

PART II

THE MAIN STEPS OF EFFECTIVE COUNSELING

Objectives:

By the end of Part II of the training, the participants will be able to:

- Identify the main steps of effective counseling.
- Understand the importance of ensuring the client's privacy and confidentiality.
- Identify and demonstrate the use of close-ended, open-ended, probing, and leading questions.
- Realize the importance of focusing on the client as an individual.
- Identify active listening skills and practice reflecting, paraphrasing, and summarizing clients' concerns.
- Demonstrate the use of praise and encouragement when counseling clients.
- Explain the importance of prioritizing information to be given to the client per visit and using simple language.
- Demonstrate the use of printed materials in counseling clients.
- Discuss why each client must make decisions by himself (herself) and what a medical provider's role in this process is.

Time: 3 hours 30 minutes

Sessions:

- Session 8: Main steps of effective counseling
Create a pleasant and comfortable atmosphere for the client
- Session 9: Collect information
- Session 10: Listen actively
- Session 11: Provide information
- Session 12: Use printed materials
- Session 13: Getting feedback, checking understanding, and encouraging clients to ask questions
- Session 14: Help clients make decisions
- Session 15: Make "contracts" with clients – who will do what
- Session 16: Meeting counseling challenges

Materials

1. Handouts:
 - #5 Types of questions
 - #6 Exercise to identify types of questions
 - #7 Listening habits exercise
 - #8 Listening habits
 - #9 Active listening techniques
 - #10 Active listening checklist
 - #11 How to use different types of visual aids
 - #12 Making decisions
 - #13 Difficulties in decision-making and suggestions for coping with them
 - #14 Meeting counseling challenges
 - #15 Check your counseling skills
2. Slides #33-50
3. Examples of statements for the Paraphrasing exercise and the group exercises on using simple language.
4. Drawing for Importance of Feedback exercise.

Introduction

Inform training participants that Part II of this training offers information and practical exercises on the main steps of effective counseling. The interaction between medical provider and client is not a casual conversation. It is focused, purposeful, and intentionally constructed to create an exchange that will maximize the possibility that the client will trust and use the medical worker as a supportive ally in considering and beginning the diagnostic and treatment process. That is why it is important for medical providers to understand the stages of the counseling process.

SESSION 8

The main steps of effective counseling.
Creating a pleasant and comfortable atmosphere for the client.

Training steps:

1. Repeat with the participants the main issues regarding counseling that were presented in Part I. Ask the participants the following questions:
 - What is the goal of counseling clients about TB disease?
 - What are the characteristics of effective counseling?
 - What are the tools for effective counseling?

2. Review the essential concepts of counseling: feelings first; you are not the target; and counseling is a partnership of experts. (*See Trainer's resources on page 56, slides 34-35.*)
3. Brainstorm with the participants on what are the main steps of effective counseling. Record their answers on flip chart. Supplement participants' responses and explain the important role of each counseling step as follows (slide 36):
 - Creating a pleasant and comfortable atmosphere for the client.
 - Collecting information.
 - Listening actively.
 - Providing information.
 - Using printed materials.
 - Getting feedback, checking understanding, and encouraging clients to ask questions.
 - Helping clients make decisions.
 - Making "contracts" with clients – who will do what and by when
 - Providing information about the next visit or referring to specialized care.
4. Describe Step #1: creating a pleasant and comfortable atmosphere for the client. Define privacy and confidentiality. Emphasize the importance of this step in establishing trust and a good connection between medical provider and client. (*See Trainer's resources on page 57, slide 37.*)
5. Review the main points of this section.

Key points to emphasize

- Understanding the stages of the counseling process is important for effective counseling.
- Creating a comfortable environment for the client and ensuring privacy and confidentiality are important steps towards establishing a trustful relationship between medical provider and client.

SESSION 9

Collecting information

Training steps:

1. Tell the participants that the next step in effective counseling is collecting information about the client's situation. Different clients may need different information. Rather than provide everybody with the same information on TB, it is very important to determine what each client knows about TB and what his or her concerns are. The challenge is that usually medical providers have limited time to communicate with the client, so it is very important for the medical provider to ask appropriate questions in order to collect as much information as possible and provide effective help.
2. Refer participants to HO #5 and discuss with them the main types of questions:

Close-ended questions – are used to get information that can be given in short exacting answers, such as “yes,” “no,” or a number or fact. These are good questions for gathering important medical and background information quickly. For example:

“How many children do you have?”

“How old are you?”

“When did you last see your doctor?”

Open-ended questions – are used to learn about the client's feelings, beliefs, and knowledge. Questions that start with “why,” “what,” and “how” will make the client say what he or she needs in his or her own words. They invite clients to give full, honest answers. They help clients think about their choices. For example:

“Could you please tell me your reasons for coming?”

“What have you heard about this treatment?”

“What questions do you have about tuberculosis?”

“What kinds of concerns do you have about telling your family?”

“How has this changed your life?”

Probing questions – are used to follow-up in response to a statement by a client. You should not always stop at the first answers that the clients provide. If a client seems to be indicating that he or she is thinking of something else, you should ask the same question in a different way. You should always be polite and friendly so the client feels relaxed and trusting. For example, “I understand that you are feeling anxious about possibly infecting your wife. What would make you feel calmer or more comfortable?” Tone of voice is important in asking probing questions in a not-threatening and non-judgmental way.

Leading questions – ARE NEVER APPROPRIATE! They act as a “door closer” because they push the client to answer in the way that the questioner wants and discourage him or her from saying what he or she really feels. For example:

“Don't you know how TB is transmitted?”

“Aren’t you here to get an X-ray?”
“Don’t you prefer this method?”
“This is a great facility, isn’t it?”
“I’m sure that you don’t really mean that, do you?”

3. Tell participants that the ways in which questions are asked are often determined by the situation, by the type of information the medical provider is seeking, and by the ease with which the client is responding. Ask the participants: “How can you ask questions effectively?”

Possible responses:

- Use a tone of voice that shows interest, concern, and friendliness.
 - Use words that clients understand.
 - Ask only one question at a time. Wait with interest for the answer.
 - Ask questions that encourage clients to express their needs.
Examples are: “*How would you feel if...?*”
 - Use words such as “then?” “and?” “oh?” These words encourage clients to keep talking.
 - When you must ask a delicate question, explain why.
 - Ask the same question in other ways if the client has not understood.
4. Invite participants to participate in the exercise “Types of questions?”
 - Refer participants to HO #6. Give participants 5 minutes to read the questions and decide what the type of each question is.
 - Discuss the answers with the group. For each closed question, ask participants to propose a new formulation to transform it into an open-ended question.
 - Ask every participant to write down one example of each type of question. Ask volunteers to read their examples and discuss with the group how can they improve close-ended questions and avoid leading questions.
 5. Review the main points of this section.

Key points to emphasize

- Asking appropriate questions will help the medical provider determine informational gaps, avoid giving information that the patient already knows, provide relevant messages to each client, and correct misinformation.
- As much as possible, ask the client open-ended and probing questions. These types of questions require the client to provide more complete and elaborate answers.

SESSION 10

Listening actively

Training steps:

1. Tell participants that listening is an art of actively paying attention to a person's words, nonverbal cues, and feelings that are indirectly expressed. We listen to what he or she says, feels, and expresses through gestures. We listen to what the person "means" by comparing his or her words with the feelings we get from the nonverbal language. We listen to how a word is used, how a sigh is expressed, how the voice sounds, and what the face shows. Extreme and concentrated listening requires a lot of patience and open-mindedness on the part of the listener. It is important to make the client feel that you are listening. Use good nonverbal behaviors like eye-to-eye contact, nodding the head, touching the hand, etc. Restate the words of the person to let him or her know that he or she has been heard. This can help to clarify what the person has expressed. Ask questions to obtain specific information, to encourage the person to talk more, and to explore and clarify thoughts and actions. *(See Trainer's resources on page 58, slides 38.)*
2. Invite participants to participate in the exercise "Listening habits." Tell them that often we hear, but we are not really listening to the person. With time, all of us develop listening habits, which could make us poor or good listeners. The purpose of this exercise is to have participants assess their own listening skills and to point out how they can improve their listening skills.
 - Refer participants to the "Listening skills self-assessment form" (HO #7).
 - Explain to them that filling out this form is a way for them to better understand their habits as listeners and to more fully identify areas in which they can improve their listening skills. Emphasize to them that the scoring of this form is not the focus of this exercise, and they will not be asked to share their scores with anyone.
 - Give them 10 minutes to fill out the form.
 - Circulate among the participants to help them score their responses, if needed.
 - Explain to participants that the following session will concentrate on improving listening skills.
3. Refer participants to HO #8 and discuss examples of good and bad listening habits with the participants.

Bad listening habits include:

- Interrupting the speaker.
- Does most of the talking.
- Pretending that you are paying attention to the speaker when you are actually thinking of other things.
- Judges the speaker.
- Fills silence with talk.
- Finishes other people's sentences.
- Thinking about what you are going to say next rather than focusing on what the speaker is saying.

- Doesn't look at the person talking.
- Feels compelled to tell own story when speaker's message reminds listener of a personal experience.
- Gets impatient with a slow talker.
- Hears more of their inner monologue than what the speaker says.
- Feels more concerned about how the conversation benefited him or her rather than how the conversation benefited the speaker.
- Puts words into people's mouths.
- Decides that the message is uninteresting.
- Listens only to the words, not to the mood or the feelings.
- Finds listening hard work.
- Repeatedly asks questions about information previously covered.
- Makes others defensive with questions.
- Is overly concerned with details.
- Uses meaningless noises as feedback.
- Gets easily distracted by speaker's appearance or mannerisms.
- Pays attention only when you find the topic interesting.
- Allows outside distractions to interfere with the discussion (phone calls, drop-in visits, etc.)
- Does something else while listening (paperwork, cleaning fingernails, etc.)
- Express your own ideas and basically ignore what the other person has said.
- Daydreams.
- Listens mainly for flaws or errors that you can point out to the speaker.

Good listening habits include:

- Asking what the client knows about the topic and how he or she feels about it.
 - Asking questions that allow clients to express their needs and wants.
 - Asking as few questions as possible that can be answered "yes" or "no" (closed-ended questions). Ask questions that the client can answer in her or his own words (open-ended questions).
 - Not always accepting the first answers that people give. If a patient seems evasive, ask the same question in another way.
 - Always being polite and friendly so that the client feels more relaxed and trust can develop.
 - If a client seems to feel uneasy when talking about a sensitive issue, talking about something neutral for a minute or so, then gently returning to the subject. This can help the client to relax.
4. Use slide 39 (See Trainer's Resources on page 58) to demonstrate to the participants the connection between the listening level and the connection between the speaker and listener. The more active the listener is, the stronger the connection is.
 5. Tell participants that active listening skills are very important for effective counseling. Accurate reflection and acknowledgment of words and feelings are necessary and critical to the counseling process. Clients must feel that the medical provider understands what they are saying. They must believe that the medical provider hears and understands his or her feelings and individual needs and concerns. Only then, the client will be ready and willing to deal with his or her situation, listen to options, and make an informed and appropriate decision. Remind participants that in Part I of this training, they already talked about the

importance of being aware of the client's values and his or her situation. They also discussed the necessity of using appropriate body language (for example, maintaining eye contact or nodding the head) and asking open-ended questions to communicate effectively with the client. In addition, a medical provider should use the following active listening skills:

- Clarification
- Empathizing
- Reflection
- Paraphrasing
- Praise and encouragement
- Summarizing

Describe and provide examples of active listening skills. *(See Trainer's Resources on page 59, slide 40.)*

6. Invite participants to participate in the following exercises on active listening skills:

Paraphrasing exercise

The following exercise gives participants the opportunity to practice paraphrasing and other active listening skills.

- Read to the group "the clients' statements" from the table below. Ask a participant to paraphrase aloud each statement to the audience. Emphasize to the participants that to be able to accurately paraphrase what is being said, the medical provider must be able to empathize with the client's situation.
- One model that participants could use to paraphrase is:
 - a. "You feel that..." (medical provider identifies and reflects feelings).
 - b. ..."because you"... (medical provider interprets feelings).
 - c. ..."and you want to ..." (medical provider identifies an option that can confront the situation and help the client with options for future actions).
 - d. "Have I understood you correctly?" (Emphasize that it is important to check interpretations with the client before continuing the dialogue with the client.)
- After each participant's response, ask the whole group whether they agree and if there are any comments.
- Continue paraphrasing until you see that the participants are comfortably and correctly responding.

Statements	Possible paraphrasing
<p>“Well, I don’t really think I can talk with my family about TB. You know, it’s so complicated, and people have feelings. My parents are emotional and my dad gets mad about things. He probably wouldn’t take it well. Mostly I talk with my friends. I’m not sure it’s necessary to tell my family about me having TB. It’s not that important.”</p>	<p>“If I understand you correctly, you have some concerns about whether to tell your family members that you have TB, and in particular you feel it may upset your father.”</p>
<p>“When I’m at the clinic I get food. The winter is hard. I don’t have any family in this city. There’s not really any place for me to go to stay warm and get food. I lost my apartment. You understand how hard economic conditions are right now. I can sleep here while I’m sick.”</p>	<p>“Let me see if I understand you correctly. Right now you have financial difficulties and you don’t have a stable place to live.”</p>
<p>“My husband is really healthy. He’s an athlete and doesn’t get sick easily. I don’t think he will get TB from me. I’ll just take the pills and it won’t be a problem. I’m sure he doesn’t need to be tested. These tests just cost more money that we don’t have.”</p>	<p>“So you are saying that you don’t think that you can infect your husband with TB, is that correct?”</p>
<p>“I share everything with my best friend. She’s very supportive, and we talk about all kinds of things together. She can help me manage things during my TB treatment. We help each other out when we need it. Last time I was sick she visited me almost every day in the hospital. She’s like a sister to me.”</p>	<p>“If I understand, you have a very close friend who will help support you during your treatment process.”</p>
<p>“I have to stay here. There are too many other people in my house. They could get sick, and that wouldn’t be good. I want to take all my medicine and get better before I go home. My family should not suffer because of my health problems.”</p>	<p>“You want to stay at the hospital because you are worried about infecting others. Did I understand you correctly?”</p>

Practicing active listening skills exercise

- Divide the participants into groups of three. Instruct them to choose a commonly heard TB concern raised by the patients they see.
 - Explain to them that in their group, one will play the role of the TB client and should begin a conversation with a statement related to this concern.
 - The second person (medical provider) must demonstrate active listening skills.
 - The third person will serve as observer and make sure the rules are followed. This person should use HO #10 “Active Listening Check List” to check “yes” whenever the “medical provider” demonstrates active listening skills and “no” when they do not.
 - Give each group 10 minutes for the role-play. If there is time, ask them to take turns, so each member gets a chance in each role.
 - Process the exercise by asking the group the following:
 - a. Was it difficult for “medical providers” to follow the rules of active listening?
 - b. How did the “TB clients” feel? Were they understood? Were their feelings validated?
 - c. What active listening skills were demonstrated or ignored? Ask “observers” to provide examples.
7. Conclude that effective listening is a primary tool for showing respect and establishing rapport with the client. When a medical provider does not listen well, it is easy for a client to assume that his or her situation is not important to the medical provider. Thus, it is hard to develop the trust necessary for good counseling if the medical provider is not listening effectively.

Key points to emphasize

- Active listening skills can be learned. They require constant practice to become good habits.
- Accurate reflection and acknowledgment of the client’s feelings are necessary and critical to the counseling process. The client needs to believe that the medical provider hears and understands his or her feelings, individual needs, and concerns. An effective counselor must be able to use clarification, empathizing, reflection, paraphrasing, praise and encouragement, and summarizing techniques.
- We need to give praise and encouragement to the client even if we want to discourage negative behavior. Treating clients badly or criticizing them too strongly will not make them receptive to our messages and may discourage them from seeking help in the future.
- Praise and encouragement are more effective than scolding or condemning in helping clients acknowledge and solve their problems. We should criticize behavior not people.
- Remember that clients need praise and encouragement, but above all, respect.

SESSION 11

Providing information

Training steps:

1. Tell participants that in order for the clients to make conscious decisions, they need to obtain clear and comprehensive information from the medical providers. They, however, often use medical terminology that is customary for them, but unintelligible for the clients. It is very important to provide the client with clear and simple messages and clarify whether the client has understood them correctly.
2. Invite participants to participate in the exercise. The purpose of this exercise is to demonstrate how people could miss key information if unfamiliar terminology is used.
 - Invite five volunteers from the audience. Ask four people to leave the room, explaining that they will be invited back one by one.
 - Explain to the fifth participant that you will read a statement (it should consist of a few unfamiliar terms) and he needs to remember as much as possible in order to repeat this statement to the next participant.
 - Read the statement in your usual communication style.
 - Invite one person to the room and ask participant #5 to repeat the statement to that person as best as he remembers. Repeat the same with all four participants.
 - Ask the whole group what happened. Why did the next person miss the full or original information, so that the key information was lost each time? What could be done to prevent this?
3. Tell participants that tailoring information to the individual's learning style leads to greater client satisfaction, adherence to therapies, and improved outcomes. In addition, specific information that is organized logically is retained longer and more fully, especially if clients are encouraged to ask questions and repeat the instructions in their own words. (See *Trainer's resources on page 61, slides 41-42.*) When providing information to the client, the medical provider must use the following rules:
 - Discuss the most important issues for this visit.
 - Limit the amount of information provided each time.
 - Use simple language.
 - Repeat important information and ask the client to repeat it in his (her) own words.
4. Invite the participants to participate in the exercise on using simple language:
 - Provide a few examples of TB-related statements with medical terminology and ask the participants to rephrase them using simple language. For example:

"Let me tell you about the transmission and pathogenesis of *Mycobacterium tuberculosis*. These organisms are sometimes called tubercle bacilli and when a person with active, infectious TB disease expels *M. tuberculosis* into the air, the droplet nuclei

can be passed to other organisms. The droplet nuclei multiply in the alveoli and spread through the body. A person may develop extrapulmonary TB or miliary TB, as defined in a classification system of Class 0-5.”

“HIV infection is the strongest known risk factor for the development of TB disease in people with TB infection. HIV infection weakens the body’s immune system, rendering a person with TB infection more susceptible to developing TB disease.”

“TB clients who are not prescribed the correct dose or who do not adhere completely to the prescribed course of drug therapy can develop multidrug resistance.”

“A bronchoscopy can be used to obtain pulmonary secretions when an induced specimen cannot be obtained.”

“There are several options for daily and intermittent treatment regimens.”

4. Review the main points of this section.

Key points to emphasize

While providing information to the client, the medical provider should adapt it to the client’s learning style and organize information logically. This will lead to greater client satisfaction and improved treatment outcomes.

SESSION 12

Using printed materials

Training steps:

1. Tell participants that using printed materials will reinforce and support verbal messages of the medical provider. They cannot substitute for interpersonal communication with the medical provider, but, if used properly, they will reinforce and complement information given by the medical provider. *(See Trainer’s resources on page 62, slide 43.)*

2. Ask participants why using visual aids can make the tasks of a TB provider easier.

Possible responses to share with the group if no one mentions:

- Holds the client’s attention.
- Helps explain sensitive issues.
- Helps the client remember important information.
- Provides consistent information to all clients.

3. Draw participants’ attention to HO #11 with information on using different types of support materials.
4. Review the main points of this section.

Key points to emphasize

- To benefit the target audience, visual aids and media must be used properly.
- Creative uses of visual aids and media such as radio, TV, and newspapers can maximize the benefits of any messages one wants to communicate to the target audience.

SESSION 13

Getting feedback, checking understanding, and encouraging clients to ask questions

Training steps:

1. Tell the participants that if there is constant feedback and the client is encouraged to ask questions, he or she will be more likely to understand and digest the information. The medical provider should make sure that the client feels comfortable about asking questions. The medical provider should give the client time to think and respond. Of course, this requires patience. Often, when the client is silent, the medical providers tend to answer the questions themselves or quickly ask different questions. The medical providers should encourage the client to ask questions and answer them thoughtfully, praise him or her for asking questions, and ask the client questions to check that he or she understands the given information. Checking the client's understanding will help to find out what the client has learned, so that any misunderstandings can be clarified or additional information provided. *(See Trainer's resources on page 63, slide 44.)*
2. Invite the participants to participate in the exercise "Importance of feedback." The purpose of this exercise is to demonstrate the importance of feedback in the communication process.
 - Solicit two pairs of volunteers from among the participants.
 - Take the two pairs into another room away from the participants. Tell both pairs (pair A and pair B) that they will be given the same drawing. Explain the rules that each pair needs to follow.

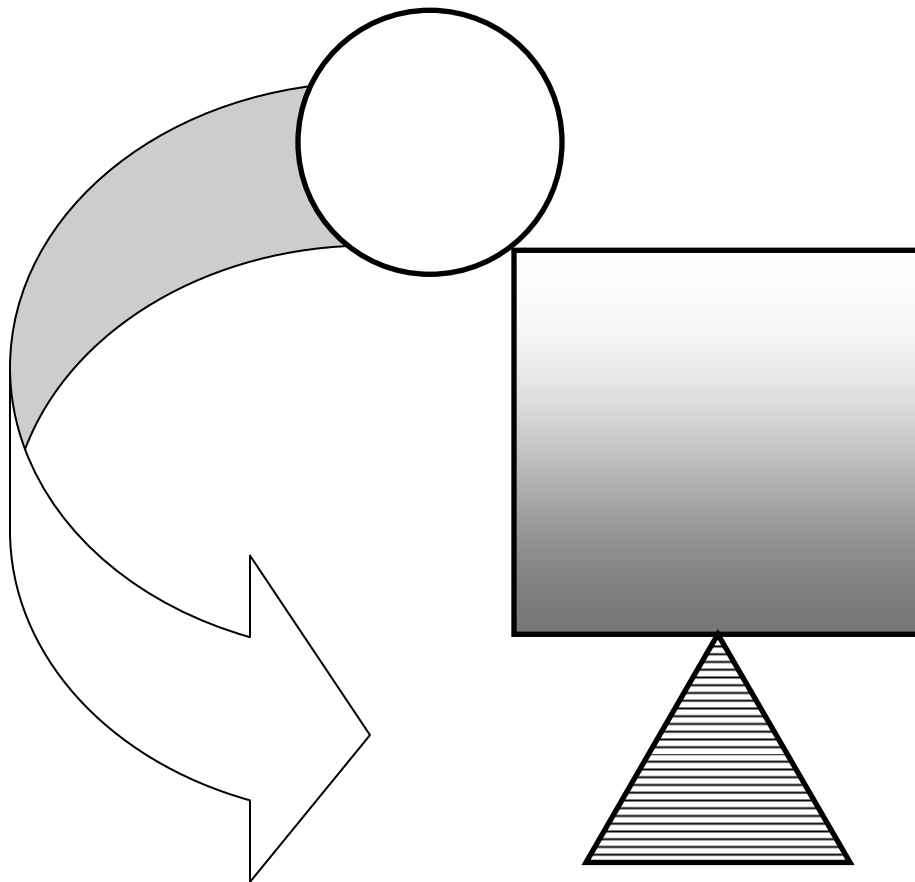
For pair A: one partner will describe the drawing while the other will illustrate it on a flip chart or blank poster. The rule, however, includes:

- "Illustrator" is not allowed to ask questions or give nonverbal communication.
- "Describer" is not allowed to repeat instructions or use nonverbal communication.

For pair B:

- "Illustrator" is allowed to ask questions and is allowed to use nonverbal communication.
- "Describer" is allowed to repeat instructions in any way he or she wants and is allowed to use nonverbal communication.

- Before bringing pair A into the session, show the group a transparency of the drawing (below). Bring pair A inside the session room.
- Give the “illustrator” a pen and a blank flip chart. Give the “describer” a copy of the drawing. Before the “describer” starts giving instructions, tell the participants the rules that pair A will observe. Tell pair A that they have five minutes. After five minutes, tell pair A to stop.
- Cover the drawing completed by pair A. Bring pair B. Repeat the same process as above except that this time the rules are different. Explain the new rules to the group.
- Compare the two drawings. Extract observations from the group about which drawing is closer to the original. Why?



3. Review the main points of this section.

Key points to emphasize

The medical provider should make the client feel comfortable about asking questions, answer questions clearly, and give the client encouragement and time to think. This will make it easier for the client to understand the information provided and use it correctly.

SESSION 14

Helping clients make the decisions

Training steps:

1. Tell the participants that a critical stage in the process of counseling is decision-making. With a TB medical provider's assistance, the decision regarding how best to adhere to recommended TB treatment should be a deliberate and thoughtful one, ensuring that the client makes the most appropriate, informed choice, and is satisfied with that choice. It is important to remember that the TB provider's role is to help the client make a decision, not making it for the client. *(See Trainer's resources on page 63, slide 45.)*
2. Distribute HO #12 and discuss with the participants different reasons that influence decisions that people make (physical, emotional, rational, and interpersonal). *(See Trainer's Resources on page 63, slides 46 and 47.)*
3. Brief the participants on the stages of the behavior adoption process: pre-awareness, awareness, preparation for action/decision-making, action (trying the new behavior), and maintenance. Each stage has a corresponding stage of communication activity. In other words, we can think of communication as composed of two parts: the information it conveys, and the way it is conveyed. These two component parts of communication are affected depending on where the client is in his or her behavior change (decision-making) process. The medical provider plays a key role in the communication activity surrounding the client's decision. Not only is it important for the TB provider to be aware of the stage the client is in, but the TB provider will best help the client at that stage by knowing what information is needed and what the best way is to convey it to the client. If a practice is forced on a client prior to reaching the stage where he is ready to make a decision, the client will not feel comfortable, may reject recommendations, and may not return to the TB hospital. *(See Trainer's resources on page 64, slide 48.)*
4. Distribute HO #13 to the participants and discuss with the group the difficulties in the decision-making process and suggestions on how to cope with them.
5. Review the main points of this section.

Key points to emphasize

- The decision about how best to adhere to TB treatment should be a deliberate and thoughtful one made only after the client is given all the information necessary to weigh the options in light of his or her personal situation.
- The five stages of adopting a new behavior are: pre-awareness, awareness, preparation for action/decision-making, action (*trying the new behavior*), and maintenance. This should be taken into account when providing TB information to the client.

SESSION 15

Making “contracts” with the clients – Who will do what

Training steps:

1. Tell the participants that at this stage of counseling, it is necessary to summarize all decisions that were made by the client and agree on who will do what. This will help the client to remember what you agreed on and what he or she needs to do next. (*See Trainer’s Resources on page 65, slide 49.*) In order to implement this stage correctly, the medical provider should observe the following rules:
 - Keep it short.
 - Keep it simple.
 - Keep it separate.
 - Point out what to remember.
 - Put first things first.
 - Organize.
 - Repeat.
 - Check understanding.
 - Send it (printed materials) home.
2. Conclude that at the last stage of counseling, the TB provider should give the client information about the next visit or refer to a specialist for any care that he cannot give. Making the client feel welcome back is as important as making the client feel welcome the first time. (*See Trainer’s resources on page 66, slide 50.*)

Key points to emphasize

Ability to summarize the main points of the discussion is an important communication skill. The medical provider should not neglect summarizing all decisions and agreements that were made with the client. This will help the client organize his or her thoughts and prioritize needed actions.

SESSION 16

Meeting counseling challenges

Training steps:

1. Distribute HO #14 to participants and discuss the following challenges that the medical providers face and suggestions about meeting them. (*See Trainer's Resources on page 64.*)
 - The client is silent.
 - The client cries.
 - The medical provider cannot see a solution to the client's problem.
 - The medical provider does not know the answer to a client's question.
 - The medical provider makes a mistake.
 - The medical provider and the client already know each other.
 - The client asks a personal question.
 - The client wants the medical provider to make the decision.
2. Ask participants whether they have had similar situations in their practice and how they dealt with them.

Trainer's resources

SESSION 8

The main steps of effective counseling. creating a pleasant and comfortable atmosphere for the client.

Slides #34-35

Before we discuss the main steps and specific skills for effective counseling, it may be useful to review some essential concepts of counseling. There are two of essential concepts of counseling:

1. **Feelings first.** Feeling is an unavoidable component of counseling interactions. If we do not attend to feelings, the client will not hear us. We tend to focus on content and to neglect feelings. A feeling focus can be difficult for both the client and the medical provider. Often we feel that if we "open up" difficult issues/feelings, we will have to resolve them. The only choice we have is whether or not we will be a human being who doesn't pretend that the client's problem doesn't exist, and who will acknowledge his or her reality, or at least his or her perception of it. We often ignore nonverbal language; however, nonverbal communication is so powerful that we cannot afford to ignore it. When we respond to our clients, we need to respond to both levels of the verbal and the nonverbal, the mind and the heart, because both levels affect the client, his or her ability to move forward, and our ability to help. "Our words speak our mind, and our bodies speak our hearts."

The medical provider should understand the client's feelings and needs and should focus on them. This kind of counseling is called client-centered counseling. With this understanding, the medical provider adapts counseling to suit each client. Good counseling need not take a lot of time. Respect, attention to each client's concerns, and sometimes just a few more minutes can make the difference.

2. **You are not the target.** Clients' anger seldom has anything to do with the medical provider. You can let the client's anger infect you or you can deal with it by acknowledging the anger. To acknowledge anger effectively, you must reflect it with matching intensity of feeling; a monotone or clinical-sounding reflection can often fuel the anger. Acknowledging the presence of anger does not mean the client will cease to be angry. It exists, but it belongs to the client - not you.
3. **Counseling – is a partnership of experts.** The TB provider knows about TB and other health issues. The client knows more than anyone else about his or her own life, wants, and feelings. For successful counseling, these experts must share their knowledge.

This partnership has a purpose – **to help the client make his or her own decision** and solve a health problem. People carry out their own decisions best. This is why the medical providers should not make clients' decisions for them. Instead, they help clients make their own decisions by providing information, giving advice on medical matters, and providing emotional support. The client can make good decisions when the provider and the client share facts and feelings.

Slide #36

The main steps of effective counseling

1. Creating a pleasant and comfortable atmosphere for the client.
2. Collecting information.
3. Listening actively.
4. Providing information.
5. Using printed materials.
6. Getting feedback, checking understanding, and encouraging clients to ask questions.
7. Helping clients make decisions.
8. Making "contracts" with the clients – who will do what and by when.
9. Providing information about the next visit or referring to specialized care.

Slide #37

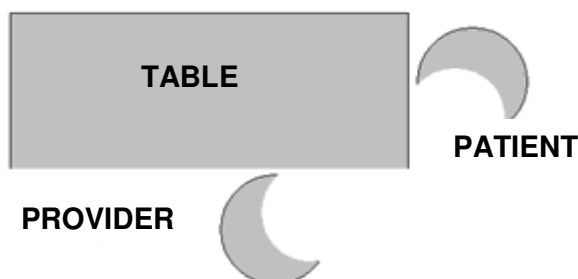
Creating a pleasant and comfortable atmosphere for the client

The goal of a first encounter with a client is to begin to form a helping relationship, to understand his or her issues and situation, and to assess the needs and options.

Creating a comfortable environment is the first step towards this goal. The initial greeting time is important in welcoming a client. Ensure that their contact with the receptionist is pleasant. Try to have places for clients to sit while they wait. Make the waiting area cheerful and interesting. The client's experience during these first minutes may affect their comfort and ability to talk with you during your meeting.

It is very important to ensure privacy and confidentiality. The terms "privacy" and "confidentiality" are not synonymous. "Privacy" refers to *persons* and "confidentiality" to *information*. Be sure to conduct counseling in a private room where no one else can hear. Tell clients that information about them and what they say will not be repeated to others. Explain what kind of information and when may be provided to others.

Before meeting with the client, create a comfortable environment in which to talk and help the person to be at ease. Arrange the chairs so that you can look directly at the client, for example, as it is shown below. To offer a less formal arrangement, you may eliminate a desk or furniture



between you and the client. This communicates that your full attention is focused on him or her.

When you meet the client, get up and greet him or her by name. Ask to take the coat, and offer a seat. Introduce yourself. The degree of friendliness and informality you show should come from your perception of what will be

most comfortable for the client. Offer the client an opportunity to talk by asking a question such as: "What can I do for you today?" or "How can I help you?" "What brings you here?" is also a common opening statement. These open-ended questions encourage the client to describe the reasons for seeking assistance. Explain what will happen during the visit, including tests, etc. If a client will be examined or undergo a procedure, explain what will happen clearly and with reassurance. Point out the staff member who can help if a waiting person needs something or has a question.

The provider's friendly, respectful greeting makes the client feel welcome. It makes a good connection between the TB provider and the client right from the start. A good connection builds trust, and the clients rely on the providers that they can trust. This good connection should be kept up. Throughout every visit, all clients deserve understanding, respect, and honesty from everyone they meet.

SESSION 10

Listening actively

Slide #38

The relationship between a medical provider and a client is often very fragile. This is true particularly in the beginning of the relationship when the client is not feeling safe in sharing information about himself or herself. The medical provider's challenge is that during a short period of time, he or she needs to understand the client's problem and to collect as much information as possible to provide effective help. When first meeting with the client, the medical provider should listen as much as possible. When you know what the client's concerns are, it is easier to address them.

You should try to find out what the client knows and does not know about TB, the suggested medical procedure, and how he feels about it. The medical provider should ask the client questions to get the information needed.

Slide #39

Marginal listeners⁹

- Focus on *talking*.
- Are easily distracted.
- *Fake* attention.

Selective listeners

- Focus on what is *said*, not what *is meant*.
- Are reactive.
- Judge what they hear.

⁹ Quantum Leap Team Skills Program.

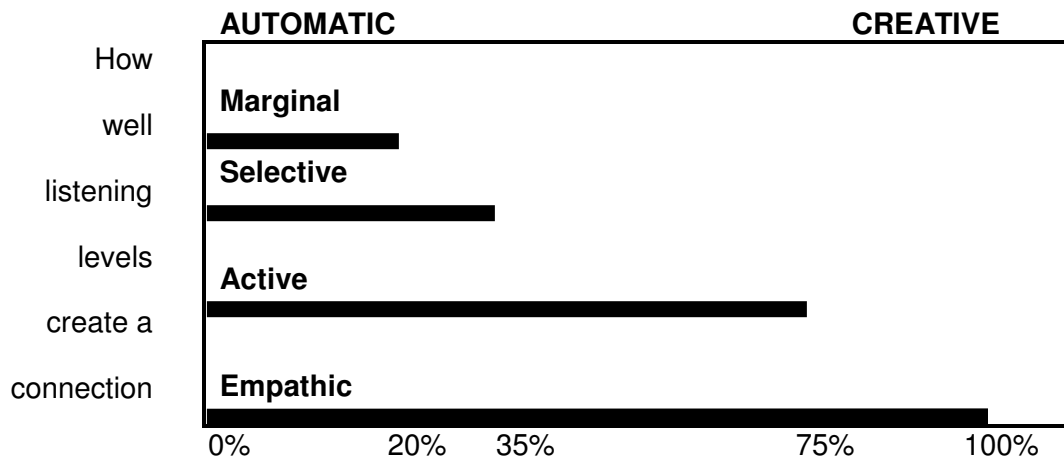
Active listeners

- Focus on speaker's *point of view*.
- Ask appropriate *questions*.
- Give feedback to convey *understanding*.

Empathic listeners

- Focus on what is said as well as what is *unsaid*.
- Use *intuition* to fully understand.
- Create an environment for *safety* and *acceptance*.

Listening levels*



Slide #40

Active listening skills:

- Clarification
- Empathizing
- Reflection
- Paraphrasing
- Praise and encouragement
- Summarizing

Clarification

If you need to get additional information, or to help the client explore all sides of a problem, clarify his or her words using open-ended or probing questions. For example, "Can you clarify this?" or "Could you tell me more about..."

* Quantum Leap Team Skills Program.

Empathizing

Usually, a person is ready and able to deal with the situation or problem only after his or her feelings are acknowledged. An important skill in laying the groundwork for selecting appropriate responses that will help you communicate with clients is empathizing. The ability to put ourselves in another person's shoes and to view experience from another's perspective is called empathy. Empathizing is focusing on the other person instead of focusing on oneself. Sympathy doesn't involve the degree of understanding that empathy does. When you empathize, another person's experience becomes your own, at least temporarily. The skills and attitudes that we need to develop to be able to empathize are: open-mindedness, imagination, and the sincere desire to understand the person. The procedure for empathizing is as follows:

1. Listen to what the other person is saying. Concentrate on both words and nonverbal behavior. Actively care about what has happened to the person.
2. Try to recall or imagine what you would feel under similar circumstances.
3. Take what you know about the person and try to imagine what the other person is feeling. It may be different from what you would feel in similar circumstances.
4. Say something to indicate your sensitivity to the person's feelings. For example, "I understand how upset you must feel right now," "I agree that it is a very hard thing," or "You said you feel scared. I understand how scary this is for you. How can I help?"

Reflection

Another important skill that a TB provider can develop is the ability to identify the feelings the client seems to be experiencing and to be able to reflect back to the client those feelings in a verbal way. Behavior change is most successfully accomplished when the client feels validated. By reflecting back to the client feelings that he or she is expressing, we communicate to the client that we understand what he or she is feeling and that these feelings are valid.

No matter how skilled we are as counselors, we are not always correct in identifying a client's feelings. That is another reason why reflection is so important. By reflecting back, we give the client an opportunity to correct us.

Reflection can be done by:

1. Identifying the feeling the client is expressing.
2. Interpreting the feeling verbally to the client. For example, "It sounds to me from all that you're saying that you feel sad and depressed."
3. Getting agreement from the client that your interpretation is correct. For example, "You are very frustrated that your friends have not supported you while you have been in treatment, is that right?"
4. Reviewing with the client some options for future action. For example, "Let's talk about some of the possibilities you face. One option is... Another option might be to ..."

Paraphrasing

Paraphrasing is an important skill that gives the medical provider an opportunity to check his or her interpretation of what was being said by the client and to show that the medical provider is listening and understands. For example, "You said that you are 'ready' and that you want to go home. What exactly were you referring to? I can understand that you may be feeling tired of

treatment and you are ready to go home. You have been very patient, and you only have two weeks left at the clinic.”

Praise and encouragement

Why give praise and encouragement? Giving praise and encouragement is part of a process of counseling a client. Everyone wishes for praise and encouragement for their work, words, and actions. Usually, few people give positive comments even though it is easy to give praise and encouragement, it costs nothing, and you can get a lot. As people feel better about themselves, they are better able to take on the job of changing or improving their situation. To behave or perform in a healthier or more effective manner, a client needs to sense that he or she has the skills and ability to change in that direction. Emphasizing strengths and giving positive feedback in the form of honest praise help to build a person's self-esteem and confidence, empowering him or her to meet their goals.

First, identify strengths in each individual and in his or her situation. It is possible to find positive qualities in each one of us and to find some strength even in a very problematic situation. One strength you can point out to a client is the fact that he came to your office and is talking with you. Let this person know that you understand that this role is a difficult one. Look for something to approve of rather than to criticize.

Summarizing

To bring the discussion into focus and to repeat the most important issues of the discussion, the medical provider should be able to use summarizing skills. For example:

“These are the key ideas you have expressed...”

“Today we discussed the following issues...”

“Based on our discussion, we agreed that...”

“Remember you should...”

SESSION 11

Provide information

Slides #41-42

US studies have found that clients could not recall half or more of the information and instructions given during medical visits almost immediately afterwards. These studies also found that involvement of the client and tailoring the educational component to the individual's learning style engendered greater client satisfaction, adherence to therapies, and improved outcomes.¹⁰ In addition, specific information that is organized logically is retained longer and more fully, especially if clients are encouraged to ask questions and repeat the instructions in their own words.¹¹

¹⁰ Delbanco and Daley, 1996; Ley, 1982.

¹¹ Bertakis, Klea, 1977. The Communication of Information from Physician to Patient: A Method for Increasing Patient Retention and Satisfaction. Journal of Family Practice, Vol. 32, No. 2, 175-181.

When providing information to the client, the medical provider should use the following rules:

1. Discuss the most important issues for this visit.
Be accurate. It is accurate if it is correct in grammar, spelling, appearance/form, and facts and figures. The statement must also be complete - what, who, why, when, where, how, with whom.
2. Limit the amount of information provided each time.
Be brief and concise.
3. Use simple language.
The medical provider should communicate with the client on his or her level to enable the client to feel comfortable and establish the rapport needed to ensure the best TB care decision. Speak simply and clearly. The client should be able to understand information that you provide. People with limited education should be given simple information. Avoid words of two or more syllables when one-syllable words will do. Use words that are common and familiar with the listener. Translate technical terms to lay vocabulary. Highly educated clients may prefer more detailed and technical information.

It is common for the medical providers to use terminology that clients don't understand. The medical workers often talk to each other using technical terms. This language is very foreign to untrained people. The medical providers can help clients understand information by simplifying the terms they use. Simple language helps the client learn correct information about TB and feel more comfortable with you as their medical provider.

Instead of saying:

"This medicine, isoniazid, is a bactericide, which is highly active against TB bacteria."

Say:

"This medicine will help you to feel better."

4. Repeat important information and ask the client to repeat it in his or her own words.

SESSION 12

Using printed materials

Slide #43

Printed materials are designed to reinforce or support verbal messages. The materials are not a substitute for good interpersonal communication skills, but, if used properly, they strengthen the messages you give to clients. Ideally, such materials should be developed after discussing the issues, questions, and rumors that concern clients and TB providers at the grassroots level.

SESSION 13

Getting feedback, checking understanding, and encouraging clients to ask questions

Slide #44

If there is constant feedback (verbal and nonverbal) and repetition of key information, communication is more effective. If the medical provider repeats key information and uses nonverbal methods and if a client asks questions to clarify, the client will be more likely to understand the information provided and use it correctly.

SESSION 14

Helping clients make decisions

Slide #45

Key words for helping

After the client has considered options, it is very important to ask him or her, “**What have you decided to do?**” Here is why:

- The question makes clear that a decision is needed.
- The question makes clear that the decision belongs to the client.
- By answering out loud, client makes a commitment to carry out his or her own decision, or recognizes that he is not ready to decide.
- The client's answer tells you what the client wants – there is no need to guess or assume.
- If the client's answer is not clear or is inconsistent with the previous discussion, you can ask more questions to be sure, and you can discuss the choice further.

“**So, you have decided to....**” Reflect back the client's decision. Then the client can agree or disagree.

Slide #46

People make decisions for many different reasons:

1. Physical: based on bodily sensation, such as pain, discomfort, or pleasure. People will avoid behavior that brings pain, or they will engage in behavior that brings pleasure.
2. Emotional: based on feelings or attitudes. People react and respond to a situation on a subjective level.
3. Rational: based on knowledge. People are informed and understand the situation and its consequences.
4. Interpersonal: based on influence of social networks. Person-to-person relationships affect individual actions.

Some reasons are well grounded; others are based on incomplete or incorrect information. While the decision is the client's to make, the TB provider should assist him or her to make a deliberate, thoughtful, and well-informed one.

Slide #47

Types of decisions:

1. Decision by default (or postponed decision-making): let something happen through inaction.
2. Intuitive, snap decision: it feels right, and it is immediate.
3. Decision forced by a crisis: something has to be done.
4. Decision by reaction: "you did this to me, so I will do this to you" – often is made in anger or haste.
5. Deliberate decision: thoughtful, considering all options.

Slide #48

Stages of health behavior adoption:

Stage 1: Pre-awareness

- Audience doesn't realize that problem exists.

Stage 2: Awareness

- Exposure – the intended audience is exposed to the idea of a desirable behavior. The audience thinks the information may be relevant and decides to pay attention to the message.
- Attraction – the audience is favorably disposed to the idea and understands that the problem exists.

Stage 2: Preparation for action/decision-making

- Comprehension – the audience understands the idea and knows how to act.

Stage 3: Action

- Decision – the audience decides to try the desired behavior.
- Trial – the audience starts to practice a new behavior.

Stage 4: Maintenance/continuous use

- Reinforcement – the audience needs support and encouragement from others to continue the desired behavior.
- Motivation of others – the audience that has adopted the new behavior and understands its importance and the benefits of their decision. They try to persuade others to try it.

Each stage of the person's decision-making process has a corresponding stage of communication activity. In other words, we can think of communication as composed of two parts: the information it conveys, and the way it is conveyed. These two component parts of communication are affected depending on where the client is in his or her decision-making process. The medical provider plays a key role in the communication activity surrounding the

client's decision. Not only is it important for the TB provider to be aware of the stage the client is in, but the TB provider will best help the client at that stage by knowing what information is needed and what the best way is to convey it to the client.

Stages in communication activity

Stages of health behavior decision-making

Medical provider communication activity

Pre-awareness

Motivation (This stage begins with the potential client's first point of contact with the new TB information. This may occur through interpersonal communication or through the mass media.)

Awareness

Education (A person moves into the second stage of the adoption process as initial information on TB is repeated encountered through either the same or other communication channels. The potential user begins to gather information on TB in order formulate an opinion regarding its acceptance or rejection.)

Preparation for action/
decision making

Counseling (This is the point in the adoption process where the person weighs the information provided about TB in relation to his or her own situation. This is a thoughtful and deliberate process that enables the client to make the most appropriate and informed decision.)

Action/Maintenance/
Continuous Use

Reinforcement Through Counseling (These are the final stages in acceptance of the recommended practice. For example, once TB treatment is accepted, the TB provider instructs the client in the treatment's proper use, management of possible side effects, etc. It is important to recognize that the client in this stage also needs praise, encouragement, and reinforcement in order to become satisfied and to be a source of information and motivation for others.)

If a practice is forced on a client prior to reaching the stage where he is ready to make a decision, the client will not feel comfortable, may reject recommendations, and may not return to the TB hospital. Remember that motivation and education are most appropriate at the early stages of contact with a client and that counseling takes place during a one-on-one interaction, when the client is given assistance in making an informed choice.

SESSION 14

Making “contracts” with the clients – Who will do what

Slide #49

The way you give information (especially instructions) can help clients remember them:

- Keep it short. Choose the few most important points that the client must remember.
- Keep it simple. Use short sentences and common words that clients understand.
- Keep it separate. Keep important instructions separate from information that does not need to be remembered.
- Point out what to remember. For example, “These three points are important to remember: ...” Then list the three points. Most important to remember is *what* to do and *when*.
- Put first things first. Give the most important information first. It will be remembered best.
- Organize. Put information in categories. For example: “There are four medical reasons to come back to the clinic.”
- Repeat. The last thing you say can remind the client of the most important instruction.
- Check understanding. Ask clients to repeat important instructions. This helps them remember. Also, you can gently correct any errors.
- Send it home. Give the client simple print materials to take home. Review this material with the client first.

Slide #50

At the last stage of counseling, the TB provider should provide the client with information about the next visit or refer to a specialist for additional treatment. Making the client feel welcome back is as important as making the client feel welcome the first time. KEY WORDS FOR RETURN, “Please come back any time, for any reason” or “I hope we see you again.”

SESSION 16

Meeting counseling challenges

During counseling, the medical providers can face the following challenges:

1. The client is silent.¹²
 - If the client is silent at the start of the meeting, gently call attention to the silence. You could say, “I can see that it is difficult to talk. It’s often that way for new clients. I wonder if you are feeling a little anxious?” Look at the client and use body language that shows empathy and interest. Wait for the client to answer.
 - During discussion, silence can be okay. Sometimes the client is thinking or deciding how to express feelings or thoughts. Give the client time to think.
2. The client cries.
 - A client may cry for different reasons—to express sadness, to win sympathy, out of stress or nervousness, or to stop further discussion. Do not assume that you know why the client is crying.

¹² Adopted from Rinehart, W., Rudy, S., and Drennan, M. *GATHER Guide to Counseling*. Population Reports, Series J, No. 48, Baltimore, Johns Hopkins University school of Public Health, Population Information Program, December 1998.

- Wait for a while, and, if crying continues, say that it is all right to cry. It is a natural reaction. This permits the client to express the reasons for crying. It is okay to ask the reasons gently.
3. The medical provider cannot see a solution to the client's problem.

The medical providers may feel anxious if they are not sure what to advise. They are the medical expert but do not have to solve every problem for the clients. Express understanding. Sometimes this is what the client really wants. Also, suggest others who could help.
 4. The medical provider does not know the answer to a client's question.

Say honestly and openly that you do not know the answer but together you can find out. Check with a supervisor, a knowledgeable coworker, or reference materials, and give the client the accurate answer.
 5. The medical provider makes a mistake.
 - Correct the mistake and say you are sorry. It is important to be accurate. It is not important to look perfect. Admitting a mistake shows respect for the client.
 - Be honest. The more honestly you express your own feelings when appropriate (without revealing your personal life), the easier for the client to do the same.
 6. The medical provider and the client already know each other.
 - Emphasize confidentiality and ensure privacy.
 - If the client wishes, arrange for another medical provider.
 7. The client asks a personal question.
 - In general, try not to talk about yourself. It takes attention away from the client.
 - You do not have to answer personal questions. The relationship between the client and the medical provider is a professional one, not a social one.
 - It can help to talk about your own experience if you wish. Or you can describe what happened to someone else, without using names or identifying them as other clients.
 - Sometimes the client asks if the medical provider has the same problem. It is best not to say yes or no. Instead, you can say something such as, "I'm familiar with that kind of situation. Please tell me more."
 8. The client wants the medical provider to make the decision.
 - This client may actually be asking for help. You can ask questions such as these: "You seem to be having trouble reaching a decision. Perhaps you are not quite ready? Would you like to discuss this further? Do you need more information? More time to think? Would you like to talk this over with someone else – perhaps your spouse or your parents?"
 - You can say, "I can answer your questions and help you think about your choices, but you know your own life best. The best decisions will be the decisions you make yourself."