Counsellors provide information and advice, and often detect (potential) challenges that clients do not see or do not want to acknowledge. The harder you work during this contact, the greater the chance that your client sits back. The 'helpers righting reflex' is a likely effect when you talk with a person who is in doubt or unwilling to change behaviour. You feel the unease and want to get around by giving information, advice and tips to push the person out of his or her ambivalent state. But are you sure in which direction the person needs to move?

**Indicated time:**

- 15 minutes

**Objective:**

- Participants are able to explain that resistance is the result of interaction between a client and a counsellor
- Participants are able to recognise resistance and reflect on their style of counselling
- Participants are able to use reflections when they detect resistance in order to engage with the client
- Participants are able to repair situations in which resistance occurs

**Method:**

- Role-playing
- Physical exercise

6.3 Resistance – The client is your mirror

Exercise

Dealing with resistance

Notes for the trainer

The trainer explains how resistance works and that a counsellor can choose how to deal with it. She or he can either maintain resistance, or engage and collaborate with a client. Some clients show a resistant attitude towards staff or the counselling session beforehand, because of former experiences, self-stigma or different expectations around the outcome. Maybe they were forced to visit the clinic, or maybe they find it difficult to talk about subjects like sexuality and condom use.

For a long time resistance was perceived as a client characteristic. This notion however is not very useful in counselling. You can also approach resistance as the result of interaction between the client and the counsellor. By changing the counselling style, resistance will change as well.

The trainer shares basic information about dealing with resistance and divides the group into couples. They have to stand opposite each other, hands touching. One participant pushes the other participant. What happens? They discover that it is a natural reflex to push back. After this energizer, the couples role-play a client with resistance and a counsellor during a counselling conversation. The aim is to keep the resistance at the same level, not to let it increase.

**Indicated time:**

- 120 minutes

**Objective:**

- Participants are able to explain the counselling model Elicit – Provide – Elicit
- Participants are able to demonstrate the Elicit – Provide – Elicit counselling model during a counselling session
- Participants are able to explain the usefulness of the Elicit – Provide – Elicit counselling model to a colleague
- Participants are able to give adequate information and advice

**Materials:**

- Hand-out 6, 7 and 8
- Two videos (see USB stick)

**Method:**

- Role-playing

6.4 An effective counselling model: Elicit – Provide – Elicit

Exercises

Notes for the trainer

In general, someone knows what behaviour she or he wants to change, like for instance smoking, drinking, eating or unsafe sex. Most persons have ideas how to reach what they are aiming for, but lack proper unbiased information and advice. Providing information and advice can set behaviour change in motion and offers the greatest chance of results. Sex workers should be informed in such a way that they can make their own choice.

During role-playing, the participants work in couples. One of the participants is the narrator, the other one is the listener:

Narrator's role: Identify something that you consider to change in your life. It might be a change that would be 'good for you', that you 'should be doing', but you have been putting off for a while. Tell your partner about the change you are thinking of.

Listener's role: Give as much of your best advice to your partner. Do not ask too many questions, but come up with ideas and tips how your partner can deal with this change. Try to persuade your partner to take your advice.

Discuss in the group: First ask the narrators how they experienced this exercise, then ask the listeners.

Continue the exercise with another role-play. Narrator and listener switch roles.

Narrator's role: Identify something that you consider to change in your life. It might be a change that would be 'good for you', that you 'should be doing' but you have been putting off for a while. Tell your partner about this change you are considering.

Listener's role: Do not try to persuade or fix anything. Do not offer any advice. Instead, ask the following questions and listen carefully to what the other says:

- Why do you want to make these changes?
- How would you go about it?
- Mention three reasons for you to change?
- How important is it for you on a scale of 1-10?
- So what do you think you will do?

Discuss in the group: First ask the narrators how they experienced this exercise, then ask the listeners. Discuss the difference between the two approaches. What is more effective when it comes to changing behaviour?

Notes for the trainer

Hand out the tips for giving information and advice (hand-out 6). Read the tips aloud and explain the difference between objective information giving and advice giving. Ask if the participants recognise this difference in the tips.

Exercise

Elicit – Provide – Elicit

'What do you know about...?' This simple opening respects the client's autonomy and knowledge and avoids re-telling something she or he already knows. Then the counsellor asks the client in what way this information is useful. This Elicit – Provide – Elicit model consists of three steps:

1. Ask 'What do you know about...?'
2. Ask permission to give information; then give objective information.
3. Ask 'What do you think/feel about what I just told you?'

Notes for the trainer

There are different ways to ask permission, for instance:

'Would you be willing to hear my ideas on this issue?'

'Would it be okay to give you some advice on this point?'

'Would you like to hear how others think about this subject?'

Practice Elicit – Provide – Elicit

The trainers role-play a situation in front of the group. A sex worker visits a clinic for HIV testing:

- Client: 'I use an herbal steam bath for vaginal hygiene and STI prevention.'
- Counsellor: 'What do you know about the preventive benefits of an herbal steam bath?'
- Client: 'My mother and grandmother used them to prevent them to get chlamydia. I use the same herbs.'
- Counsellor: 'Can I give you some information about the use of a steam bath for STI prevention?'
- Client: 'Yes, you can.'
- Counsellor: 'Herbal steam baths do not prevent you from getting STIs. Condoms are the only way to stop Chlamydia from entering your body. Research among 600 women in Nairobi showed that daily steam baths make the vagina vulnerable for infections, because the heat of the steam makes small wounds, which make it easier for STIs to enter the body.'
- Client: 'I did not know this.'
- Counsellor: 'What do you think about this information?'
- Client: 'Well, maybe I should reconsider my daily baths.'

Distribute the case studied (hand-out 7) and the background information (hand-out 6 and 8). Ask the groups to read their case and decide which topic they want to address. They formulate an advice and then role-play this in front of the group. Pause the play when steps are missing: is the client's autonomy respected, is the counsellor using OARS (open-ended questions, affirmations, reflections, summaries)? What if the client refuses the advice? The trainer encourages participants to play three types of clients.

Counsellors can use the Elicit – Provide – Elicit model in different situations. It can be helpful in addressing sensitive topics. The group discusses in what situations this model can be helpful. The trainer divides the group in groups of three participants and asks them to prepare role-plays using the Elicit – Provide – Elicit model on the following topics:

- A situation suggested by the group;
- Distributing a condom;
- Giving information on anal sex and STIs;
- Sharing information on safe sex techniques; and
- Distributing a leaflet.

Explore non-motivational and motivational approaches

The participants watch two movies and discuss the different approaches:

'The Ineffective Physician: Non-Motivational Approach':

www.youtube.com/watch?v=80XyNE89eCs

'The Effective Physician: Motivational Interviewing Demonstration':

www.youtube.com/watch?v=URiKA7CKtfc&feature=related

7. Action plan

The participants practice in developing an action plan with a client aiming for change.



Indicated time:

- 60 minutes



Objective:

- Participants are able to explain the purpose of an action plan
- Participants can explain the importance of an action plan
- Participants can demonstrate facilitating a client developing an action plan for behaviour change



Method:

- Discussion
- Group work

7.1 Developing an action plan

Exercise

Developing an action plan

The trainer explains that the client is ready for change when she or he says so. As a health professional it is important to support the client when she or he wants to change. You can use sentences like:

'You are sure you want this.'

'You really find it important to make this step.'

'You will do it.'

An important step during counselling is to collaborate with a client in developing an action plan that fits the needs and circumstances of the client. Think of the following example:

If you and your colleague would like to eat healthy, will you have the same strategy to reach your goal? You like to eat savoury and eat more than is good for you at gatherings with friends, especially while having a beer. Your friend likes sweet stuff and she cannot resist buying sweets and sugared drinks while shopping.

Each solution asks a different approach. Counsellors can facilitate the client by asking questions in such a way that she or he comes up with ideas that fit her or his unique situation. When discussing condom use with a sex worker, possible questions are:

'When do you want to start using a condom?'

'What does it takes to start talking about a condom?'

'Where are you going to use the condom?'

'Who are you going to have sex with using a condom?'

In pairs, the participants make an action plan for condom use, using the when, what, where, who, why- list. One participant role-plays the counsellor; the other role plays the client. The counsellor uses the four techniques (open-ended questions, affirmations, reflections, summaries) to empower the client in making an action plan. She or he awakens the client's self-confidence so that she or he will follow the plan. The participants have to keep in mind that doubt might come up and that the client could fail to commit to the plan. They should remember that the solutions always are within the client.

8. A personal action plan and evaluation

During the last part of the training, the participants develop a personal action plan.

**Indicated time:**

- 30 minutes

**Objective:**

- Participants are able to develop a personal action plan
- Participants are able to commit themselves to their personal action plans

**Material**

- Hand-out 9

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Hand-out 9

8.1 Your personal action plan

Exercise**Making your personal action plan**

Summarise the training: participants worked together to explore and learn new counselling strategies and techniques with a focus on change. This training has offered them the skills and knowledge for effective counselling, but true learning takes place on the job. Making a personal action plan can help participants to implement what they have learned. Before developing the plan, the participants discuss their ideas for further learning and implementation with fellow participants. They make sure that their plans fit their needs and circumstances.

8.2 Evaluation

The trainer evaluates the training by asking the following questions: What have you learned and what will you implement in practice? What did you like and what needs more attention during the training? The trainer states that she or he appreciates the participants' input, as this will help to improve the training programmes. The trainer thanks the participants for working together during the training.

Hand-outs Day 3.

Hand-out 6

Tips for information and advice giving

- Find out if your client wishes information.
- Ask for permission, especially if your client is not asking for information.
- Ask what the client already knows.
- Give information that is based on facts instead of on opinion.
- Offer information, do not impose.
- Give information and advice that is appropriate to the context of the client.
- Ask clients to decide for themselves what the information means to them.
- Use your experience in proposing ideas and possible solutions.
- Use a selection menu: there is more than one way to solve a problem.
- Implicitly or explicitly create room to disagree.

Hand-out 7

Cases for exercising the Elicit – Provide – Elicit counselling model

Case 1

Kate is a 25-year-old sex worker. She works on the streets during the weekend nights to supplement her income she earns selling vegetables on the market. Last weekend, she had a bad encounter with a client. He asked her to have sex without a condom. When she refused he beat her up badly and he took all the money she earned that night. She comes to you for advice on what to do next.

Case 2

You are meeting a group of sex workers in a hotel. Within the group they exchange tips on how to keep their vaginas in good condition. You hear that one of them is suggesting to wash the vagina after each client with disinfecting soap. The others seem interested. Formulate your contribution to this group discussion.

Case 3

You meet Suzy during your outreach work. You know her well because she has been around for several years. She comes to you in tears. Yesterday she found out that her husband is HIV positive. In what way could you advise her?

Case 4

When you are visiting one of the bars in town, you see Beyoncé sitting at the bar drinking a beer. It is early in the evening. You know from previous visits that by the time she picks up the first client, Beyoncé is drunk. How would you advise her on alcohol use and safe sex?

Hand-out 8

Elicit – Provide – Elicit counselling model – Tips and examples

Counsellors can use the Elicit – Provide – Elicit counselling model. The model has three steps:

Elicit – Ask what the client knows or would like to know or if it is okay if you offer her or him information, for instance as follow:

'What do you know about...'
'Do you mind if I express my concerns?'
'Can I share some information with you?'
'Is it okay with you if I tell you what we know?'

Provide – Give information in a neutral, nonjudgmental fashion. Avoid:

'I...' and 'You...'
'Research suggests...'
'Studies have shown...'
'Others have benefited from...'
'Folks have found...'
'What we know is...'

Elicit – Ask the client's interpretation, for instance as follows:

'What does this mean to you?'
'How can I help?'
'Where does this leave you?'

Tips for using the Elicit-Provide-Elicit model:

- Use neutral language as much as possible, using phrases like:
'Folks have found...'
'What we know is...'
'Others have benefited from...'
- Avoid sentences starting with 'I' and 'You'.
- Use conditional words rather than concrete words, such as: 'might', 'perhaps and, 'consider' instead of 'should' and 'must'
- Utilise the 'spirit' of motivational interviewing.
- When 'instructing' is necessary, recognise 'where' your client is and only provide relevant information and advice.

Examples of using the Elicit – Provide – Elicit counselling model

Case 1 – Parent who smokes

Elicit:

Ask what the client knows or would like to know or if it's okay if you offer her or him information:

'What do you know about the effects of second-hand smoke on children?'
'Is it okay with you if I share what we know?'
'Would you be open to learning more?'

'Do you mind if I express my concerns?'
'Can I share some information with you?'

Provide:

Give information in a neutral, non-judgemental fashion:
'Research suggests that second-hand smoke is especially harmful to children because...'
instead of:
'Every time you smoke around your child, you put them at risk...'

Elicit:

Ask the client's interpretation:
'What does this mean to you? and 'How can I help?'
instead of
'It's obvious from this information that you need to quit.'

Case 2 – Candidate for surgery who smokes

Elicit:

'What do you know about how smoking affects the healing process after surgery?'
instead of
'If I performed surgery on you, I'd be afraid your wound would never heal because of your smoking.'

Provide:

'What we know is that the tobacco can impair the wound after surgery leaving folks vulnerable to infections.'

Elicit:

'Tell me what your thoughts are about that.'
instead of
'It's obvious from this information that you need to quit.'

Case 3 – Pregnant woman who smokes

Elicit:

'Is it okay with you if I share some concerns?'

Provide:

'Research suggests that smoking can be harmful to the foetus...What we know is the carbon monoxide...'
instead of
'Every time you inhale, you are harming your baby.'

Elicit:

'Where does this leave you now?'
'What does this mean to you?'
'How can I help?'

Hand-out 9

Personal development plan

Name:				
Profession:				
Site/location:				
Date:				
Current situation	Goals	Action	Challenges	Coaching and mentoring needs

Colophon

**This Trainers Manual is a publication of Aids Fonds
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