

Introduction to Basic Counselling and Communication Skills: IOM Training Manual For Migrant Community Leaders and Community Workers



IOM International Organization for Migration



Pandemic
Preparedness
for Migrants and Host
Communities Project

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This manual has been drawn from a wide variety of sources, including other manuals and field guides, as well as documents and articles produced by IOM Member States, regional and country offices.

Introduction

This manual was developed and tested as part of the IOM pandemic preparedness for migrants and host communities project. The manual was designed to assist children, adolescents, adults and families living in migrant and host communities and help them cope during and in the aftermath of a pandemic.

It is important to understand that, people handle difficult situations differently and not all members of a community will cope in the same way. People will experience a wide range of reactions when exposed to distressful events, ranging from the mild to the severe. Some can be amazingly resilient. When a group of people share a difficult experience, some are able to work through it and move on with their lives, while others require more support.

The purpose of this training is to revise and strengthen your counselling skills, skills you may not even be aware you possess, as well as refine your communication skills. We will review the steps we use in the process of counselling and practice them in various situations.

We must realize that for many individuals in both host and migrant communities, this may not have been their first exposure to trauma. However, a previous experience of responding to similar situations and the ability to recuperate can often be used as a stimulus in overcoming their present situation.

How to use this manual

This manual should be used in a highly participative way.

The training is based on the full interaction and involvement of all participants in the training and aims to promote the ownership of its messages.

The trainer should ensure that all participants are fully involved in the training and are offered opportunities to talk on the various issues under consideration. Group work should help facilitate such interaction. The composition of groups should be periodically changed to allow maximum levels of exchange. Each group should select a reporter on a rotating basis so that every participant is given the opportunity to report in plenary.

Every effort should be made to have a balanced gender representation throughout the training. It is essential that seating arrangements facilitate face-to-face discussion and group work to motivate the participants. Ideally each group - five to seven people maximum - should work around a table and the tables should be arranged in order to avoid the “back to school” image of rows.

The trainer’s posture and approach should also be informal and not traditional lecturing. The times suggested can be modified at the discretion of the trainer.

The Manual is organized in sessions. Each end of session is met with a break. Handouts for each session are described within the text. You will also note that there will be discussion points, role play and time for feedback.

In order to deliver the training, trainers should have the following equipment at their disposal:

- flip chart for the trainer and one for each working group;
- coloured markers;
- tape;
- clock or watch;
- Post-It® notes/ small pieces of paper;
- name tags;
- the first day: two wash basins, one with clean water, a bar of soap and either a towel or paper towels;
- each participant should be provided with a notebook and a pen.

Who should use this manual?

This manual is for the training of development, community health or other humanitarian workers who engage with migrants and mobile populations.

This manual can be used in a variety of settings such as institutions or communities.

The trainer should provide the following information at the beginning of the training:

- time schedule;
- individual responsibilities in the trainers' team;
- administrative and financial procedures;
- emergency procedures;
- parking, transportation, food and other facilities;
- possible social events.

Day One

Day One

Agenda

8:30 – 9:00

Registration

Session 1

9:00 – 9:20

1. Welcome and introduction

9:20 – 9:50

2. Getting to know each other

9:50 – 10:00

3. Training objectives

10:00 – 11:00

4. Introduction to pandemic influenza

11:00 – 11:15

5. Hand washing

11:15 – 11:35

- Break

Session 2

11:35 – 12:20

1. Introduction to counselling

12:20 – 12:30

2. Aims of counselling

12:30 – 13:30

- Lunch break

Session 3

13:30 – 14:30

1. The Six Step Process for basic counselling

14:30 – 15:00

2. Principles of basic counselling

15:00 – 15:20

- Break

Session 4

15:20 – 15:50

1. Counselling role play

15:50 – 16:20

2. Confidentiality

16:20 – 16:45

3. Confidentiality role play

16:45 – 17:00

4. Summary of the day

Day One: Objectives

- To get to know each other
- To introduce the concept of an influenza pandemic
- To demonstrate proper hand washing techniques for disease prevention and control
- To explain to members of the community the importance of proper hand washing techniques for disease prevention and control
- To identify the concepts of basic counselling
- To define confidentiality

Session I: Introduction to pandemic influenza

1. Welcome and introduction.....20 minutes

2. Getting to know each other30 minutes

This exercise will allow the participants to get to know each other and become familiar with the training environment.

TRAINER:

- Ask each participant to introduce himself/herself with the following:
 - Name
 - Where you are from
 - Your organization
 - Your job title and responsibility
- Make sure each participant has a visible name tag

3. Training objectives.....10 minutes

TRAINER:

Refer to Handout 1: Training objectives

- Discuss the objectives with the group and answer any questions.
- Ask the participants what they think they are going to learn in this course? List the responses on the flip chart and explain that we will refer to this list at the end of the course.
- Should anyone mention expectations that you know will not be met in the course, this is the time to explain that and why.

4. Introduction to Pandemic Influenza1 hour

TRAINER:

Refer to Handout 2: Things to know about pandemic influenza

5. Hand washing

**Refer to Handout 3: Hand Washing
(15 minutes)**

List Key Messages :

- 1.
- 2.
- 3.

TRAINER:

Hand out Post-It© notes or small pieces of paper. Ask participants to list one new thing that they have learnt today. Collect and stick them on the flip chart and later read them aloud to ensure participants understood the materials.

TRAINER

Break time: 20 minutes

Remind participants the time the next session starts. Tell them you will start on time.

Remind participants where toilets and other facilities are to be found.

Handout I: Training Objectives

- To be able to define and describe a pandemic.
- To be able to raise awareness of the importance of effective hygiene in a pandemic situation.
- To be able to describe the concept of counselling.
- To be able to employ effective counselling skills.
- To be an effective communicator while counselling.
- To understand and respect the rights and responsibilities of all those concerned.

Handout 2: Things to know about pandemic influenza

Pandemic influenza is a new type of influenza virus. It is not seasonal influenza or avian influenza or swine influenza.

1. Seasonal influenza

Seasonal Influenza is an acute viral infection that spreads easily from person to person.

Influenza circulates worldwide and can affect anybody in any age group.

Influenza causes annual epidemics that peak during winter in temperate regions.

Influenza is a serious public health problem that causes severe illnesses and deaths for higher risk populations.

An epidemic can take an economic toll through lost workforce productivity, and strain health services.

Vaccination is the most effective way to prevent infection.

2. H5N1 influenza (Avian influenza)

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic happens when a new subtype emerges that has not previously circulated in humans.

For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus—it will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

3. H1N1 influenza (Swine influenza)

Swine influenza refers to a large group of different influenza viruses that primarily circulate among swine. Although these viruses normally infect swine only, on some occasions they cross the species barrier and infect humans. When a new subtype able to spread from person to person emerges, it can cause an influenza pandemic as humans have no immunity that protects them.

For this reason, swine H1N1 is another strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a swine virus—it will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

4. Pandemic influenza

An influenza pandemic occurs when a new influenza virus emerges and starts spreading easily around the world from person to person. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that more people will get ill with pandemic influenza, and will have more serious disease, than happens with normal influenza.

5. Influenza pandemics are recurring events.

An influenza pandemic is a rare but recurrent event. Three pandemics occurred in the previous century: “Spanish influenza” in 1918, “Asian influenza” in 1957, and “Hong Kong influenza” in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was exceptional, is considered one of the deadliest disease events in human history. Subsequent pandemics were much milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.

A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.

6. All countries will be affected during a pandemic.

Once a fully contagious virus emerges, its global spread is considered inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it. The pandemics of the previous century encircled the globe in six to nine months, even when most international travel was by ship. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than three months.

7. Widespread illness will occur.

Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill.

8. Medical supplies will be inadequate.

Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic and for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defence for protecting populations. On present trends, many developing countries will have no access to vaccines throughout the duration of a pandemic.

9. Large numbers of deaths will occur.

Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of preventive measures. Accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are purely speculative.

WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful and plausible planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

10. Economic and social disruption will be great.

High rates of illness and worker absenteeism are expected, and these will contribute to social and economic disruption. Past pandemics have spread globally in two and sometimes three waves. Not all parts of the world or of a single country are expected to be severely affected at the same time. Social and economic disruptions could be temporary, but may be amplified in today's closely interrelated and interdependent systems of trade and commerce. Social disruption may be greatest when rates of absenteeism impair essential services, such as power, transportation, and communications.

11. Every country must be prepared.

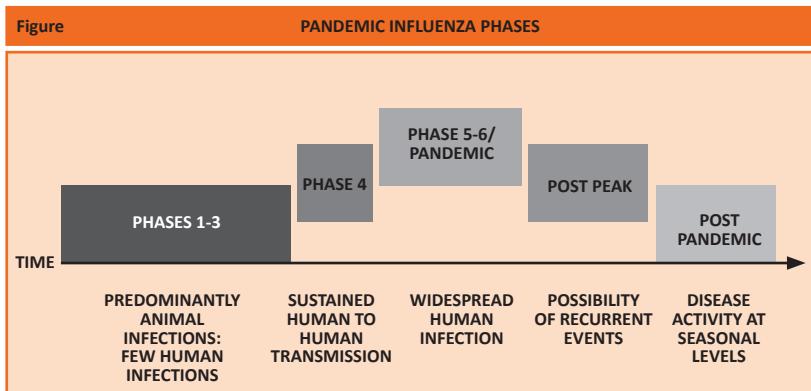
WHO has issued a series of recommended strategic actions for responding to the influenza pandemic threat. The actions are designed to provide different layers of defence that reflect the complexity of the evolving situation. Recommended actions are different for the present phase of pandemic alert, the emergence of a pandemic virus, and the declaration of a pandemic and its subsequent international spread.

12. WHO will alert the world when the influenza pandemic threat increases.

WHO works closely with ministries of health and various public health organizations to support countries' surveillance of circulating influenza strains. A sensitive surveillance system that can detect emerging influenza strains is essential for the rapid detection of a pandemic virus.

13. Pandemic influenza phases

Six distinct phases have been defined to facilitate pandemic preparedness planning, with roles defined for governments, industry, and WHO.



Source: WHO 2009.

14. Influenza symptoms

Flu is characterized by rapid onset of respiratory and generalized signs and symptoms, such as one or more of the following:

- fever,
- muscle aches & pains,
- fatigue,
- headache,
- cough,
- sore throat,
- sneezing, and/or
- runny or stuffy nose.

In addition to these principal symptoms, some people, particularly children, may also experience:

- nausea or vomiting,
- abdominal cramps, and/or
- diarrhoea.

List of reference links:

<http://www.who.int/mediacentre/factsheets/fs211/en/index.html>

http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html#whatis

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_05_8-EN.pdf

<http://www.nhs.uk/Conditions/Pandemic-flu/Pages/QA.aspx>

Handout 3: Hand washing

- Wet hands with water, apply soap and lather well.



Wet hands with clean water



Rub soap on palms

- Follow the six stages of effective hand hygiene to ensure all areas of hands are cleaned properly:



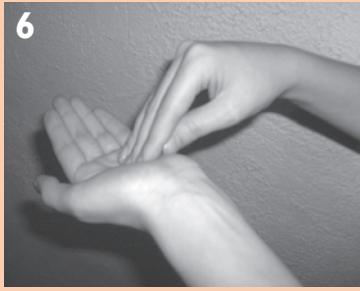
Rub hands palm-to-palm to create a lather



Rub hands together with the fingers interlaced

3**4**

Clean the spaces between the fingers by rubbing the palm of one hand over the back of the other hand and vice versa

5**6**

Clean the knuckles and finger tips by interlocking the fingers

Rub the fingers and thumb into the palm of the other hand to clean under the nails and vice versa

- Once the six stages are completed, rinse hands in clean water.

Rinse hands well in clean water

- Let hands dry in the air.



Session 2: Introduction to counselling

1. Introduction to counselling 45 minutes

TRAINER:

Explain that counselling is a widely used term.

Explain that there are different kinds of counselling and different theories about why and how counselling works. We will be using one of the more modern kinds: cognitive-behavioural. This technique is founded on the belief that in any given situation our thoughts (negative or positive) create our emotions (feelings) and it is due to these feelings that we will behave (or react) a certain way. If we want to change our behaviour, then we will need to modify our thoughts and emotions.

Discussion point: 5 minutes

Ask participants: *How would you define counselling?*

- Write answers on the flip chart/on paper.
- Present the following definition:

Counselling is: *a process, organized in a series of steps, which aims to help people cope (deal with or adapt to) better with situations they are facing. This involves helping the individual to understand their emotions and feelings and to help them make positive choices and decisions. Counselling is an approach for assisting people to reduce initial distress resulting from a difficult situation, and to encourage short and long-term adaptive functioning (positive coping).*

TRAINER:

- Explain each word in the definition to ease understanding (you can refer to the glossary at the end of the manual).
- Ask participants for feedback.
- Relate the definition to a pandemic situation.
- Explain that counselling:
 - is not the same thing as giving advice (which is making a recommendation);
 - helps clients to make their own decisions (you are guiding them to a solution by helping them to see different options and making their own choices).

Discussion point: 5 minutes

Ask participants: How is ‘counselling’ different to ‘interviewing’?

Interviewing is: *collecting information for a specific use. As opposed to counselling, which involves assisting clients to understand their emotions and reactions to a situation.*

TRAINER:

Hand out Post-It© notes/ small pieces of paper and ask participants to list one thing new that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

2. Aims of counselling.....10 minutes

TRAINER:

- Ask participants to list some aims for counselling.
- Write down the answers and group the responses.
- Present the following:

Aims of counselling:

- To assist clients in exploring their problems and guide them to solutions.
- To have clients become aware of the consequences of the experiences and situations they have been/are going through.
- To reduce worry, anxiety or any other negative emotions.
- To guide clients in their recovery from, and adaptation to, difficult circumstances.

Discussion point: 5 minutes

What are the important points to remember when we provide counselling? (Answers: Listen more than you talk, ask open-ended questions, act in a calm and poised manner, do not provide advice, and guide people to solutions. We aim to reduce worry and anxiety.)

TRAINER:

Hand out Post-It© notes and ask participants to list one thing new that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Lunch break: 1 hour

- Remind participants the time the next session starts. Tell them you will start on time.
- Remind participants where toilets and other facilities are to be found.

Session 3: The Six Step Process for counselling

1. The Six Step Process for basic counselling

TRAINER:

Show the Six Steps on a prepared flip chart.

Explain to participants that:

- Counselling is a process, using steps to achieve a positive outcome.
- We use these steps within each session (some will not be used all the time or not at all if it is not appropriate e.g. Step 3), and also with each client's counselling plan as a whole.
- Always keep in mind the aims of counselling as you use the Six Steps.
- Clarify that each step does not necessarily correspond to a counselling session.

Explain to participants that the training is designed to have them go through this process when they are doing multiple sessions with a client.

Refer to Handout 4: The Six Step Process1 hour

2. Principles of basic counselling

Refer to Handout 5: Principles of basic counselling

- Go through the Principles and ensure that each point is understood.

TRAINER:

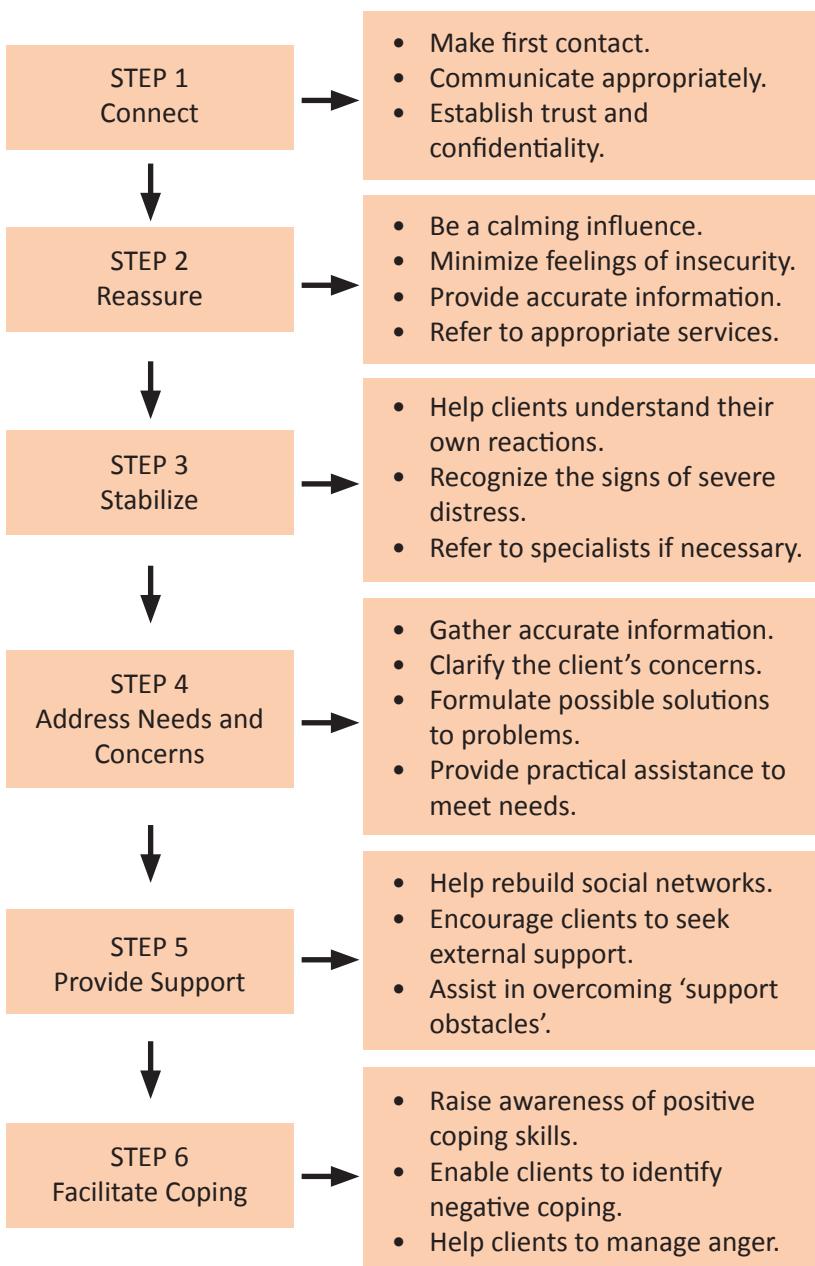
Hand out Post-It© notes and ask participants to list one thing new that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Break time: 20 minutes

Remind participants the time the next session starts. Tell them you will start on time.

Remind participants where toilets and other facilities are to be found.

Handout 4: The Six Step Process



Handout 5: The principles of basic counselling

Counselling aims to help people cope better with situations they are facing. This involves helping the individual to cope with their emotions and feelings and to help them make positive choices and decisions.

Doing this involves:

- establishing a trusting relationship;
- helping the client tell their story;
- listening carefully;
- respecting the client;
- being non-judgemental;
- providing confidentiality;
- providing correct information;
- helping the individual make informed decisions;
- helping the client to recognize and build on their strengths;
- helping the client develop a positive attitude; and,
- maintaining a professional relationship.

It does not involve:

- making decisions for the client;
- judging, interrogating, blaming, preaching, lecturing or arguing;
- making promises that you cannot keep;
- allowing clients to become dependent on you.

Counselling is an approach for assisting people during and in the immediate aftermath of a pandemic, to reduce initial distress, and to encourage short and long-term adaptive functioning.

Counselling does not assume that all clients will develop severe problems or long-term difficulties in recovery. Instead, it is based on an understanding that pandemic clients and others affected by such events will experience a broad range of early reactions (for example, physical, psychological, behavioural, spiritual). Some of these reactions will cause enough distress to interfere with adjustment

to the situation, and recovery may be helped by support from compassionate and caring humanitarian responders.

The main aims of counselling is to ease distress, assist with current needs and promote coping skills, NOT to extract details of difficult experiences and losses.

Session 4: Counselling and confidentiality

1. Counselling

Perform role play.....30 minutes

Have participants divide into pairs and have a first meeting with a client who is there to discuss a problem with a teenage son.

This is a first encounter with a client. What would you do? Say? How and where would you and your client sit? What materials do you need to have handy?

Plenary discussion: Have participants discuss the difficulties they encountered in setting up this first session. What was easy? What would you do differently? How did you feel?

2. Confidentiality**30 minutes**

Discussion point: *5 minutes*

What do you understand by the term ‘confidentiality’?

TRAINER:

- Present the following definition of confidentiality:

Confidentiality is: *the act of keeping information entrusted to you by an individual, or group of individuals, a secret. It is the respect of a client’s right to privacy. You should define the limits of your confidentiality, for example, you can tell teenagers you will treat any information given to you as confidential, as long as it does not endanger their lives.*

- Explain:
 - Counsellors are in a position of trust with clients, who will share a considerable amount of personal information. Sharing information is part of relationship building, one of the keys to effective counselling. There is a respect for the dignity of the client.
 - Counsellors should never mention information about a client to family, friends or neighbours. If counsellors do not respect this trust, clients will no longer feel comfortable to speak freely about their experiences.
 - You should make it a habit to make a statement about confidentiality at the beginning and the end of every session.
 - Explain that you have a moral obligation to break confidentiality if the clients' life is in danger.
 - If you are using an interpreter with a client, the interpreter must also affirm the statement of confidentiality.

Discussion point: 5 minutes

What kinds of information should remain confidential?

Information that should be treated confidentially:

- any information revealed during counselling;
- any information given to you by another responder/counsellor;
- case/medical records;
- any information obtained by you about the client.

3. Confidentiality

Perform a role play 25 minutes

Divide participants into pairs. Have each person take a turn (5 minutes) being the counsellor explaining the meaning of confidentiality to a new client. Describe how you would and under which circumstances you could not, maintain confidentiality. Ask counsellors to give examples.

Plenary discussion (10 minutes): Difficulties encountered and comments from participants about the explanations.

4. Summary of the day

Summary of the day15 minutes

TRAINER:

- Summarize the main points of the session.
- Ask the participants if they have any questions or comments.

Objectives achieved in Day One

Participants should now be able to:

- describe what to expect in a pandemic;
- demonstrate proper hand washing for the prevention of the spread of disease;
- describe the Six Step Process;
- list the aims of Counselling; and,
- define and use Confidentiality.

NB:

- *Remember to inform participants of meeting plans for the next session.*
- *Remind participants of time of start of next session.*
- *Provide homework for participants: "Using the information given today, create a plan for how a first session with a client should unfold".*

Day Two

Agenda

Session 5

8:30 – 8:45	1. Welcome and Day One review
8:45 – 10:15	2. Basics of communication
10:15 – 11:00	3. Basic counselling skills
11:00 – 11:20	Break

Session 6

11:20 – 12:20	1. Session planning
12:20 – 13:20	Lunch break

Session 7

13:20 – 14:20	1. The Six Step Process Step 1: Connect
14:20 – 14:50	2. Counselling and communication role play
14:50 – 15:20	3. Culture sensitivity
15:20 – 15:40	Break

Session 8

15:40 – 16:40	1. The Six Step Process Step 2: Reassure
16:40 – 17:00	2. Summary of the day

Day Two: Objectives

- To be able to demonstrate the necessary skills for counselling.
- To be able to describe the Six Step Process of counselling.
- To practice and consolidate communication skills.
- To learn how to establish a trusting relationship with a client.
- To know how and when to refer appropriately.
- To be aware of needing to be well-informed.

Session 5: Basic communication and counselling skills

1. Welcome and Day One review15 minutes

TRAINER:

- Welcome participants back.
- Ask if anyone has any questions from Day One.
- Introduce the agenda for Day Two.
- Explain objectives for Day Two.

2. Basics of communication1 hour 30 minutes

TRAINER:

- **Refer to Handout 6: The Basics of communication.**
- Go through the Handout and ensure that participants understand the concepts presented.

TRAINER:

Hand out Post-It© notes and ask participants to list one thing new that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

3. Basic counselling skills45 minutes

TRAINER:

Have the flipchart sheet from Day One on the Six Steps on display the rest of the training.

Discussion point: 5 minutes

Ask participants: “What skills are needed when counselling a client?”

- Prepare a response sheet on the flip chart.
- Write down the responses on a flip chart under the headings Relate, Observe, Empathize.

Examples: Facilitating skills, good body language, active listening, empathy, listening, ability to maintain silence, observational skills, summarizing, interviewing, encouragement, respect.

Refer to Handout 7: Basic counselling skills.

- Allocate time to read through the handout.
- Discuss with participants to ensure understanding.

TRAINER:

Remind participants of the following:

- If clients do not trust you, they will not confide in you and it becomes difficult to assist them in finding their solutions. It is critical to develop trust. THIS TAKES TIME. Clients rarely trust us fully in the first session.
- An atmosphere of calm and poise transmits calm! If you want others to have confidence in your abilities, you must develop an atmosphere of calm and poise.
- DO NOT use prayer. If a client wants to pray with you, you politely affirm that you can help them to find someone to pray with. This is not your role. Spiritual guidance is the domain of spiritual leaders. You should not offer to pray with a client.
- It is difficult to say how many sessions you will need with a client. It depends on the situation and even whether you are in a position to see the client again (in a pandemic scenario you may have to be socially isolated at some points).
- Sessions are generally one hour long. Initially, the first one or two sessions can go on for a half hour longer but not more: people become emotionally exhausted and so will you. Remember to practice self-care.

- Sessions should be planned. There is a process that can be followed every time, while still allowing clients to bring new issues to you.

TRAINER:

Hand out Post-It© notes and ask participants to list one new thing that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Break time: 20 minutes

Remind participants the time the next session starts. Tell them you will start on time.

Remind participants where toilets and other facilities are to be found.

Handout 6:The basics of communication

Communication defined

Communication is the process of sending and receiving messages, either verbally or non-verbally, between people. As this is a continuous process, it will affect the relationships that exist between people who are communicating with each other.

Developing effective communication skills cannot be left to chance. It requires experiences that provide opportunities to observe, practice and give and get feedback from others. Communication skills include:

- empathy building and active listening;
- giving and receiving feedback;
- verbal and non-verbal communication;
- assertion and refusal skills;
- negotiation;
- cooperation and teamwork;
- relationship and community-building skills.

Effective communication

- Is fundamental to developing responsible behaviours in relation to health care and positive participation within social groups, relationships and the general community.
- Enhances personal relationships and self-esteem.
- Is necessary between adolescents and teachers, parents and others, if complex and sensitive issues are to be discussed in an open, honest and non-threatening way.
- Will be enhanced in a supportive and accepting environment.
- Will encourage people to openly discuss sensitive issues with a counsellor. People will become aware of a wider range of ideas and values relating to these issues, giving them access to many solutions to their problems. This in turn can help clients to build resilience and make informed decisions on their own.

Ineffective communication

- Can result in personal and professional dissatisfaction, loneliness, conflict and estrangement from peers in social, family, school and work settings.
- Can, over time, diminish an individual's level of self-esteem and increase feelings of hopelessness and their dependence on others to make and resolve problems for them.
- Can make an individual's ability to cope with difficult issues harder.

Effective communication skills can provide people with confidence to relate to other people and situations.

Information on active listening

Active listening is an essential element of an effective communication process. Communication becomes ineffective when the following occur:

- People are so preoccupied with what they are **going to** say they do not pay attention to what the other person is saying.
- People wait for an opportunity to focus on an issue being discussed by another person so that they can express their point of view.
- People listen selectively – they only hear what they want to hear.
- People interrupt and finish the other person's statement, changing it for their own purposes.

Positive skills to use are:

Attending skills: Giving your physical attention to another person. Looking involved by adopting an open body position. Maintaining eye contact and showing facial expressions and other signs that you are interested in what the person is saying.

Following skills: Not interrupting and diverting the speaker. Using minimal encouragers – simple responses that encourage the speaker to tell their story. Asking relevant questions, which allow for more of a response than yes or no. Not taking on the role of inquisitor and ask too many questions. Maintaining attentive silence.

Reflecting skills: Telling the other person what you think they are feeling.

- “You’re obviously happy about this project.”
- “Sounds like you are angry.”
- “It seems to me that you feel annoyed.”

Paraphrasing skills: Putting in different words what the other person said and checking you have heard it correctly.

- “If I understand you correctly...”
- “So you’re saying that...”
- “So you think that...”
- “Sounds like you’re saying that...”

Focusing skills: You politely ask the other person to focus on their main concern.

“I know that all these matters concern you greatly but is there one of these in particular that we can do something about?”

“Of what you’ve mentioned, what concerns you the most?”

Barriers to effective communication

1. Judging

Judging involves imposing your values on another person and giving solutions to their problems. When you judge you don’t fully listen to what someone is saying because you are too busy assessing their appearance, the tone of their voice and the words they use. Examples include:

- criticizing – “You don’t understand anything?”;
- name-calling – “You are crazy”;
- diagnosing – “You are not really interested in this subject”;
- praising to manipulate a person – “With a little more effort you could do a lot better”.

2. Sending solutions

Interrupting before the speaker has finished or giving your idea of a solution before being asked can be irritating for the speaker and can prevent them from transmitting their original message. It may also encourage individuals to become dependent on us to solve problems for them and deny them the opportunity to practise decision-making skills. This type of communication may convey to them that their feelings, values and problems are not important. Examples include:

- ordering – “You will study two hours a night”;
- threatening – “If you don’t do this”;
- moralizing – “You should do this...”;
- excessive/inappropriate questioning – “Where did you go? What did you do? Who were you with?”;
- finishing sentences for the speaker.

3. Avoiding the other’s concerns

Here the problem is never dealt with by the counsellor. The individual’s feelings and concerns are not taken into account. The listener does not want to deal with the fears, anxieties and worries of the individual. Examples include:

- advising – “It would be best if you...”;
- diverting – “What sport are you playing this term?”;
- logical argument – “The only way to improve your results is to study more”;
- the emphasis is on facts, and feelings are avoided;
- reassuring – “It will all work out”, may make the person feel better but not deal with the problem;
- discounting – “Yes, but...”.

Handout 7: Basic counselling skills

Connect

Relate to the client

- Treat each individual you come in contact with as you would a client. All clients deserve respect, whatever their age, marital status, ethnic group, or sex. The most important contact will be the first one: your greeting will be key to making people feel comfortable sharing critical information with you.
- Explain confidentiality to the client.
- Explain your role to the client.
- Ask questions, listen, and respond to each client's own needs, concerns, and situation.
- Support the client in acknowledging their coping efforts and skills so far. Empower the client by having them take an active role in their recovery.
- Use clear and simple language; no slang.

Observe the client

Calm down and orient emotionally overwhelmed or distraught individuals. Interact in a non-invasive but compassionate way. Each client is a different client.

Be aware of non-verbal behaviours (facial expressions, physical appearance, body movements) as they may provide valuable clues about how the client is feeling.

Empathize with the client

TRAINER:

Ask participants to describe empathy. How do you show empathy? What is the difference with sympathy?

- You empathize with a client when you are able to put yourself in their shoes. Ask yourself questions like: “How would I feel in this situation?” You are deliberately choosing to look at things from client’s perspective NOT yours.
- It is the most important aspect in building a relationship with a client.
- By being empathetic you are able to communicate that you accept the client’s experiences and feelings (not that you necessarily understand it).

Communicate

Listen

- Remember that there is verbal and non-verbal communication: your body language says a lot more about you than most of your words.
- Remember that you have two ears BUT ONLY one mouth. Listen twice as much as you speak.

Listen to what your clients say and how they say it. Notice tone of voice, choice of words, facial expressions, and gestures.

Session 6: Session planning

During this session participants will learn how to plan training sessions.

TRAINER:

Ask three participants to volunteer to present their homework assignment to the group.

Write down some of their ideas on the flip chart.

Refer to Handout 8: Session planning1 hour

Discuss the handout and make amendments with the group's suggestions.

Participants can use this sheet until the session plans become second nature. This sheet can be amended to suit your needs.

TRAINER:

Hand out Post-It© notes and ask participants to list one new thing that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Lunch time: 1 hour

Remind participants the time the next session starts. Tell them you will start on time.

Remind participants where toilets and other facilities are to be found.

Handout 8: Session planning

First session:

1. Have a notepad and pen to write it all down.
2. Welcome the client into a private area. Invite them to sit
3. Introduce yourself, what you do and your organization.
4. Ask the client to introduce themselves with this information:

Name

Age

Profession

Marital status

Number of children

Where they live/are originally from

Why they are consulting you today

5. After hearing why they came, explain:
 - confidentiality;
 - Your role as a counsellor.
6. Ask about any illnesses (recently developed and/or that they have had for a long time).
7. Ask the client to define the problem they need help with. Ask open-ended questions and enquire what help, if any, they are already receiving.
8. If they need a basic referral and you have the information, you can give it. Ask if they need anything else. If not, the session and the counselling is over. If they do, again ask them to define what they need help with.
9. Once you have defined the problem, heard about the situation and realized what research you may need to do, end the session by thanking the client for their trust, summarize your discussions and the problems raised, re-state confidentiality and set another appointment where you will be able to help guide them to a solution.

Other sessions:

1. Greet client by name and find out how they have been since the last session. Any questions they have from the session?
2. Re-state confidentiality.
3. Briefly state the discussion you had in the last session and the problems that were brought up. Ask for any clarifications. Ask if there are any other issues that have come up.
4. Ask the client if they have thought of any solutions since the last time.
5. Be prepared to give a few suggestions and discuss what is for and what is against each solution.
6. Be alert to the client's state of mind/physical health.
7. Gather more information on the social network and resources around the client.
8. Close the session by summarizing what was said and agreed to, re-state confidentiality and set another appointment as necessary.

Remember: Clients should be doing most of the talking!

Session 7: Using the Six Step Process

1. The Six Step Process

TRAINER:

Refer to the Six Steps on a prepared flip chart.

Explain to participants that they will now go through this process in detail.

Refer again to Handout 4: The Six Step Process

Step 1: Connect1 hour

TRAINER:

Explain the following to participants:

- For effective counselling, one must be a good communicator.
- The first contact with a client is important as it will help to build a partnership with the client, and possibly their group.
- Remember that the first impression that a person receives of you is made within the first 20 seconds of meeting you.
- If you are approached by more than one person, engage with each person as much as possible, making a note of names and relationships.
- Let everyone take turns explaining the issue as they see it.
- Keeping calm is essential in creating an appropriate environment for counselling.

When making contact with a client who you feel may need help, observe a few precautions:

- DO NOT assume that others feel the need for your help.
- DO NOT assume that they trust you, or that they feel safe in asking for or accepting your help.
- Be prepared for rejection: do not insist, simply inform the client where and when they can seek assistance in the future.
- Allow the person to do most of the talking.
- DO NOT make promises.
- Be aware of gender differences.
- Use the Session Plan until you feel comfortable that you will not miss out on important information.
- Refer to confidentiality during the first introductions.

Refer to Handout 9: Communication skills and discuss each point.

Perform role play.....30 minutes

2. Counselling and communication

The following exercise will allow participants to practice what they have learned about effective counselling and communication skills.

- Ask participants to separate into their groups and act out the following counselling scene:

Role play:

You are assigned as a counsellor to approach a nervous looking woman/man. This is your first contact with them.

Demonstrate through acting how you would engage with them.

Ask participants to choose the following roles:

- *Counsellor*
- *Client(s) (each group should be given a different kind of client: a teenager, a couple, a woman, a man)*
- *At least two observers*

Give each group 10-15 minutes to prepare. They will then do a 5 minute role play to the rest of the groups that demonstrates this first contact.

NB: Engagement is not always successful. To illustrate this, the trainer can ask one group to demonstrate a rejection scenario and what the counsellor would do to encourage the client to engage.

Feedback: start the discussion by asking participants to comment on the skills used during the role play.

NB: Positive and negatives should be noted.

3. Culture sensitivity

Refer to Handout 10: Culture sensitivity30 minutes

TRAINER:

Go through the handout and use examples from the role plays just performed to make certain points about cultural differences.

TRAINER:

Hand out Post-It© notes and ask participants to list one new thing that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Break time: 20 minutes

Remind participants the time the next session starts. Tell them you will start on time.

Remind participants where toilets and other facilities are to be found.

Handout 9: Communication skills

COMMUNICATE

Active listening

- Remember that there is verbal and non-verbal communication: your body language says a lot more about you than most of your words.
- Listen to what your clients say and also how they say it. Notice tone of voice, choice of words, facial expressions, and gestures.
- Give your clients time to think, ask questions, and talk. Move at the client's speed.
- Listen to your client carefully instead of thinking what you are going to say next.
- Sit comfortably. Avoid distracting movements. Look directly at your clients when they speak, not at your papers or out of the window.
- Every now and then repeat in your words what you have heard. This is called "paraphrasing". Then both you and your client know whether you have understood.

Effective Questioning

Why ask questions?

- To learn why the client has come.
- To help the client express needs and wants.
- To help the client express feelings and attitudes, to better understand how they feel.
- To help the client think clearly about choices.
- To show the client that you care.
- To grasp the client's knowledge and experience.
- To learn about behaviour and situations that could affect the client's choices.

You may need to ask all clients certain questions for your records.

But the most important questions bring out what clients really want and how they feel. The best questions lead to answers that suggest more questions—like a conversation between friends. No list of standard questions suits all clients.

How can you “question effectively”?

- 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.
- Use words such as “then?” “and?” “oh?” These words encourage clients to keep talking.
- When you must ask a delicate question, explain why—for example, asking about a missing relative the location where he was last seen and in what condition the person was in.
- Avoid starting questions with “why.” Sometimes “why” sounds as if you were finding fault.
- Learn to rephrase the same question in other ways if the client has not understood.
- Use open-ended questioning. These are questions beginning with “who”, “what”, “how”, “when”, “where”. They invite full answers and often will lead you to a more thorough understanding of the client and the situation they are in. They will always elicit more than a “yes” or “no” response (which is closed questioning).
- After using open-ended questions, to **confirm** and to complete the information you have received, narrow down your questions much later in the conversation with closed questions.

Summarize

- Do this at the end of the session, so that you both can agree on what was discussed and what you both will do after leaving the session.
- Highlight and clarify issues so that the client can see the broader picture.
- Pinpoint possible solutions that were discussed.
- Ask the client how they feel about what has been discussed.

Although a counsellor needs to know how to question effectively and will learn in time to say the right things, the ability to empathize surpasses all of that. Try not to be worried about saying the wrong thing. Listen and empathize.

Handout 10: Culture sensitivity

Examples of cultural differences:

- distances in conversation;
- eye contact;
- touch;
- appropriateness of being one-on-one with a member of the opposite sex.

Distances between two people in conversation will differ:

- from culture to culture;
- from client to client;
- from gender to gender (i.e. two women will come closer physically while in conversation as compared to a man and a woman).

People are often unaware of their behaviour until they realize it makes someone else uncomfortable. To be on the safe side, until you become familiar with the group, use the following rules:

Rules:

- Do not come in too close to talk to someone.
- Do not make long eye contact.
- Do not touch, particularly someone of the opposite sex.
- Do not spend time alone with a member of the opposite sex.
- Observe the groups' behaviour amongst themselves.
- Ask for guidance and be cautious.
- Always make an effort to find out who the leader of the group is (e.g. the head of the family).

Session 8: The Six Step Process

1. The Six Step Process

Step 2: Reassure1 hour

One of the aims in providing counselling is to assist people to move from a feeling of insecurity to feeling at least a minimal sense of safety. This is called “reassurance”.

TRAINER:

Instruct participants to:

- Prepare for ways to obtain up-to-date, accurate information on the situation and the progress being made.

Discuss with the group the different ways to obtain this information in a time of crisis.

- Limit exposure to inaccurate (rumours) or excessively upsetting information.
- Be on the alert for rumours and move to deal with them as soon as you are aware of them.
- Connect clients to available practical services and resources. Part of being prepared and preparing your communities for action is having some knowledge of national, district or community pandemic or crisis preparedness plans. Familiarize yourself with existing plans and give this information to your community.

Provide information about:

- Food assistance.
- Medical concerns.
- Law enforcement agencies.
- Essential social services.

Discuss communication systems (e.g. mobile phones, land lines, email, etc.) in a crisis situation.

Help calm and comfort clients. Also realize that you are a human being before you are a counsellor! You will therefore have your own reactions to deal with. You will be thinking about and wanting to protect your own family. Be prepared to help your family first so that you can focus on helping others.

- Give information about:
 - what to do/what will happen next;
 - what is being done to assist them;
 - what is currently known about unfolding events;
 - available services;
 - common stress reactions;
 - what to do to take care of self and family.
- Interact with people: ask about needs and expectations.
- Plan with the client on how best to gather needed information and resources.
- Address safety concerns based on your understanding of the current situation.

NB: When giving this information take into consideration your audience: adapt the information given the client's age and level of anxiety. Again, remember to use clear language, no slang.

Discussion point: 10 minutes

Ask participants: How would you handle a similar situation? Ask for sample statements that are reassuring and write down responses.

Unhelpful responses should be highlighted so that participants know what to avoid saying.

TRAINER:

Instruct participants to encourage people to participate in getting the things needed for their comfort and safety:

- Take more time with people as appropriate, for example if someone is worried about a missing family member. Listening to hopes and fears is an important step.
- If people want to leave a safe area to try to find a missing family member, discuss the dangers involved and give them the most up-to-date information about the current situation.
- Protect people from additional difficult experiences and reminders, including sights, sounds or smells that may be frightening.
- DO NOT guess or invent information in order to provide reassurance.
- DO NOT reassure people that they are safe unless you have definite factual information that they are.
- DO NOT put emotionally very disturbed and very agitated people with those who are already on the upward trend.

Reassuring children

Children and adolescents will look to adults for cues on how to behave. Remind participants of time of start of next session.

TRAINER:**Refer to Handout 11 – Basic counselling skills to be used with children**

Instruct participants to:

- Place children near or with adults who are calm and coping well.
- Be prepared to offer brief explanations to them if they observe extreme reactions in others.

Perform the Role play30 minutes

NB: Trainer: This is an optional exercise if time permits

Role play

- Ask two groups of participants to volunteer to role play for 5 minutes how they would reassure a young child (5 to 8 years old).
- Ask the rest of the group to act as observers.
- Feedback: At the end of the role play, start a discussion by asking participants to comment on the skills used during the role play.
- Write down suggested statements to calm down and reassure a child.

NB: Pay attention to the age of the child!

TRAINER:

Instruct participants to:

- assist children and adolescents in reconnecting if they are separated from their caregivers;
- ask for information (have a sheet handy to collect this information).

Information on a child:

Name

Parents/caregivers/siblings names

Where they are from

How they got here and with whom

Age

Notes/Follow up required:

- You will need to use closed questioning for younger children.
- Use this information to notify the appropriate authorities.
- How would you amend the form? Are there other questions you would want to ask?

- Tell children where they will stay until they are reunited with caregivers, who will be supervising them and what they can expect next.
- DO NOT make any promises!

2. Summary of the day20 minutes

TRAINER:

- Summarize the main points of the day.
- Ask the participants if they have any questions or comments.

Objectives achieved in Day Two

Participants should now be able to:

- Explain basic counselling skills.
- Initiate a counselling session.
- Describe the Six Step Process of basic counselling.
- Use appropriate communication skills.
- Provide reassurance to both children and adults.
- Refer clients appropriately.

Homework: “if you were in a crisis situation, what would be your plan for you and your family? Write down your own Family Emergency Plan. Use information we discussed in the session.”

NB: Remember to inform participants of meeting plans for the next session

Handout 11: Basic counselling skills to be used with children

- When a child is undergoing difficult circumstances, their reactions may not be the same as an adult's. They may be nervous or fearful but may not actually display this. Some regress in behaviour (e.g. a five year old starts thumb-sucking again, or a 10 year old starts bedwetting.)
- When you first meet the child, ascertain whether they are alone or they have a caregiver nearby. If there is a caregiver, do not interact with the child without permission. If there is no caregiver, find out what the circumstances are.
- Get down to the child's level and speak in a warm manner, without touching the child. Be slow in your movements. You can give the child a distracting activity while you speak to them (e.g. drawing or playing with a ball.)
- Ask the child to repeat back to you what you have been saying, to be sure they understand. This is called "reflection".
- Assess the level of the child in terms of ability to explain circumstances, describe events; adjust your conversation accordingly.
- Remember yourself at their age if you can and keep the information short and simple so as not to overwhelm them.
- Do not make promises you are not sure you can fulfil (e.g. a toy, game, reuniting with family, etc.)
- Use role plays, which can help children to communicate if they are not able to verbalize a problem.
- End the session with a positive or encouraging statement and when possible give the child something to do (a drawing, writing, bring a special toy) for the next time you meet.

Day Three

Agenda

Session 9

- | | |
|---------------|--|
| 8:30 – 8:45 | 1. Welcome and Day Two review |
| 8:45 – 9:30 | 2. The Six Step Process
Step 3: Stabilize the traumatized |
| 9:30 – 9:45 | 3. Stabilizing the traumatized role play |
| 9:45 – 10:00 | 4. Crisis or pandemic preparedness |
| 10:00 – 10:30 | 5. The Six Step Process
Step 4: List needs and concerns |
| 10:30 – 11:00 | 6. The Six Step Process
Step 5: Rebuild social networks |
| 11:00 – 11:20 | Break |

Session 10

- | | |
|---------------|--|
| 11:20 – 11:50 | 1. Coping during a crisis role play |
| 11:50 – 12:30 | 2. The Six Step Process
Step 6: Teach coping skills |
| 12:30 – 13:30 | Lunch break |
| 13:30 – 15:30 | Step 6 continued |
| 15:30 – 15:50 | Break |
| 15:50 – 16:45 | Step 6 continued |
| 16:45 – 17:00 | 3. Summary of the day |

Day Three: Objectives

- To be able to give practical assistance through counselling
- To be able to demonstrate being supportive
- To be able to identify positive coping skills and how to use them
- To be able to identify clients who are not coping well
- To be able to intervene effectively with clients who are not coping well

Session 9: The Six Step Process

1. Welcome and Day Two review15 minutes

TRAINER:

- Welcome participants.
- Ask if anyone has any questions from Day Two.
- Introduce the agenda for Day Three.
- Explain objectives for Day Three.

2. The Six Step Process

Step 3: Stabilize the traumatized45 minutes

Community members may become severely disoriented and emotionally distressed in the aftermath of a trauma. Whilst many people are able to cope reasonably well with difficult situations, some will not be able to for a variety of reasons.

Children or adolescents are particularly vulnerable and may not be able to handle the aftermath and the consequences of certain difficult events (for example, the death of a parent/caregiver).

TRAINER:

Instruct participants to recognise the signs of trauma:

Signs to watch out for in a client:

- A dazed look.
- Inability to respond to questions or directions.
- Disoriented.
- Inappropriate emotional responses: uncontrollable crying, silence, immature behaviour (for an adult or a child).
- Abnormal physical reactions: shaking, trembling, rocking.
- Self-harm.

NB: Watch for persons whose reactions are intense and constant and that therefore can impact on the person's ability to function.

TRAINER:

- Explain certain key words used above: “intense” and “constant”
- Instruct participants to offer support by:
 - assisting members of the community in comforting the client;
 - taking the client to a more isolated area with less activity and noise (if necessary);
 - addressing the client’s immediate concerns;
 - giving information and assistance that addresses the client’s specific needs;
 - orienting the client to their new surroundings;
 - remaining calm and available;
 - alerting members of the community to look out for family members who may be showing signs of extreme/unusual distress.

NB: Always respect the client’s privacy: if they do not accept assistance, let them know that you are available and will keep checking in on them. Stay nearby.

TRAINER:

- Instruct participants to use the following options with extremely agitated clients:
 - Ask the client to focus on a point (make eye contact if culturally appropriate).
 - Ask them to listen to your voice.
 - Ask them who and where they are and what is happening.
 - Tell them take a few deep breaths and then describe the surroundings.
 - With children, ask them to point out different colours and objects they see around them.

3. Stabilizing the traumatized

Perform role play.....15 minutes

The trainer and two volunteers.

First part: volunteer A is an adult who is agitated and disoriented.

Second part: volunteer B is a child who is agitated and disoriented.

Ask the group for comments and input.

- If none of the above works, participants will need to refer the client to a health specialist.

Referral to a health specialist

- Gather as much important information as possible for the referral (either from the individual or family and friends). Such as:
 - name, age, place of origin;
 - previous history of mental illness;
 - list of medications being taken;
 - substance abuse/recovery issues;
 - ongoing medical conditions;
 - family circumstances;
 - duration of signs of severe emotional trauma;
 - personality of client previous to showing signs.

NB: counsellors should have a prepared list of contacts necessary for referral

4. Crisis or pandemic preparedness15 minutes

TRAINER:

Go through the proposed list below and ask for additions based on the local context (e.g. other UN agencies, NGOs, government ministries).

Ask participants how they would go about getting the contact information. Remind participants of the difficulties to be expected in a crisis in terms of communications.

List of service providers and how to contact them

Police

Fire Department

Ambulance

Doctors

- 1.
- 2.

Nurses

- 1.
- 2.

Other health care providers

- 1.
- 2.

Red Cross/Red Crescent

Provides:

International Organization for Migration

Provides:

United Nations High Commissioner for Refugees

Provides:

Other UN Agencies and NGOs

Provides:

Community Leaders

Community Health Workers

Religious Leaders

Others:

TRAINER:

Ask participants:

- What do we need and need to do in a crisis situation?
- What experiences have we had with previous crises? What did we learn?
- What do children need? Adults? The elderly, ill and disabled?
- Where will we meet if our group/family becomes separated?
- If we are stuck at home or in an enclosed area, what precautions do we take in terms of health care, food and water?

List all answers on the flip chart.

TRAINER:

Hand out Post-It© notes and ask participants to list one new thing that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

5. The Six Step Process

Step 4: List needs and concerns30 minutes

TRAINER:

Remind participants of the following:

- Adapt the intervention to the needs of specific individuals or communities.
- Gather enough information to prioritize your involvement.

- Repeatedly clarify the client's concerns and needs throughout the counselling sessions.

NB: Time can change people's priorities and concerns and will in many cases allow the individuals the room to adapt to the aftermath of the crisis.

Discussion point: 15 minutes

What is the aim of questioning?

Which questions can be used to gather important information about client's immediate needs and concerns?

NB: Prompt them to use open-ended questioning.

Explain the types of information that the counsellor should be prepared to discuss with the client:

The nature and severity of experiences

- Avoid detailed questioning about difficult experiences.
- Follow the client's lead in discussing what happened.
- Prioritize collecting information to help with their current needs and future care plans.
- Reassure the client that they will be able to continue talking in the near future.

Concerns about the immediate aftermath of a pandemic

- Understand that clients will be anxious about the situation and will probably want information on what to do, where to go next.
- Be aware of the disaster plans available.
- Identify the district/community disaster management focal points.
- Develop individual family/community emergency plans.
- Test the plans through simulation (like a fire drill).

Concern about the safety of loved ones

- Connect clients with available information sources and agencies that help locate and reunite family members.

Illnesses, health conditions and the need for medications

- Pre-existing medical or mental health illnesses and the need for medications can all add to the complexity of coping with a crisis.
- People who already had a history of psychological problems may see their problems worsen, creating a greater difficulty in coping with post-disaster reactions.
- Medical and mental health conditions should be a priority.

Other concerns

For example: due to prior exposure to trauma, feelings of shame and guilt, anxiety over loss of homes and crops/livelihoods.

- Summarize the concerns.
- Identify the most immediate needs.
- Proceed to provide practical assistance to meet these needs.

At all times, remember Basic Counselling skills.

- Simply listen.
- Help them to calm down.
- Help them to prioritize their needs.
- Help to address those needs by using the resources available to you.

NB: Before the client leaves the session, re-emphasize your commitment to confidentiality.

6. The Six Step Process

Step 5: Rebuild social networks30 minutes

Following a pandemic or any other crisis or disaster, one of the most important sources of well-being is reconnecting with our social supports.

TRAINER:

Give the participants the following examples of relevant social support:

- primary sources: family and significant others;
- spiritual support: clergy or religious belief groups;
- emotional support: other clients or relief workers/counsellors;
- material support: experts on money, housing, etc.;
- physical assistance;
- informational support.

Discussion point: 15 minutes

In situations you have encountered, what kinds of support was available? How did people make use of them?

Were some people reluctant to use the support available? If yes, why do you think this was?

What obstacles stop clients from using the support available?

How we can encourage clients to move past these obstacles?

Social support networks

TRAINER:

Explain:

- It is helpful to connect clients with other support systems, e.g. family and significant others. Encourage clients to make good use of them.
- It may be that the most immediately available source of support is you, the counsellor or another relief worker.

Discussion point: 10 minutes

How can you be supportive as a counsellor without becoming an “emotional crutch”?

Discuss things we may do or say that may lead to clients becoming too dependent.

TRAINER:

Hand out Post-It© notes and ask participants to list one new thing that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Break time: 20 minutes

Remind participants the time the next session starts. Tell them you will start on time.

Remind participants where toilets and other facilities are to be found.

Session 10: Coping during a crisis

1. Perform role play

Two role play scenarios 30 minutes

1. Ask two people to role play the following: This is the fifth visit of a client to a counsellor. The counsellor allows the client to become very dependent on him/her. The client starts to view the counsellor as an emotional crutch.
2. Ask two people to role play the following: a client comes for help to a counsellor. This is the fifth visit and the client is starting to depend on the counsellor for advice and recommendations. The client is very demanding. How does the counsellor regain control of the sessions and stops being an emotional crutch?

The rest of the group observes and then comments on “dos” and “don’ts” of counselling to avoid our clients becoming emotionally dependent on us.

2. The Six Step Process

Step 6: Teach coping skills..... 3 hours 35 minutes

TRAINER:

Explain to participants that coping skills are those that:

- help a client to reduce anxiety;
- reduce other distressing reactions (physical or psychological); and,
- help people get through a bad time.

Discussion point: 5 minutes

What are positive and negative coping skills?

Discuss in groups and note answers on the flip chart. Then read out the following:

Positive coping skills

- talking to a supportive client (friend, family, clergy, counsellor);
- getting needed information on your situation;
- rest;
- engaging in positive distracting activities (sports, reading, hobbies);
- eating healthily;
- using calming self-talk;
- exercising;
- focusing on doing something practical;
- engaging in a relaxation technique (deep breathing, muscle relaxation);
- exercising in moderation;
- spending time with others;
- taking a moment to do deep breathing, closing eyes, praying or other forms of meditation.

Refer to Handout 12: Signs of not coping

Explain to participants that the counsellor's aim is to discuss positive and negative coping skills with clients to enable them to:

- realize that they can choose more healthy options for themselves and their families;
- identify when they engage in unhealthy behaviours;
- be encouraged to make conscious, goal-oriented choices about how to cope;
- have a sense of control of coping and adjusting to difficult circumstances.

TRAINER:

Ask participants if they can add to the list in handout 12

Explain to the participants that Step 6 will be taught using role play.

Role play

The following exercise will enable the participants to gain a shared understanding of what a pandemic scenario could be like, how to cope and what reactions community members might have when exposed to difficult situations.

Ask participants to separate into groups and assign the following roles:

- *Counsellor*
- *Adult client*
- *Child (5-8 year old), related to the adult above*
- *Specialist in an area other than counselling (e.g. shelter, food, health)*
- *Observer*

NB: remind participants that their clients will be both migrants and members of the host community.

NB: this exercise may create an emotionally charged atmosphere. You will need to remain in charge to keep the participants focused on the specific exercise of relating the cases to their own communities.

Distribute Handout 13 – The pandemic scenario.

- Give time for participants to go over the material and ask for any clarifications.
- Give each group 30 minutes to prepare.

Lunch break

- After lunch break, each group will then do a 15-minute role play to the rest of the group that demonstrates this.

NB: the observer must:

- *watch how the counsellor responds to issues raised;*
- *take note on skills used;*
- *pay attention to whether particular cultural background(s) will play a role in the situation (host vs. migrant communities; counsellor vs. client, etc);*
- *give feedback, noting both positive and negative.*

Handout 12: Signs of not coping

- alcohol/drug abuse
- withdrawing from activities or friends
- withdrawing from family
- getting violently angry
- assaulting others
- threats
- hostile behaviour
- verbal insults
- anxiety
- depression
- fears
- muscular tension
- obsessions/unwanted thoughts
- aches and pains
- tics
- tremors
- sleeping problems
- physical weakness
- digestion problems
- fatigue
- anger

Handout 13: The pandemic scenario

A new kind of influenza (flu) has spread to different countries in the world. Some countries are affected more than others. This form of influenza can be spread from person to person easily. The World Health Organization (WHO) has declared a pandemic phase.

Many countries in your region have reported cases of this particular flu. Reports from your country show that many people have this flu. Hospitals and clinics do not have enough room for all the people who have this illness and only accommodate people with life threatening conditions. There are reports that 1 out of 4 people are sick and 3% of these people die. The national health authorities report 20 deaths and more than 600 cases have been reported across the country.

People are starting to panic as there are many rumours as to how the disease is spreading. They want information on the situation and how to prevent and control the spread of the disease.

Role play A:

What is your role as a counsellor/communicator in providing information about the developing situation to your clients? How is this information collected and transmitted to clients? What recommendations will you offer to your clients?

Some days later

The situation in your country and its neighbours is deteriorating. Most businesses and government offices are closed, food is scarce and medical facilities are unable to provide care to infected persons due to lack of supplies and healthcare workers. An estimated two million travellers are attempting to return to their home countries or travel to “safer” locations, placing extraordinary pressure on global transportation systems.

Many airports, train routes and border crossings are either closed, or are being significantly obstructed by pandemic-related processing of travellers.

Role play B:

Some of your clients are panicking. They tell you that they want to move away from the area. What recommendations will you offer to your clients?

Some days later

Food shortages are being reported due to the failure of food distribution and food processing infrastructure. The shortages are particularly severe in your country, food stockpiles are extremely limited. In addition, the potential impact on the imminent harvest is likely to further compromise food security.

There have been mass migrations out of the most severely impacted areas in Southeast Asia and Africa. It is estimated that more than 10 million people have migrated.

Work to develop an effective vaccine is reported to be yielding some success and it has been widely reported by media sources that such a vaccine will soon be available.

Media reporting of the pandemic continues to be intense, but is being hampered by a cessation of print media distribution within severely impacted countries.

Role play C :

Some of your clients are panicking. They do not have enough food to eat. What recommendations will you offer to your clients?

Some days later

Civil unrest is rising in some countries as the pandemic's economic impact begins to influence the ability of citizens to obtain food, medicine and other essential commodities.

Community-based measures to limit disease transmission, such as social distancing, appear to have effectively slowed the spread of the virus in some areas.

WHO is reporting that a vaccine has been developed to combat the virus, although production capacity is not sufficient to meet

current global demand. WHO, working with member states and pharmaceutical companies, has initiated global production of a pandemic influenza vaccine. Production capacity is increasing as more production facilities are identified and certified to produce the vaccine.

The initial pandemic wave begins to abate as pharmaceutical and non-pharmaceutical interventions are broadly applied.

Role play D :

Some of your clients have been caught up in the civil unrest, and do not have money to buy medications for sick family members. What recommendations will you offer to your clients?

Questions to be addressed by all groups

- How are your clients coping with the situation – break down this by group (children, elderly, women, men)?
- How are you able to reach your clients during this pandemic?
- How are you protecting yourself? How is this helping your clients (hint: modelling behaviour)
- Are you able to see positive coping skills? Negative coping skills?
- In the midst of the pandemic, with so many health restrictions and with the promotion of social distancing and discouraging of gatherings, how have people dealt with illness in the family and death?

After the role play ask participants to:

- reflect on their feelings (ask the child, adult, counsellor in turn);
- describe what the observers noted;
- identify the different types of reactions and issues that came up;
- decide which points need to be improved upon;
- share what they learnt from this role play.
- Summarize the main conclusions on the flip chart.

Handout 14: Sample statements

Safety and reassurance (Adults)

"Mrs Halimi, I can assure you that the authorities are doing what they can to stop the spread of the disease. I am not sure that it is contained yet but in this location you are at lower risk if we follow the precautions we have been given. Do you have any concerns about your family's safety right now?"

Safety and reassurance (Children)

"That man is so upset that he can't calm down yet. Some people take longer than others to settle down. We are getting him some help now. Remember that if you feel upset or sad, talk to someone about it or draw it or write about it, ok?"

Sample questions

May I ask you about what you have gone through? Where were you during the crisis? Did you get hurt? Did you see anyone hurt? Were you afraid?

Listing needs and concerns

May I ask you about what you have gone through? Where were you during the crisis? Did you get hurt? Did you see anyone hurt? Were you afraid?

List^{ing} needs and concerns

Do you have any health problems that need attention now?

Do you need any medications that you don't have?

Were you undergoing medical care previous to this situation?

Women: possibility of pregnancy?!

Is there anything else that you are concerned about?

Do you have any other questions/worries/requests?

An example of how to start a conversation:

"Hello, my name is _____ and I work with _____ to provide counselling. I'm trying to find out how you are doing and if I can help in any way. Is this a good time for us to talk? May I ask your name?"

Mrs Walidi, is there something I can get you right now before we talk?"

In this example, you are introducing yourself, what you do and the organization you represent. Ask for permission to talk and address the client according to cultural norms of respect (for example, even if an adult gives you their first name, it may be culturally more appropriate to add a "Miss" or "Mr" when addressing them). Pay attention to, and focus on, the client you are speaking to. Find out whether there are any pressing needs (for example, any medical conditions) before going into anything else. Medical conditions or concerns are a priority in such situations.

If you are addressing a child who has not been separated from a parent or guardian, then ask permission before addressing the child. If this is not possible, then the priority is to reconnect the child with a caregiver.

To a child accompanied by an adult who has given you permission you might say:

"Hi Dina, I'm _____ and I am here to try to help you and your family. Can I get you something now?"

Get down to eye level with the child, but not too close. Do not make promises (for example, for toys and games) that you are not sure you can keep.

For a child alone, “*Hi, my name is _____ . I am here to try and help you. What is your name? Dina? Dina, can you tell me where your family is? Who did you come with? Where are they now? Can I get you something? Can I try to help you find your family?*”

Counsellors

Before a crisis, encourage the members of your communities to develop individual family emergency plans. Ask heads of family to discuss with their family members what to do in an emergency: a meeting point for the family members, who will go with whom (child A will be with Adult A and so on). In the event that the family has to move to unfamiliar places, decide that, in the case of a separation, look for a specific meeting point.

3. Summary of the day

TRAINER:

- Summarize the main points of the day.
- Ask the participants if they have any questions or comments.
- Trainer: hand out Post-It© notes and ask participants to list one new thing that they learnt today. Collect them on the flip chart and read them later to ensure participants understood the materials.

Objectives achieved in Day Three

Participants should now be able to:

- Attend to immediate needs and concerns of clients.
- Prepare for a pandemic or crisis.
- Effectively use counselling and communication skills.
- Describe “Positive Coping” and list the “Signs of Not Coping”.

NB:

- Remember to inform participants of meeting plans for the next session.
- Remind participants of time of start of next session.
- Give homework: “Using the List of Service Providers and How to Contact Them (from Day Two), fill in the information that you already have and add to the list the other contacts that you think could be useful for your family and your community”.

Day Four

Agenda

Session 11

8:30 – 8:45	1. Welcome and Day Three review
8:45 – 9:00	2. Bereavement and anger
9:00 – 9:20	3. Bereavement role play
9:20 – 10:20	4. How to cope with anger
10:20 – 11:20	5. Taking care of the counsellor
11:20 – 11:40	Break

Session 12

11:40 – 12:00	Evaluation
12:00 – 12:25	Closing of the training

Day Four: Objectives

- To be able to give practical assistance through counselling.
- To be able to identify positive coping skills and how to use them.
- To be able to intervene effectively with clients who are not coping well.
- To be able to conduct an entire counselling session.
- To develop a List of Service Providers.
- To develop self-care.

Session 11: Bereavement and anger

1. Welcome and Day Three review.....15 minutes

TRAINER:

- Welcome participants back.
- Ask if anyone has any questions from Day Three.
- Introduce the agenda for Day Four.
- Explain objectives for Day Four.

2. Bereavement and anger.....15 minutes

NB: At this point of the training, it is important to be sensitive to participants who may have had recent experiences of bereavement themselves as this may be a difficult issue to talk about.

TRAINER:

Explain the following:

Reactions to death can vary from silence to wailing, sadness, anger, regret and guilt. They can be intense. These responses are all healthy demonstrations of grief. Over time grief tends to decrease and it is once again possible to focus on more hopeful aspects of life.

Discussion point: 15 minutes

Ask participants to give examples of how people in their societies grieve and their rituals.

Write down responses to be able to refer to this.

Distribute Handout 15: Bereavement management

3. Bereavement

Perform role play20 minutes

Ask for two volunteers and give them 5 minutes to prepare the following: the client is a man who has lost his wife. This is a first session. Use your counselling skills to help the man to understand the grieving process and to find out what help he needs in terms of his remaining family members.

The rest of the group observes, comments on the use of skills and bereavement management.

TRAINER:

Explain the following: **Points to remember about grieving :**

- Treat the grieving client with dignity, respect and compassion.
- People react differently to grief, even within families/societies.
- There is no one good way to grieve.
- The risk of abusing substances (drugs, alcohol, tobacco) increases when people are grieving. Be alert and offer resources for assistance for this.
- Do not pressure anyone to talk about their experiences. When they are ready, as long as they know that there is help available, they will come forward.
- Children will not necessarily show their grief constantly; they may engage in normal day to day activities and play but they experience grief as strongly as other members of the family.
- Intense emotions come and go in waves and shocking experiences can set off alarms in the body which can be strong and upsetting.
- People often turn to religious and spiritual practices at difficult times.

NB: The counsellor may not share the beliefs of the client, but must still remain supportive

Instruct participants to become familiar with members of religious/spiritual communities in and around their communities, or have contact details handy for referrals.

4. How to cope with anger1 hour

TRAINER:

- Participants should realize that clients may often become angry at the situation they are in. This puts them in danger of abuse, neglect, stress and health problems.
- Anger does not always manifest as loud, violent outbursts. It can be seen in people who are withdrawn, quiet, cold, have stopped eating or sleeping or who overeat and oversleep, who are constantly irritable.
- Children have difficulties expressing anger as they can be afraid of being abandoned. As a result they hide it with adults, lash out at other children, engage in self harm, stop eating or regress in behaviour.

Refer to Handout 16: Anger management

Ask participants to:

- encourage their clients to develop a support network of people they can turn to when they need to talk to someone;
- let clients know that it helps to keep anger from getting out of control if they find someone to express themselves to;
- the support network should be composed of people who will be honest with you and will tell you what you need to hear and not what you want to hear.

They should display these qualities:

- reliability
- honesty
- trustworthiness
- responsibility
- integrity

They can be found amongst your friends, family members, in a shelter, with a counsellor, religious leaders, community leaders, in a community programme or service.

5. Taking care of the counsellor1 hour

TRAINER:

Explain the following:

- Counsellors focus on everyone else's problems and very often fail to attend to their own needs. This neglect has led to an extremely high rate of alcoholism, depression, fears and suicide among them. Consequently, the burned-out or impaired counsellor can provide ineffective treatment.
- Hazards that the practice of counselling pose to the practitioner can be emotional depletion, isolation, helplessness, grandiosity, depression, vicarious traumatization, worry, grief, and a whole range of fears.
- Counsellors can put unneeded stress on their personal relationships by being preoccupied with their clients' issues.
- The emotional demands of the work, the occasional triggering of your own issues when clients come with similar issues to those occurring in your life can be hard to bear for long periods of time.
- There is a human need to maintain hope and faith and instil both in the client, even in the face of terrible situations.
- Counsellors can face difficulty leaving work at the office.
- The experience of engaging with others in the depths of their despair can be demoralizing at times.

What you can do:

- Your goal is learning how to treat yourself well.
- Get to know your body's signal that you have done too much (is it tense shoulders, back ache, stomach aches, tension in your head, etc.). Take a break.
- Learn deep breathing.
- Eat properly and keep hydrated (talking is thirsty work!).
- Maintain social distances with people who may be ill.

- Maintain social distances with people who you counsel.
- Have a support network you can talk to when you feel stressed and overwhelmed.
- Have your Family Emergency Plan ready and up to date and make sure that your family knows what to do in an emergency.
- Join a counsellor's mentoring programme. A group of counsellors will be able to effectively support each other and help each other in difficult situations.
- Get regular exercise (walk, jog etc) especially before ending the day. You should have a period between leaving work and resting where you are able to analyse your day and then leave it behind.

TRAINER:

Open the discussion to the group to develop ideas so that each individual can create plans for self-care. Give people 15 minutes to develop their individual plans after the discussion. Ask participants to volunteer to share some of their ideas.

Handout 15: Bereavement management

Things to do

- Reassure the grieving that what they are feeling is normal and understandable.
- When referring to the deceased, refer to them by name.
- Tell them that will likely continue to feel sad, lonely and angry for some time.
- Advise them that if they continue to experience feelings of grief or depression for more than a few months, then they should consult a member of the clergy or a grief counsellor.
- Provide children and adolescents with outlets, for example, drawing, writing, reading or simply privacy as they may not be able to express their sadness in a way that makes sense to you.

Things not to say

- I know how you feel.
- It was probably for the best.
- She is better off now.
- It was his time to go.
- At least she went quickly.
- Shall we talk about something else?
- You'll get over this.
- You are strong enough to deal with this.
- You'll feel better soon.
- At least you're alive.
- It could be worse, you still have a brother/sister/parent.
- Everything happens for a reason.
- We are not given more than we can handle.
- Someday you will have an answer.
- You are the man/woman of the house now (to a child).

Handout 16: Anger management

- Anger is not an automatic response.
- Painful and stressful situations may trigger an anger reaction.
- Thoughts that lead to anger are usually:
 - blaming thoughts: blaming others for deliberately and unnecessarily causing pain;
 - perceiving that others are deliberately breaking the rules of reasonable or appropriate behaviour;
 - if you believe that you are being harmed or attacked, then this will trigger the “fight or flight” response in your body and you feel anger.
- We can imagine that clients of a pandemic or other crisis can (whether justified or not) feel under attack. What can one do in a situation like this? We find ways to divert people’s thoughts. If we can channel the energy to something positive: finding and setting up shelter, food, clothing; taking care of less able clients; providing support to others, then people have something else to focus on.
- We can also explain, once the client has calmed down sufficiently to hear you, that anger is a reasonable response to the situation. We can then encourage the client to try to challenge their thoughts so that they can be more productive and helpful in the current situation. Ideas to give them:
 - Getting angry will not solve the problem.
 - I can’t change others with my anger, I just upset myself.
 - I can cope with this situation even if I don’t like it.
- Getting people who are feeling anger to calm down and take responsibility for their needs at this current time is also very useful.
- It is rarely useful to tell people not to feel anger.
- It is more helpful to encourage them to take a deep breath and focus on their current needs to get them through this difficult situation. By focusing on this, people develop and encourage a sense of self-worth and can in turn help others to channel this emotion more positively.

Remember: we calm others down by:

- remaining calm ourselves;
- reassuring the client that what they are feeling is valid;
- listening respectfully and actively.

Questions to ask clients about how they manage their anger

- Do you know why you are so angry?
- Has stress, anger and conflict taken over your relationships at home or at work?
- Do you lose your temper with your spouse, children, friends or colleagues?
- Do you have frequent angry thoughts?
- Do you find that you often regret your behaviour?
- Do you feel guilty about your anger?

Session 12: Closing the training

Evaluation 30 minutes

- Ask participants to fill out The Training Evaluation which is to be returned to the trainer.
- Bring the Training to a close by asking if participants have any questions and comments.
- Distribute certificates of attendance for those participants who attended all four days of training.
- Closing statement.

Conclusions

Developing our counselling skills takes time and practice. Many of us have already used more informal counselling in our everyday lives – with friends and family in difficult situations, we try to help them find solutions. Many of those skills are the same you will use in counselling people in a pandemic.

Try to imagine what you would like someone to say and do to and for you if you were in a similar situation. How would you like to be treated? Do the same for others.

We would like to re-emphasize the issue of confidentiality: it is never appropriate to discuss with others what someone has told you in confidence. Even if you feel that many others may have the same information about a client as you do, do NOT share the information. It is NOT yours to share! Discretion is the key. Our relationships as a counsellor are very much based on trust. Earn that trust by keeping promises and confidences.

Finally, remember that people have a powerful need to belong and to feel valued. This should guide your interactions with those you counsel.

As you go into real situations to deal with people's anger, grief and anxiety, find support for yourself too. Care for yourself and guard YOUR well-being. You cannot help others if you are unwell. Try to find a colleague or group of colleagues with whom you can unwind and seek comfort and reassurance. This will help to recharge you, so that you can help others.

Evaluation of the training

How do you value the results obtained from the training in respect of the following issues

1. Better understanding of what constitutes counselling

very satisfactory *satisfactory* *non satisfactory*

2. Better understanding of the aims of communication and counselling

very satisfactory *satisfactory* *non satisfactory*

3. How to maintain confidentiality

very satisfactory *satisfactory* *non satisfactory*

4. Better understanding of what a pandemic is

very satisfactory *satisfactory* *non satisfactory*

5. How to effectively undertake action to assist clients in a crisis

very satisfactory *satisfactory* *non satisfactory*

6. Know the rights and responsibilities of all those concerned

very satisfactory *satisfactory* *non satisfactory*

7. Do you feel better equipped to provide counselling?

Why or why not?

8. For your job/position, do you feel that this training contributed to your knowledge?

Why or why not?

9. In your view, what parts of the training were less helpful?

10. If you were delivering the training, what would you do to improve it?

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Glossary

Acute	Referring to an illness: having a sudden, severe start and lasting a short time.
Advise	To give advice; to recommend a decision regarding a decision or course of conduct.
Body Language	The process by which information about feelings and emotions is communicated without the use of spoken language and involves gestures, body position, facial expressions and other non-verbal signals.
Caregiver	(Or carer) A person who looks after someone who is a minor, ill, disabled or elderly.
Chronic	Referring to an illness: an illness of long duration or frequent recurrence.
Client	Someone who receives the services of a professional person or organization.
Communication	To convey knowledge of or about something; the exchange of information, using a common system of symbols, signs, and behaviour; either verbal or non-verbal (see BODY LANGUAGE), or written.
Confidentiality	Keeping information given by a client a secret.
Cope	Dealing with some event or situation successfully.

Counsel	To give someone help with psychological, social or personal problems.
Disease	A condition that gets in the way of the performance of essential bodily functions; an illness.
Distress	Mental or physical hardship or suffering caused by a negative situation. A condition of desperate need.
Emotion(al)	A strong feeling or instinctive feelings or reactions.
Empathy	The capacity to understand and share the feelings or emotions of another person.
Epidemic	A widespread, or sudden and rapid spread of a disease.
Grief	A deep suffering caused by the loss (often death) of someone or something.
Hygiene	Conditions and practices that promote good health.
Influenza	An illness of the nose, throat and lungs that is caused by an influenza virus.
Interview	A meeting at which information is obtained from another person.
Morbidity	Things relating to death or disease.
Mortality	The number of deaths in any given time or place.
Pandemic	A disease that starts in one place and spreads around the world.
Plenary	A meeting attended by all entitled to be present.
Process	A series of actions or operations designed to achieve an end.

Referral	To send or direct someone for treatment, aid, information to another authority.
Ritual	A ceremony involving a series of actions carried out in a set order.
Service Provider	An organization or person who makes assistance available.
Shelter	Something that provides cover or protection.
Skill	A special ability in a particular field, gained through learning and practice.
Stress	Mental or emotional tension and strain.
Trauma	A disordered mental or emotional state due to mental, emotional or physical shock or stress.
Virus	A very small (minute) germ that can cause mild illnesses, like the common cold, or very serious diseases. Antibiotics do not work against viruses.



IOM International Organization for Migration