



# HIV Counselling Supervision

## Participant's Manual

September 2007  
Edition 1

The contents of this document were organized and compiled by the technical team of SCOT Project.

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Enhancing Support supervision strategies in the context of HIV/AIDS comes in at a time where there is an urgent need to strengthen the quality of HIV Counselling service provision given the increased scale up of various HIV prevention and care strategies. Given that not so many organizations had developed training materials around this subject, much of the contents of the manual have been adopted **with permission** from supervision training materials earlier on developed by the following organizations;

- Family Health International (FHI - Washington, DC, U.S.A)
- California STD/HIV prevention and training centre (CAPTC – California, USA)
- The AIDS Support Organization (TASO- Uganda).

This is therefore to acknowledge the above named organizations for the work previously done to help in providing a starting point that could be adopted for strengthening HIV Counselling supervision in Uganda.

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**LIST OF ACRONYMS**

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>ART</b>	Antiretroviral therapy
<b>ASO</b>	AIDS Service Organization
<b>CTI</b>	Counseling Training Institution
<b>HIV</b>	Human immunodeficiency virus
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>PPT</b>	PowerPoint Presentation
<b>TB</b>	Tuberculosis
<b>VCT</b>	Voluntary counseling and testing

## INTRODUCTION TO TRAINING COURSE

### Overview

HIV Counseling Supervision is a crucial component of any HIV/AIDS counseling or care and support service. It provides a way to support counselors and to address clients' needs while at the same time upholding the professional practice of counseling around the globe. Supervision is an excellent opportunity to provide follow-up training, improve performance, and solve other systemic problems that may contribute to poor performance. Therefore, there is a continuing need, especially in developing countries, for "learning by doing" and for documenting how well different concepts and practices translate across cultures and settings.

In relation to an effective response to the HIV/AIDS epidemic, all counselors require ongoing support; training and skills development in order to deal with the challenging issues that their clients face. This helps to prevent or reduce the impact of burnout, as well as to uphold ethical practices in counseling. Burnout is the gradual process by which a person, in response to prolonged stress and/or physical, mental and emotional strain, detaches from work and other meaningful relationships. The result is lowered productivity, cynicism, confusion, a feeling of being drained and a sense of having nothing more to give.

Ethical practices and policies are designed to ensure that counselors conduct themselves and provide services in a professional manner. They also help to ensure that both the counselor and the client are protected by establishing guidelines for counselors on issues such as responsibility, anti-discriminatory practices, contracts, setting boundaries, confidentiality and competency.

Success in counseling depends on counselors receiving the education, skills and support required to adequately meet the needs of their communities and clients. This can be achieved by providing effective counseling supervision mechanisms. In many countries there are no individuals trained in counseling supervision, and some countries also have limited numbers of adequately trained psychologists and/or social workers to take on a role as counseling supervisors.

### Overall training goal

The overall goal of this training course is to build the competencies of HIV Counselling Supervisors and coordinators to deliver quality HIV counseling supervision in HIV/AIDS-related workplaces that will help organizations (which include non-governmental and community based organizations) involved in national or scaled up HIV counseling and testing (HCT) programs to meet the needs of both affected or infected with HIV/AIDS. The training package is generic so that it can be adapted or modified for use in various settings and contexts.

### Course Aim

To enhance the capacity of HIV/AIDS counseling supervisors to provide quality support supervision within the delivery of HCT or its related approaches.

### Course Objectives

By the end of the training participants will be able to;

1. Appreciate the importance of supervision, its theories and their application to HIV/AIDS counseling supervision

2. Generate a deeper understanding of support supervision in the context HIV/AIDS counseling.
3. Comprehend the specific roles and responsibilities of HIV/AIDS counsellor supervisors
4. Enhance their professional practices in HIV/AIDS counselling supervision
5. Apply the acquired knowledge and skills to effectively supervise and support HIV/AIDS counsellors.
6. Utilize the different assessment tools used in HIV/AIDS counselling supervision.

**Target group and Course Duration**

The course targets counselling supervisors and coordinators who are responsible for supporting counselling for effective performance. The course duration is **5 days**<sup>1</sup> and the ideal number of participants for the course should be 20 to 25, but the course is designed to accommodate a minimum of 10 or a maximum of 25. Smaller groups allow for greater participation and more practice of new skills, and also allow trainers to better assess and aid the skill development of participants.



## Training Methods

### TRAINING AGENDA

Time	Module Title	Duration
<b>Day 1: Monday</b>		
8:30 – 10:30 a.m.	Introduction to Training Course and Pre-course Assessment	2 hours
10:30 – 11:00 a.m.	Break Tea	
11:00 – 1:00 p.m.	Introduction to Counseling Supervision	2 hours
1:00 – 2:00 p.m.	Lunch	1 hour
2:00 – 5:00 p.m.	Self Awareness in relation to HIV Counseling Supervision	3 hours
5:00 – 5:30 p.m.	Break Tea	
<b>Day 2: Tuesday</b>		
8:30 – 10:30 a.m.	Review of Counseling and supervision Theories	2 hours
10:30 – 11:00 a.m.	Break Tea	
11:00 – 1:00 p.m.	Review of Counseling and supervision Theories	2 hours
1:00 – 2:00 p.m.	Lunch	1 hour
2:00 – 5:00 p.m.	Counseling Supervision Methods and Tools Applying supervision methods and practices to manage challenging issues	3 hours
5:00 – 5:30 p.m.	Break Tea	
<b>Day 3: Wednesday</b>		
8:30 – 10:30 a.m.	Observation, Feedback and Strategizing	2 hours
10:30 – 11:00 a.m.	Break Tea	
11:00 – 1:00 p.m.	Observation, Feedback and Strategizing	2 hours
1:00 – 2:00 p.m.	Lunch	1 hour
2:00 – 5:00 p.m.	Ethical Issues, Guidelines and policies related to HCT service delivery	
5:00 – 5:30 p.m.	Break Tea	
<b>Day 4: Thursday</b>		
8:30 – 10:30 a.m.		2 hours
10:30 – 11:00 a.m.	Break Tea	
11:00 – 1:00 p.m.	Managing Stress and Preventing Burnout	2 hours
1:00 – 2:00 p.m.	Lunch	1 hour

<b>Time</b>	<b>Module Title</b>	<b>Duration</b>
2:00 – 4:00p.m	Preparation for field practicum	2 hours
4:00 –5:00p.m	Course Assessment	1 hour
5:00 – 5:30 p.m.	Break Tea	
<b>Day 5: Friday</b>		
8:30 – 9:30 a.m.	De-brief & Departure for field practicum	30 minutes
9:30 – 10:30 a.m.	Practicum	
10:30 – 11:00 a.m.	Break	
11:00 – 1:00 p.m.	Practicum	1 hour
1:00 – 2:00 p.m.	Lunch	1 hour
2:00 – 4:00	Practicum Feedback	2 hours
4:00 – 4: 45p.m.	Action planning	45 minutes
4:45: 5:00p.m.	Evaluation and Closing	1 hour
5:00 – 5:30 p.m.	Break Tea	

# Handout 1

# Introduction to training Course

## HANDOUT 1: INTRODUCTION TO TRAINING COURSE AND PRE-COURSE ASSESSMENT

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### RESOURCE 1.1: Course Aims and Objectives

#### Course Aim

To enhance the capacity of HIV/AIDS counseling supervisors to provide quality support supervision within the delivery of HCT or its related approaches.

The course therefore aims as at building the competencies of the supervisors by:

- Providing clear definition of professional practices and ethics in HIV/AIDS counseling
- Providing clear understanding of what is meant by counseling supervision
- Clarifying roles and relationships between supervisors, counselors and organizations
- Identifying types of supervision practices and settings
- Identifying supervisory methods and tools and their application
- Developing supervisory skills through theory, practice and assessment tasks

#### Course Objectives

It is anticipated that by the end of the training participants will be able to;

- Generate a deeper understanding of counselling supervision within the context of supporting HIV/AIDS counselors and other support groups
- Enhance their professional practices and ethics in HIV/AIDS counselling supervision
- Comprehend the specific roles and responsibilities of HIV/AIDS counsellor supervisors
- Utilize the different assessment tools used in HIV/AIDS counselling supervision.
- Appreciate the role/importance of various supervision theories and their application to HIV/AIDS counseling supervision

## RESOURCE 1.2: Course Requirements

### Classroom:

- Attend ALL Core Skills Training Handout sessions
- Receive a score of 70% or higher on the post-test questionnaire
- Participate fully in experiential activities in class exercises

### Assessment Tasks:

- Three-month action plan with strategies for applying supervision practices in the workplace
- One critiqued transcript (pass/fail grade will be awarded)
- One essay (1,000 words) (pass/fail grade will be awarded)

### Practicum:

- Supervise a minimum of two counselors
- Be observed (by trainer or training institution representative) supervising a counselor in the workplace. The visit will involve:
  - Observing a supervision session
  - Discussing the session and providing immediate feedback
  - Discussing implementation of the action plan
  - Interviewing a member of management about how the participant has been performing since the training

### Where requirements are not met satisfactorily, participants may be asked to:

- Provide a “makeup” task (e.g., additional exercises)
- Repeat a subject or repeat the course
- Be deemed unsuitable and not granted a certificate (even though they may complete the coursework and theory)

## PRE TRAINING ASSESSMENT TOOL

Name: \_\_\_\_\_

**True or False?** (Tick correct response)

1. All counselors require ongoing support, training and skills development.  
 True |  False
2. Counseling supervision is the same as counseling.  
 True |  False
3. Providing counseling supervision provides direct benefits for counselors and indirect benefits for clients by enhancing the quality of counseling practices.  
 True |  False
4. A counseling supervisor does not need counseling skills.  
 True |  False
5. A supervisee (counselor) does not need to plan or prepare for supervision.  
 True |  False
6. A counseling supervisor must be an expert and must be senior to the supervisee (counselor).  
 True |  False
7. Both supervisor and supervisee are active participants in supervision.  
 True |  False
8. A counseling supervisor manages administrative work-related issues.  
 True |  False
9. There are a range of methods that can be used in counseling supervision.  
 True |  False
10. Counseling supervision plays a key role in preventing burnout in counselors.  
 True |  False

**Circle Correct Answer**

- |   |           |                           |
|---|-----------|---------------------------|
| <b>11. a) Assumptions</b>   | <b>OR</b> | <b>b) Theories</b>        |
| ... provide the justification for counseling and a basis upon which practice is founded.  |           |                           |
| <b>12. a) Humanistic counseling</b>   | <b>OR</b> | <b>b) AIDS counseling</b> |
| ... is a counseling theory.   |           |                           |
| <b>13. a) Counter-transference</b>  | <b>OR</b> | <b>b) Transference</b>    |
| ... is a situation in which a client treats the counselor as if he or she were another person in the client's present or past life. |           |                           |

**Short Answer/Fill in the Blank/Multiple Choice**

14. \_\_\_\_\_ supervision allows access to other people's work and increases exposure to diverse counseling situations.
- Individual
  - Group
15. An **advantage** of using transcripts (verbatim) in supervision is (circle one):
- One can directly observe client non-verbal communication
  - They are quick to prepare
  - They offer an objective account of the session
  - They provide a written account of the content and process of the counseling session
16. When observing a counseling session with a real client, it is important for:
- The supervisor to sit in a dominant position
  - The supervisor to chat to the client
  - The counselor to obtain the client's informed consent for the supervisor to sit in the session
  - The counselor to look at the supervisor a lot during the session
17. Which of the following is NOT an example of a record used in supervision?
- Client's HIV test result
  - Transcript
  - Audiocassette of a counseling session
  - Videocassette of a counseling session
18. Counselors are part of a professional practice, and as such are bound by codes of \_\_\_\_\_.
- Policies
  - Ethics
19. In the following list, circle the two that are important qualities for a counseling supervisor:
- a. Approachable      b. Authoritative      c. Non-judgmental      d. Blunt Inflexible
20. Which of the following are effective ways to reward counselors for good work? Circle two responses.
- Increase their workload
  - Provide time off
  - Provide letter of recommendation
  - Send them to meetings





## Handout 2

# Introduction to Supervision in HIV/AIDS Counseling

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### Activity 2.1 – Goals of counseling Supervision

---

Tell participants that they have five minutes to complete this activity.

**Instructions:** Read the following statements and place checks next to the statements that you believe are goals of counseling supervision.

1	Protect the interests of the client	
2	Update counselors and improve their knowledge and skills	
3	Ensure counselors report to their immediate supervisors	
4	Explore how counselors' personal issues may affect their work	
5	Provide counselors with job descriptions	
6	Develop counselors' self-awareness and insight	
7	Check that counselors arrive at work and leave work on time	
8	Support and guide newly trained counselors	
9	Encourage counselors to adopt effective stress management strategies	
10	Provide psychotherapy/counseling for counselors	
11	Facilitate transfer and integration of skills	
12	Identify/prevent counselor burnout	
13	Provide counselors with emotional support	
14	Provide counselors with a positive role model	
15	Monitor the quality of counseling practice and uphold the profession of counseling	

## **RESOURCE 2.1: DEFINITIONS OF COUNSELING SUPERVISION**

A working alliance between a supervisor and a counselor in which the counselor can offer an account or recording of his/her work, reflect on it and receive feedback and, where appropriate, guidance. The objective is to enable the counselor to gain ethical competence, confidence and creativity so as to provide his/her clients with the best possible service.

A formal arrangement that enables counselors to discuss their counseling regularly with one or more people who have an understanding of counseling and counseling supervision or consultative support (British Association of Counselors, 1990).

Supervisors support performance and quality of care by meeting the needs of service providers, which enables the providers to perform well and meet the needs of their clients.

An intense, interpersonally focused educational relationship that has as its purpose developing the supervisee's skills and identity through an examination of cases at an experiential and cognitive level (adapted from Loganbill et al 1982).

To support the delivery of optimum care by safeguarding standards and by developing professional expertise (Bishop 1994).

Supervision is essential to caring for counseling staff, enhancing professional development and helping prevent burnout.

Counseling supervision is an activity of professional support and learning that empowers counselors to develop knowledge and competence, maintain responsibility for their practices, enhance quality outcomes for clients and ensure the safety of staff and clients in complex counseling situations.

### **WHAT COUNSELING SUPERVISION IS NOT**

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- Psychotherapy
- Counseling
- Imposing
- Negative criticism (this is different from constructive feedback)
- Disempowering
- Friendship
- Fault-finding
- Intended to demote/promote/terminate counselors in the workplace
- Punishment
- Only for new counselors
- Only for the prime benefit of the organization

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### **RESOURCE 2.1**

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## COMMON COUNSELLING SUPERVISION METHODS

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Each method of supervision has advantages and opportunities, disadvantages and obstacles. None of the suggested methods can meet all the needs of counselors (Cloud 1986).

- 1) **Self supervision/self reflection**
- 2) **One – to – one Supervision** – Involves one supervisor and one supervisee.
- 3) **One – to –one Co – Supervision/ Peer Supervision** - two individuals take turns in being supervisor and supervisee.
- 4) **Group Supervision.** There is a range of ways of providing group supervision. At one end of the spectrum the supervisor, acting as the leader, will take responsibility for apportioning the time between the counselors, then concentrating on the work of individuals in turn. At the other end of the range, the counselors will allocate supervision time between themselves using the supervisor as a technical resource.
- 5) **Peer group Supervision** – An arrangement where three or more counselors share the responsibility for providing each other's supervision within the group context. Normally they will consider themselves to be broadly of equal status, training or experience. Experienced counselors may at times find peer group supervision sufficient. It is however, not recommended for the trainee or newly qualified counselor. Peers may be reluctant to confront and may lack the wider experience and perspective considered an essential ingredient of supervision. Where a peer group does exist, it is essential that there is a clear understanding of where the final responsibility for the clients' welfare rests.
- 6) **Team or staff supervision** – Involves a group of individuals who work together and who hire an outside supervisor to help in their client work.

### Other methods / forms of Supervision

- a) **Verbal reports** – Oral presentations
- b) **Process notes** – Supervisee writes out, word for word, what is remembered of the actual dialogue between supervisee and client.
- c) **Audio – tape Supervision**
- d) **Video – tape Supervision**
- e) **Live supervision – commonly done in the following ways**
  - Use of one-way mirror
  - Supervisor in the room with the supervisee and the client

**N.B.** Some supervisors and counselors use a combination of different methods of supervision

## RESOURCE 2.2: COMPARISON OF ADMINISTRATIVE AND SUPPORTIVE SUPERVISION

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Action	Administrative supervision	Supportive supervision
Why perform supervision?	To check on performance Find out if tasks have been performed To look for faults	To identify strengths, weaknesses, opportunities and threats To encourage/ promote/strengthen what is good To address/bridge gaps by proposing/ agreeing on supportive measures
Who performs supervision?	External or internal supervisors designated by the service delivery organization	External supervisors designated by the service delivery organization; staff from other facilities; colleagues from the same facility (internal supervision); community Counselling committees; staff themselves  through self-assessment
When supervision happens?	Periodic or adhoc visits by internal or external supervisors	Continuously: during routine work; team meetings; and visits by external supervisors
What happens during supervision encounters?	Inspection of facility; review of records and supplies; review of the routine/ systems supervisor makes most of the decisions; reactive problem-solving by supervisor; little feedback or discussion of supervisor observations	Observation of performance and comparison to standards; provision of corrective and supportive feedback on performance; discussion with clients; provision of technical updates or guidelines; onsite training; use of data and client input to identify opportunities for improvement; joint problem-solving; follow-up on previously identified problems
What happens after supervision encounters?	No or irregular follow-up Orders/instruction for change/improvement; Warnings; Disciplinary action; Transfers may be suggested	Collective agreement on actions and decisions for improvement; ongoing monitoring of weak areas and improvements; follow-up on agreed action areas

**RESOURCE 2.3: COMPARISON OF THE ROLES OF A COUNSELING SUPERVISOR AND AN ADMINISTRATIVE SUPERVISOR**

<b>Counselor Supervisor</b>	<b>Administrative Supervisor/Manager</b>
<ul style="list-style-type: none"> <li>– Provides emotional support</li> </ul>	<ul style="list-style-type: none"> <li>– Provides managerial support</li> </ul>
<ul style="list-style-type: none"> <li>– Deals with issues that affect the counselor's work</li> </ul>	<ul style="list-style-type: none"> <li>– Deals primarily with work-related issues</li> </ul>
<ul style="list-style-type: none"> <li>– Provides practice opportunities for the transfer of knowledge and skills in counseling</li> <li>– If contracted by the workplace, could recommend further training opportunities for the counselor</li> </ul>	<ul style="list-style-type: none"> <li>– Should provide on-the-job training and professional development opportunities</li> </ul>
<ul style="list-style-type: none"> <li>– Gives counselor open and honest feedback on performance with regard to counseling knowledge and skills</li> <li>– In some cases (subject to contractual agreement), may give general feedback on performance to workplace</li> </ul>	<ul style="list-style-type: none"> <li>– Provides feedback on work performance to senior management</li> </ul>
<ul style="list-style-type: none"> <li>– Provides guidance to case management and facilitates skills development</li> </ul>	<ul style="list-style-type: none"> <li>– Manages administrative work-related issues</li> </ul>
<ul style="list-style-type: none"> <li>– Deals with any ethical issues in relation to counseling practice</li> </ul>	<ul style="list-style-type: none"> <li>– Deals with ethical issues only as they pertain to organizational guidelines/policy and procedure</li> </ul>
<ul style="list-style-type: none"> <li>– Acts as resource for upgrading knowledge and skills and keeping abreast of current developments in counseling and HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>– Acts as resource for information on national and organizational policy and protocols</li> </ul>

## **RESOURCE 2.4: RESPONSIBILITIES OF COUNSELING SUPERVISOR AND COUNSELOR (SUPERVISEE)**

Counseling Supervisor	Counselor (Supervisee)
<p>Capacity-Builder</p> <ul style="list-style-type: none"> <li>– Shares work-related knowledge and experiences</li> <li>– Teaches by example</li> <li>– Generates ideas</li> <li>– Provides practice opportunities for transfer of knowledge and skills</li> </ul>	<p>Active Participant</p> <ul style="list-style-type: none"> <li>– Presents issues, cases and dilemmas in a variety of formats</li> <li>– Is open to maximizing learning opportunities</li> <li>– Applies practice as guided by supervisor during and outside of supervision</li> </ul>
<p>Challenger</p> <ul style="list-style-type: none"> <li>– Gives open and honest constructive feed-back on performance</li> <li>– Sets performance standards</li> <li>– Challenges negative behaviors or attitudes</li> </ul>	<p>Learner/Student</p> <ul style="list-style-type: none"> <li>– Accepts and integrates knowledge and skills acquired</li> <li>– Addresses issues related to self-awareness and professional development</li> <li>– Commits to ongoing upgrading of knowledge and skills in counseling practices and HIV/AIDS</li> </ul>
<p>Guide/Role Model</p> <ul style="list-style-type: none"> <li>– Encourages critical thinking</li> <li>– Inspires and models high-quality professional practices</li> <li>– Promotes and sustains ethical practices</li> <li>– Models all targeted counseling skills</li> <li>– Refers to learning options</li> </ul>	<p>Guide</p> <ul style="list-style-type: none"> <li>– Guides individual learning agenda</li> <li>– Makes suggestions about learning needs and areas that need to be strengthened</li> <li>– Monitors supervision process and provides constructive feedback to supervisor</li> </ul>
<p>Supporter</p> <ul style="list-style-type: none"> <li>– Listens empathetically</li> <li>– Serves as a confidante (if necessary)</li> <li>– Motivates and empowers the counselor</li> <li>– Promotes self-awareness</li> </ul>	<p>Facilitator</p> <ul style="list-style-type: none"> <li>– Fosters conditions that encourage her/his supervisor to provide the best services</li> </ul>
<p>Mediator/Facilitator</p> <ul style="list-style-type: none"> <li>– Mediates conflict between counselor and management (in some cases)</li> <li>– Facilitates problem-solving</li> </ul>	<p>Reflector</p> <ul style="list-style-type: none"> <li>– Reflects openly on practical issues and skills base, including reflection on feelings experienced during counseling sessions</li> </ul>

Counseling Supervisor	Counselor (Supervisee)
<p>Learner</p> <ul style="list-style-type: none"><li>– <b>Requests feedback on own performance</b></li><li>– <b>Opens him/herself to new learning</b></li><li>– <b>Commits to ongoing upgrading of knowledge and skills in counseling practices and HIV/AIDS</b></li></ul>	



## RESOURCE 2.5: TYPES OF SUPPORT SUPERVISION

### Application of Individual supervision

Individual supervision is a working alliance between a supervisor and supervisee counselor in which counselor can regularly offer an account or recording of his /her work, reflect on it and receive feedback (and, where appropriate, guidance) from the supervisor. The object of this alliance is to enable the counselor to gain in ethical competence; confidence and creativity so as to give his/her best possible service to clients.

Advantages and Disadvantages of individual Supervision	
Advantages	Disadvantages
The focus of the exercise is individualized	No opportunity to gain from other peoples experience
Allows sufficient time to address issues	Similar past experience of the supervisor might destruct the supervisor
Helps to bring out individual strengths and weaknesses	Anxiety
Enhances self reflection	You are at the mercy of the supervisor
Can help the supervisor to reflect on her/his own strength and weaknesses	
Protects the confidentiality of the supervisee	

### Group Supervision

Group supervision is a working alliance between a supervisor and several counselors in which counselors can regularly offer an account or recording of their work, reflect on it and receive feedback (and, where appropriate, guidance) from their supervisor and colleagues. The object of this alliance is to enable each counselor to gain in ethical competence; confidence and creativity so as to give his/her best possible service to clients.

Advantages and Disadvantages of Group Supervision	
Advantages	Disadvantages
Allows access to other people's work. Richness in hearing others' experiences. Increases exposure to diverse situations.	May focus on problems not of common interest to all.
For people working in isolated ways, the group provides interaction with colleagues and a sense of belonging.	At its worst, it is a place where it feels dangerous to be authentic, which invites competition. Less vocal participants can easily "hide."

<b>Advantages and Disadvantages of Group Supervision</b>	
<b>Advantages</b>	<b>Disadvantages</b>
Efficient use of limited time. Allows more complete feedback and reflection of who you are as a counselor.	Less time for individual presentation.
If safe enough, it is the place to be authentic, take risks, disclose failure or vulnerability and be helped to do something about it.	Family patterns often surface in groups, such as rivalry.
Possible to receive and hear support and to challenge at the same time.	Group dynamics can get “messy.”
A place where you can rest as well as be active.	Issues of confidentiality can be tricky regarding client, counselor and agency.
Opportunity to learn to supervise others and to practice.	
Allows for various mediums: guest speakers, viewing of films/videos and so on.	
Trainees may be less resistant to the supervisor’s feedback if other group members also acknowledge the value of the supervisor’s suggestions.	
Groups provide a different context in which to assess the performance of trainees.	

Groups with a range of experience and expertise can work well. It is important that the range is wide enough so that experienced members can grow and be challenged and so that the least experienced will still be valued and counted equally.

### **Peer Groups**

Peer groups can be successful. Successful peer groups usually have the following characteristics:

- Meet regularly (or at least often enough)
- Work in a disciplined manner with allocated time arrangements
- Work to an agreed contract or arrangement that addresses colleague responsibility and mutual accountability
- Are usually clear about the following:
  - o How time is allocated
  - o Whether the group has help from an outside consultant from time to time
  - o Arrangements for leaving and joining

### **Guidelines for Setting Up Peer Supervision Group**

The main feature of peer supervision is that group members are undertaking to be both supervisors and supervisees and to develop their abilities to exercise both roles effectively. The group’s “rules and culture” will develop over time; everything does not have to be “right” immediately. Following are some ideas for setting up a contract for a peer supervision group.

### **As supervisor, I take shared responsibility for:**

- Ensuring enough space for each of us to present our practice issues in our own way
- Helping us explore and clarify thinking and feeling underlying practice
- Giving clear feedback
- Sharing information, experience and skill
- Challenging practices we judge to be unethical, unwise or incompetent
- Challenging personal and professional blind spots
- Being aware of the organizational contracts in which each member operates

### **As supervisee I take responsibility for:**

- Identifying practice issues with which I need help and asking for time to deal with these issues
- Becoming increasingly able to share feelings freely
- Identifying and communicating the kind of response that is useful for me
- Becoming more aware of my own organizational contracts and their implications
- Being open to others' feedback
- Developing the ability to discriminate what feedback is useful
- Noticing when I justify, explain or defend before listening to feedback
- Noticing, seeking feedback and reflecting on the way I compete or advise within the group

## RESOURCE 2.5: NECESSARY QUALITIES, SKILLS AND KNOWLEDGE FOR COUNSELING SUPERVISORS

- ✓ Knowledge of HIV/AIDS information
- ✓ Knowledge of policy frameworks and legal implications
- ✓ Knowledge of counseling models and their applications
- ✓ Developed counseling skills
- ✓ Skills in pre- and post-test counseling for voluntary counseling and testing Knowledge and practice of ethical conduct in counseling
- ✓ Knowledge of how to give and receive feedback
- ✓ Trustworthy (honest, reliable and sincere)
- ✓ Approachable (friendly, likeable and warm)
- ✓ Able to address power dynamics across organizations and individuals
- ✓ Team player
- ✓ Self-motivated
- ✓ Able to respond effectively to stress
- ✓ Able to effectively manage conflict
- ✓ Developed challenging and critiquing skills
- ✓ Critical thinker
- ✓ Diplomatic
- ✓ Empathetic
- ✓ Non-judgmental
- ✓ Highly developed self-awareness
- ✓ Capacity to examine feelings
- ✓ Recognized and respected as role model
- ✓ Knowledge of counseling supervision types and techniques
- ✓ Flexible and creative in approach
- ✓ Aware of own boundaries and limitations as a practitioner and within role
- ✓ Specialist knowledge or knowledge of where and how to refer clients for:  
bereavement and loss, reproductive health and infant feeding, prevention of mother-to-child transmission, sexually transmitted infections, tuberculosis treatment, antiretroviral therapy, marital/relational conflict, stress management, drug and alcohol issue and youth issues

### Dealing with Resistant Supervisees

Some supervisees may feel anxious and apprehensive about being supervised. Establishing an effective supervisory relationship is key to addressing supervisees' comfort levels. They must be made to feel comfortable enough to share the fears and anxieties that underlie their resistance or non-disclosure. This can be done by:

- Emphasizing that anxiety is a common response to supervision.
- Helping supervisees recognize the role of supervision and the individual benefits to themselves as counselors.
- Ensuring there is a clear understanding of goals and expectations.
- Setting clear frameworks for confidentiality and accountability, especially in relation to practices that are below the expected standards.
- Establishing a warm, honest and open working alliance with flexibility for informal "evaluation."
- Being aware of the power dynamics and examining whether your own behaviors contribute to the resistance exhibited by supervisees. This can result if a supervisor asks the supervisees to perform tasks beyond their capacity or if the supervisor acts as an authority figure.

#### Reference Materials:

1. VCT Tool Kit : Trainers manual Counseling Supervision and training Aug 2005

**RESOURCE 2.6: FACTORS THAT AFFECT COUNSELLING SUPERVISION**

- o Technical capacity and competence of the supervisor (level of intellectual development and confidence of the supervisor in the task)
- o Attitudes of the supervisor and supervisee
- o Perception of the supervision exercise by the supervisee
- o Previous experience in supervision
- o Multi-tasking of the supervisor
- o Personality of the supervisor
- o Trust in the supervisor by the supervisee
- o Supervisor/supervisee relationship
- o Appropriateness of the tools
- o Inadequate preparation
- o Lack of facilities/utilities leading to demotivation of the supervisee
- o Time
- o Poor working environment

## HANDOUT 2.1: COUNSELING SUPERVISION OVERVIEW

### KEY CONCEPTS OF COUNSELLOR SUPERVISION

#### Supervision

The term is derived from Latin, 'super' meaning or over and " Visio" meaning sight (Collins 1986 in Page and Wosket 1994 p. 15). The term "supervision" has a long history of use in managerial practice where it has come to mean not just seeing from above but also concern with standards and measurement of effectiveness.

#### Supervisee

Counselors in training at any level working with clients in applied settings as part of their training programme, and counselors who have completed their formal education and are employed in applied counseling setting

#### Supervisors

Counselors who have been designated within their agency to directly oversee the professional clinical work of counselors.

#### Applied counseling settings where HIV counseling supervision can be done

Public or private organizations of counselors such as hospitals, schools, community based organizations, or non -governmental organizations offering counseling services and group or individual private practice settings.

#### A Detailed definition of supervision

The term can be seen to emphasize the managerial function and diminish the educational and the supportive functions. It takes attention away from the equality within the relationship and emphasizes the difference. The supervision relationship, however, does contain both functions. The supervisor and the supervisee are equal in their common endeavors to make the counseling of the client as therapeutic as possible. At the same time they are unequal because the supervisor has a responsibility to monitor the supervisee's work in order to safeguard the interests of the client, if necessary putting those interests above the supervisee's.

The British Association of Counselors (BAC) defines supervision as a formal arrangement for counselors to discuss their work regularly with someone who is experienced in counseling and in supervision.

- The task is to work together to ensure and develop the efficacy of the counselor/ client relationship.
- The agenda will be the counseling work and feeling about the, together with the supervisor's reactions, comments and confrontations.

Therefore supervision is a process to maintain adequate standards of counseling and a method of consultancy to widen the horizons of an experienced practitioner.

#### Why supervision is essential for the practicing counselor

By its very nature, counseling makes considerable demands upon counselors who may become over involved, ignore some important point, become confused as to what is taking

place within a particular client or have undermining doubts about their own usefulness.

- It is difficult, if not sometimes impossible, to be objective about one's counseling and the opportunity to discuss it in confidence with a suitable person is invaluable.
- Good counseling requires the counselor to relate practice to theory and theory to practice.
- Supervision can help the counselor to evolve practice and in this sense is one aspect of training.
- Through the supervision process the supervisor can ensure that the counselor is addressing the needs of the client, can monitor the relationship between the counselor and the client to maximize the therapeutic effectiveness of the relationship and to ensure that ethical standards are adhered to throughout the counseling process.
- Supervisors can encourage and facilitate the ongoing self- development, continued learning and self-monitoring of the counselor through training and personal therapy.

### Functions of supervision

The BAC course recognition booklet (BAC 1990) describes three functions, which should be served by supervision:

- Helping the supervisee to integrate theory with practice and to develop competent practice (the training function)
- Maintaining the supervisee's personal and professional well- being with respect to client work (the supportive function)
- Affording a degree of protection for the supervisee's clients (the managerial function)

Related to the above Bradley (1989) in Carroll (1996) says counseling supervision should serve the following four purposes:

- Facilitation of the personal and professional development of the counselor/ supervisee.
- Development of counselor competences.
- Promotion of accountable counseling a guidance services.
- For the welfare of the clients and the development of the counselor.

### Purposes of Supervision

#### 1. Ethical

Supervision is a way of maintaining the accountability of counselors to their clients. It ensures that we are working responsibly and to the best of our abilities.

#### 2. Necessary Resource

Supervision should be a requirement for all counselors, no matter how experienced they are. Counseling is often work of a highly personal and taxing nature.

- We may be working with people when they are at their most vulnerable, distressed and needy.
- We may work with clients who leave us puzzled or confused.
- We may become hardened or burned out without realizing it, which will affect our work.
- We may get out of date and need to be encouraged to continue our professional development.
- We may become exploitative of our clients without realizing it.

Some goals of supervision are to:

- Facilitate effective counseling practices.



- Develop or enhance professional skills.
- Process the emotional reactions of supervisees to their work.
- Ensure a strong focus on ethical responses.
- Challenge and stimulate new ideas and skills.
- Facilitate delivery of quality counseling services in accordance with professional standards.

Supervision provides an opportunity for counselors to:

- Explore the way they work.
- Stand back and get different perspectives on their clients and the way they work with them.
- Become more aware of the way they affect and are affected by their clients.
- Relieve emotions and recharge energies and ideals.
- Feel supported in their competence and confidence as professionals.
- Receive feedback and challenge the quality of their practice.
- Monitor and develop ethical decision-making.

Functions of supervision are:

- Formative: The educative process of developing skills and competence
- Restorative: Supportive help for professionals working with stress and distress
- Normative: Quality assurance aspects of professional practice

Supervision's overriding principle is the promotion of quality care. Supervision also promotes:

- Education: By enabling counselors to develop their knowledge, skills and understanding of their role. The supervisor is well-placed to identify and/or address learning needs.
- Support: By acknowledging the problems of stress and being aware of coping strategies to reduce feelings of isolation and prevent burnout.
- Evaluation of Casework: By assessing client needs, outcomes, approaches and so on. Evaluation promotes quality care and ensures standards are being met.

The Supervisor: Supporting, enabling, ensuring. You will:

- Manage the working agreement and overall alliance. Be the person to whom the counselor is accountable on behalf of the client and the profession.
- Offer appropriate information, skills and support, and challenge or point counselors to where these are available.
- Ask the counselors for feedback on your style and/or on the supervision arrangement.
- Stick to your decisions in disagreements about ethics or competence. Have confidence in your own judgment.
- Be aware of your power and limitations within the supervision contract.

The counselor (supervisee): Bringing, reflecting, using. You will:

- Bring your work, and share it freely.
- Be clear about your needs from the supervision process.
- Receive feedback, and be prepared to monitor your practice. Use the available supervision time to the best advantage for your counseling and your clients.
- Monitor your use of supervision, and take responsibility for giving feedback to your supervisor about its usefulness for you and your clients.

**HANDOUT: 2.2****IMPORTANCE OF SUPPORT SUPERVISION AS OPPOSED TO ADMINISTRATIVE SUPERVISION**

Many institutions' response to poor performance is to provide in-service training. Long-term capacity building takes time and planning, and should include a needs assessment, in-service training based on results of the assessment, supervision, and continuing education.

Supervision is an excellent opportunity to provide follow-up training, improve performance, and solve other systemic problems that contribute to poor counselling coverage. Though there are many examples and case studies where supportive supervision has been used to improve Counsellor performance and counselling coverage, long-term and sustainable results have not been thoroughly documented. The following guidelines focus on supportive supervision, a process that promotes sustainable and efficient program management by encouraging effective two-way communication, as well as performance planning and monitoring.

Ongoing supervision is an important, often overlooked, step to ensuring quality counselling services. While supervision can be a very participatory process, traditional supervisory visits focus more on inspection and fault finding rather than on problem solving to improve performance. Counsellors often receive little guidance or mentoring on how to improve their performance. They are frequently left undirected, with few or no milestones to help assess their performance, until the next supervisory visit. Motivation is hard to maintain in such an atmosphere.

Supervisors often lack the technical, managerial, or supervisory skills needed to effectively evaluate Counselling facilities across the many sectors for which they are responsible. In addition to assessing performance, supervisors are also expected to monitor services, evaluate management, and ensure that the Counselling facility supply chains are working properly all in a short period of time. Consequently, they are unable to provide adequate technical guidance and feedback to improve service delivery. Supportive supervision requires staff time, costs for per diem, and travel to remote sites. Counselling budgets frequently do not allocate sufficient funds or personnel to conduct supportive supervision, making regular visits difficult to finance and coordinate.

Furthermore, supervisors need support and authority from the central or district level to implement supervision or make changes to improve services at a Counselling facility.

Moving toward supportive supervision Supportive supervision is a process that promotes quality at all levels of the Counselling system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources promoting high standards, teamwork, and better two-way communication. (Marquez and Kean 2002)

A cornerstone of supportive supervision is working with counselling staff to establish goals, monitor performance, identify and correct problems, and proactively improve the quality of service.

Together, the supervisor and counsellors identify and address weaknesses on the spot, thus preventing poor practices from becoming routine. Supervisory visits are also an opportunity to

recognize good practices and help counsellors to maintain their high-level of performance. (See Table 1 for a comparison of supervision and supportive supervision.)

Moving from traditional, hierarchical supervision systems to more supportive ones requires innovative thinking, national buy-in, and time to change attitudes, perceptions, and practices.

This document is the result of recommendations from various partners who recognize the importance of supportive supervision and who are implementing it in their programs. Program managers should adapt these guidelines to their local situation and share their results with others.

### COMPARISON OF ADMINISTRATIVE AND SUPPORTIVE SUPERVISION (MARQUEZ AND KEAN, 2002)

Action	Administrative supervision	Supportive supervision
Who performs supervision?	External supervisors designated by the service delivery organization	External supervisors designated by the service delivery organization; staff from other facilities; colleagues from the same facility (internal supervision); community Counselling committees; staff themselves
When supervision happens?	During periodic visits by external supervisors	Continuously: during routine work; team meetings; and visits by external supervisors
What happens during supervision encounters?	Inspection of facility; review of records and supplies; supervisor makes most of the decisions; reactive problem-solving by supervisor; little feedback or discussion of supervisor observations	Observation of performance and comparison to standards; provision of corrective and supportive feedback on performance; discussion with clients; provision of technical updates or guidelines; onsite training; use of data and client input to identify opportunities for improvement; joint problem-solving; follow-up on previously identified problems
What happens after supervision encounters?	No or irregular follow-up	Actions and decisions recorded; ongoing monitoring of weak areas and improvements; follow-up on prior visits and problems

## **HANDOUT 2.3: STARTING OUT IN HIV COUNSELLING SUPERVISION**

The road to being a counselor supervisor is a long and arduous one. It is preferable for a counselor supervisor to be a practicing counselor. The journey to counselor supervision passes through and goes beyond supervision, with every preceding point continuing to have an influence on the succeeding stage.

**The following are some of the milestones to becoming a competent counselor supervisor in Uganda:**

### **1. The Self**

The person should be able to have insight of themselves e.g. Be able to acknowledge the following and their impact on him/her behavior:

- o Life experiences of the individual, past and present.
- o The individual's personality, passive, aggressive or assertive.
- o Individual strengths and/ or weaknesses in interpersonal as well as intra -personal skills.
- o Personal motivations
- o Individual values and principles.

### **2. The Professional development**

This should be a person who has acquired professional training in counseling, practice and has had a minimum of 60 hours of support supervision.

#### **1. The Counselor Supervisor**

This stage is influenced to a very large extent by the three preceding stages. The interface between and among the various stages will influence the counselor supervisor in relation to:

- o The supervisory theoretical orientation.
- o The roles, tasks and functions of supervision.
- o The style of supervision adopted.
- o The knowledge, skills and attitudes of the counselor supervisor.
- o The professional strengths and weaknesses of the supervisor in relation to intra- and interpersonal attributes.
- o The professional values and principles guiding practice as a counselor supervisor.

## HANDOUT 2.4: General perspectives of counselling supervision

Shall We Rename Counseling Supervision?	Starting Up Counseling Supervision
<p>Counseling supervision is a relatively new practice in much of the industrialized world. We don't yet have enough documented experiences of creating supervision frameworks in many developing countries (especially those with high levels of poverty and/or high-prevalence AIDS epidemics).</p> <p>It is important that each country find a way to define and promote "counseling supervision" as an essential and beneficial activity that upholds the profession of counseling and also protects clients.</p> <p>"Supervision" is perceived as a negative and scary word in many environments, and it can actually hinder our efforts if it is not clearly understood. In many countries, we think of supervision only as an administrative practice that focuses on fault-finding and that may affect our job security or result in disciplinary action. This is not what we have in mind for counseling supervision, which is supportive, educational and challenging for all practicing counselors.</p> <p>Think about what kind of words or language might work in your country to promote a positive image of counseling supervision if you are just starting out. Following are examples of what other countries are calling counseling supervision:</p> <ul style="list-style-type: none"> <li>- <b>Australia, United Kingdom, United States:</b> clinical supervision, reflective practice, supportive supervision</li> <li>- <b>South Africa:</b> mentorship</li> <li>- <b>Others being discussed in Africa:</b> counselor support, counselor buddy program, peer support (only one form), counselor exchange (only one form)</li> </ul>	<p>Different countries are at different stages, and some are working on various steps at the same time. At what stage is your country or what steps is your country taking?</p> <ol style="list-style-type: none"> <li>1. Counseling still working to become a "recognized profession."</li> <li>2. Counseling association and/or network has been established.</li> <li>3. Codes of ethics for counseling practice are established.</li> <li>4. Supervision is viewed as an important part of counselor training.</li> <li>5. Supervision is viewed as an important part of ongoing counselor skills development and as an ethical requirement.</li> <li>6. Counselors (peers or seniors), psychologists, social workers or psychiatrists are taking on the roles, tasks and functions of counseling supervisors.</li> <li>7. Counseling supervision training courses are being developed and implemented.</li> <li>8. Models, theories, approaches and research in supervision are being set up or imported/ adapted from the region or from other countries.</li> <li>9. Codes of ethics for supervisors have been developed.</li> <li>10. Accreditation of counselors is occurring.</li> <li>11. Accreditation of counseling supervisors is being established.</li> </ol>



## Handout 3

# Self awareness in relation to HIV Counselling supervision

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### Activity 3.1 – My Motives for Becoming a Counseling Supervisor

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In the following table, place a check next to each motivation that applies to you. After you have done this, rank the top three motivating Factors for you, from 1 to 3 (1 being the highest). Be honest with yourself and your answers. All of the statements are valid motivations.

Motivation for Becoming Counseling Supervisor	Check if Applicable	Top Three Motivations (Rank 1 to 3)
Serve my community better		
Help other counselors		
Enjoyment		
Learn new things		
Strengthen my own counseling skills		
Increase my general knowledge and skills base		
Obtain career advancement/promotion/job opportunities		
Be recognized by colleagues and/or community		
Financial reward		
Sense of achievement/self-worth/pride		
Take up a new challenge		
Be in charge of other people		
Feel responsible		
Earn respect for others		
Undertake decision-making and influence the workplace		

### Activity 3.2: Your Personality Profile

Directions –



1. In each of the following rows of four words across, place an X in front of the one word that most often applies to you.
2. Continue through all forty lines; be sure each number is marked. If you are not sure which word "most applies", ask a colleague or friend, and think of what your answer would have been when you were a child.

Strengths				Weaknesses			
<input type="checkbox"/> Adventurous	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Animated	<input type="checkbox"/> Analytical	<input type="checkbox"/> Bashful	<input type="checkbox"/> Harsh	<input type="checkbox"/> Bossy	
<input type="checkbox"/> Persistent	<input type="checkbox"/> Playful	<input type="checkbox"/> Persuasive	<input type="checkbox"/> Peaceful	<input type="checkbox"/> Unsympathetic	<input type="checkbox"/> Unenthusiastic	<input type="checkbox"/> Unforgiving	
<input type="checkbox"/> Submissive	<input type="checkbox"/> Self-sacrificing	<input type="checkbox"/> Sociable	<input type="checkbox"/> Strong-willed	<input type="checkbox"/> Resentful	<input type="checkbox"/> Resistant	<input type="checkbox"/> Repetitious	
<input type="checkbox"/> Considerate	<input type="checkbox"/> Controlled	<input type="checkbox"/> Competitive	<input type="checkbox"/> Convincing	<input type="checkbox"/> Fearful	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Frank	
<input type="checkbox"/> Refreshing	<input type="checkbox"/> Respectful	<input type="checkbox"/> Reserved	<input type="checkbox"/> Resourceful	<input type="checkbox"/> Insecure	<input type="checkbox"/> Indecisive	<input type="checkbox"/> Interrupts	
<input type="checkbox"/> Satisfied	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Self-Reliant	<input type="checkbox"/> Spirited	<input type="checkbox"/> Uninvolved	<input type="checkbox"/> Unpredictable	<input type="checkbox"/> Unaffectionate	
<input type="checkbox"/> Planner	<input type="checkbox"/> Patient	<input type="checkbox"/> Positive	<input type="checkbox"/> Promoter	<input type="checkbox"/> Haphazard	<input type="checkbox"/> Hard to Please	<input type="checkbox"/> Hesitant	
<input type="checkbox"/> Sure	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Shy	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Proud	<input type="checkbox"/> Permissive	
<input type="checkbox"/> Orderly	<input type="checkbox"/> Obliging	<input type="checkbox"/> Outspoken	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Aimless	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Alienated	
<input type="checkbox"/> Friendly	<input type="checkbox"/> Faithful	<input type="checkbox"/> Funny	<input type="checkbox"/> Forceful	<input type="checkbox"/> Negative attitude	<input type="checkbox"/> Intimidated	<input type="checkbox"/> Laidback	
<input type="checkbox"/> Daring	<input type="checkbox"/> Delightful	<input type="checkbox"/> Diplomatic	<input type="checkbox"/> Detailed	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Workaholic	<input type="checkbox"/> Wants Credit.	
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Consistent	<input type="checkbox"/> Cultured	<input type="checkbox"/> Confident	<input type="checkbox"/> Tactless	<input type="checkbox"/> Timid	<input type="checkbox"/> Talkative	
<input type="checkbox"/> Idealistic	<input type="checkbox"/> Independent	<input type="checkbox"/> Inoffensive	<input type="checkbox"/> Inspiring	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Domineering	<input type="checkbox"/> Depressed	
<input type="checkbox"/> Demonstrative	<input type="checkbox"/> Decisive	<input type="checkbox"/> Dry humor	<input type="checkbox"/> Deep	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Intolerant	<input type="checkbox"/> Indifferent	
<input type="checkbox"/> Mediator	<input type="checkbox"/> Musical	<input type="checkbox"/> Mover	<input type="checkbox"/> Mixes Easily	<input type="checkbox"/> Moody	<input type="checkbox"/> Mumbles	<input type="checkbox"/> Manipulative	
<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Tenacious	<input type="checkbox"/> Talker	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Show-off	<input type="checkbox"/> Skeptical	
<input type="checkbox"/> Listener	<input type="checkbox"/> Loyal	<input type="checkbox"/> Leader	<input type="checkbox"/> Lively	<input type="checkbox"/> Lord over others	<input type="checkbox"/> Lazy	<input type="checkbox"/> Loud	
<input type="checkbox"/> Contented	<input type="checkbox"/> Chief	<input type="checkbox"/> Chart maker	<input type="checkbox"/> Cute	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Short-tempered	<input type="checkbox"/> Scatterbrained	
<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Productive	<input type="checkbox"/> Popular	<input type="checkbox"/> restless	<input type="checkbox"/> Reluctant	<input type="checkbox"/> Rash	
<input type="checkbox"/> Bouncy	<input type="checkbox"/> Bold	<input type="checkbox"/> Behaved	<input type="checkbox"/> Balanced	<input type="checkbox"/> Critical	<input type="checkbox"/> Crafty	<input type="checkbox"/> Changeable	

Activity 3.3 - PERSONALITY SCORING SHEET

**Directions:**

Now transfer all your X's to the corresponding words on the personality scoring sheet and add up your totals. For example, if you checked Animated on the profile, check it on the scoring sheet. (Note: The words are in a different order on the profile and scoring sheet.)

		Strengths				Weaknesses					
Popular	Powerful	Perfect	Peaceful	Popular	Powerful	Perfect	Peaceful	Popular	Powerful	Perfect	Peaceful
<b>Sanguine</b> ___ Animated	<b>Choleric</b> ___ Adventurous	<b>Melancholy</b> ___ Analytical	<b>Phlegmatic</b> ___ Adaptable	<b>Sanguine</b> ___ Brassy	<b>Choleric</b> ___ Harsh	<b>Melancholy</b> ___ Bashful	<b>Phlegmatic</b> ___ Blank	<b>Sanguine</b> ___ Undisciplined	<b>Choleric</b> ___ Unsympathetic	<b>Melancholy</b> ___ Unforgiving	<b>Phlegmatic</b> ___ Unenthusiastic
___ Playful	___ Persuasive	___ Persistent	___ Peaceful	___ Repetitious	___ Resistant	___ Resentful	___ Reticent	___ Forgetful	___ Frank	___ Particular	___ Fearful
___ Sociable	___ Strong-Willed	___ Self-Sacrificing	___ Submissive	___ Interrupts	___ Impatient	___ Insecure	___ Indecisive	___ Unpredictable	___ Unaffectionate	___ Unpopular	___ Uninvolved
___ Convincing	___ Competitive	___ Considerate	___ Controlled	___ Haphazard	___ Headstrong	___ Hard To Please	___ Hesitant	___ Permissive	___ Proud	___ Pessimistic	___ Plain
___ Refreshing	___ Resourceful	___ Respectful	___ Reserved	___ Angered Easily	___ Argumentative	___ Alienated	___ Aimless	___ Spontaneous	___ Haphazard	___ Negative Attitude	___ Laidback
___ Spirited	___ Self-Reliant	___ Sensitive	___ Satisfied	___ Naïve	___ Nervy	___ Withdrawn	___ Worrier	___ Promoter	___ Positive	___ Too Sensitive	___ Timid
___ Optimistic	___ Sure	___ Planner	___ Patient	___ Wants Credit	___ Workaholic	___ Depressed	___ Doubtful	___ Spontaneous	___ Outspoken	___ Introvert	___ Indifferent
___ Funny	___ Outspoken	___ Scheduled	___ Shy	___ Talkative	___ Tactless	___ Moody	___ Mumbles	___ Delightful	___ Forceful	___ Skeptical	___ Slow
___ Cheerful	___ Daring	___ Detailed	___ Obliging	___ Disorganized	___ Domineering	___ Stubborn	___ Lazy	___ Inspiring	___ Confident	___ Loner	___ Sluggish
___ Demonstrative	___ Independent	___ Cultured	___ Friendly	___ Inconsistent	___ Intolerant	___ Lord Over Others	___ Suspicious	___ Mixes Easily	___ Decisive	___ Short-Tempered	___ Reluctant
___ Talker	___ Mover	___ Idealistic	___ Diplomatic	___ Messy	___ Manipulative	___ Scatterbrained	___ Revengeful	___ Lively	___ Tenacious	___ Rash	___ Compromising
___ Cute	___ Leader	___ Deep	___ Consistent	___ Show Off	___ Show Off	___ Restless	___ Crafty	___ Popular	___ Chief	___ Changeable	
___ Bouncy	___ Productive	___ Musical	___ Inoffensive	___ Loud	___ Loud	___ Changeable			___ Bouncy	___ Bold	
	___ Bold	___ Thoughtful	___ Dry Humor	___ Scatterbrained	___ Scatterbrained				___ Bouncy	___ Bold	
	___ Mover	___ Loyal	___ Mediator	___ Restless	___ Restless				___ Bouncy	___ Bold	
	___ Tenacious	___ Chart Marker	___ Tolerant	___ Changeable	___ Changeable				___ Bouncy	___ Bold	
	___ Leader	___ Perfectionist	___ Listener						___ Bouncy	___ Bold	
	___ Chief	___ Behaved	___ Contented						___ Bouncy	___ Bold	
	___ Productive		___ Pleasant						___ Bouncy	___ Bold	
	___ Bold		___ Balanced						___ Bouncy	___ Bold	

Total -- Strengths

\_\_\_

Total -- Weaknesses

\_\_\_

Combined Totals

\_\_\_

**Activity 3.4 – "IDENTIFYING MY CHARACTERISTICS STRENGTH"**

## A Participant's Manual

Which of these characteristic strengths do you have?  
Estimate how strongly you have them on the following scale:

<b>Fill in:</b>	
<b>+3 Very much like me; +2 Quite a bit like me; +1 Somewhat like me; 0 Not like me</b>	
1. Being cautious and not rushing into things	
2. Being economical and making every penny count	
3. Being self-reliant, and wanting to do things for yourself without help or direction from others	
4. Being methodical and having a certain way of doing everything	
5. Being analytical and having a certain way of doing everything	
6. Being a person who sticks to his/her convictions of what is right and fair	
7. Being a fair person who respects other people's opinions	
8. Being thorough and doing things completely	
9. In being able to change how you act towards others depending on the situation	
10. In being open-minded and able to see the other person's point of view	
11. In being a social person who can relate to almost anyone	
12. In experimenting with how to act in different situations	
13. In being curious about other people	
14. In being adaptable and able to fit into any group	
15. In being tolerate of how other people act	
16. In being a person who can get others to compromise their differences and work together	
17. A trusting person who counts on others to do the right thing	
18. In being an optimistic person who feels that everything will come out for the best	
19. Wanting things to be idealistic, fair and just for everyone	
20. Wanting to be genuinely helpful to others	
21. In being a modest person who doesn't push himself/herself out. in front	
22. In caring about how other people feel and not wanting to see their feelings get hurt	
23. In being a warm and friendly person towards others.	
24. In being loyal to your friends	
25. In having a competitive spirit; wanting to win	
26. Being quick-to-act and wanting to get things done right away	
27. Being self confident	

28. Being enterprising and seeing opportunities that others overlook	
29. Being ambitious and wanting to get ahead	
30. Being an organizer and seeing what needs to be done	
31. Being persuasive and getting other people to see things your way	
32. Being critical of mistakes and error	

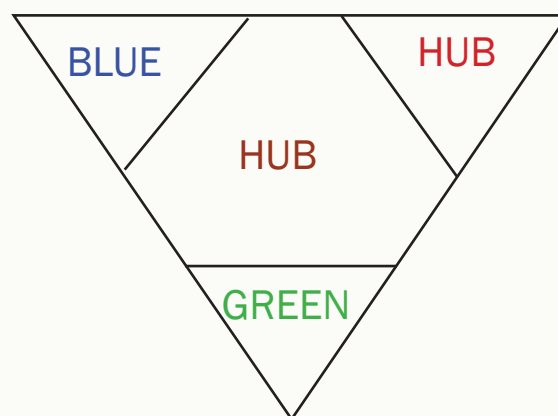
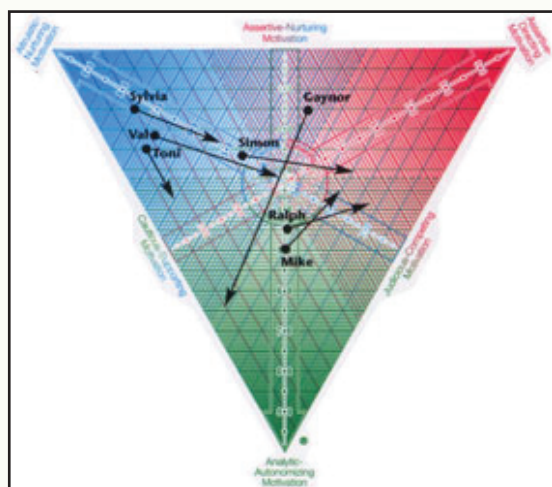
**NOTE:**

**The instructions on how to plot the results using the Strength Deployment Inventory (SDI®) Model are yet to be clarified by the reviewers from TASO training centre.**

The SDI® is a paper based questionnaire created specifically to make the benefits of Relationship Awareness Theory available to everyone. You complete it by answering specific questions that look at the following 2 situations:

- o When things are going well and you feel good about yourself and...
- o When things are going wrong and you are in conflict with others.

It is a learning resource because there are no 'right or wrong' answers... just two positions on a unique, colored triangle, which is used to plot your position based on your Motivational Value System.



**Activity 3.5: Score Sheet using the INTERPERSONAL INTERACTION TRIANGLE using the SDI ® model --**

**IDENTIFYING THE STRENGTHS I MAY OVERDO**

GREEN	
<ol style="list-style-type: none"> <li>1. Being cautious and not rushing into things</li> <li>2. Being economical and making every penny count</li> <li>3. Being self-reliant, and wanting to do things for yourself without help or direction from others</li> <li>4. Being methodical and having a certain way of doing everything</li> <li>5. Being analytical and having a certain way of doing everything</li> <li>6. Being a person who sticks to his/her convictions of what is right and fair</li> <li>7. Being a fair person who respects other people's opinions</li> <li>8. Being thorough and doing things completely</li> </ol>	<p><b>Overdoing</b></p> <ol style="list-style-type: none"> <li>1. Being so cautious you become suspicious and find it hard to put your trust in others. <b>SUSPICIOUS.</b></li> <li>2. Being stingy, never sharing with others or saving things that have no real value. <b>STINGY</b></li> <li>1. Being so self reliant you cut yourself off from others who could be of help to you when you really need help. <b>ISOLATE.</b></li> <li>1. Being so methodical and so fixed in how you do things you never try anything new. <b>RIGID</b></li> <li>1. Being so analytic that you waste time and energy on unimportant details and never reach a decision. <b>NOT-PICKING</b></li> <li>2. Being so sure your convictions are right and fair that you can't compromise with others who have different convictions. <b>UNBENDING</b></li> <li>1. Being so concerned about being fair you don't recognize that sometimes how people feel is more important to them than fairness. <b>UNFEELING</b></li> <li>2. Being so concerned with doing things completely that you can't leave anything undone or you can't cut corners. <b>COMPULSIVE.</b></li> </ol>

**IDENTIFYING THE STRENGTHS I MAY OVERDO**

HUBS	
<p>9. In being able to change how you act towards others depending on the situation</p> <p>10. In being open-minded and able to see the other person's point of view</p> <p>11. In being a social person who can relate to almost anyone</p> <p>12. In experimenting with how to act in different situations</p> <p>13. In being curious about other people</p> <p>14. In being adaptable and able to fit into any group</p> <p>15. In being tolerant of how other people act</p> <p>16. In being a person who can get others to compromise their differences and work together</p>	<p><b>Overdoing</b></p> <p>1. Acting one way in a situation one time and another time so that others see you as <b>INCONSISTENT</b></p> <p>1. Being so open minded that you lose sight of your own point of view. <b>WISHY-WASHY.</b></p> <p>1. Needing to be with others so much, that you can't stand being alone. <b>SOCIAL DEPENDENT.</b></p> <p>1. Experimenting so much that you never seem to have any goal or aim in your relationships.</p> <p>1. Pushing your curiosity too far and asking questions that are too personal. <b>NOSY.</b></p> <p>1. Being so quick to fit in with others that you come across to others as wishy-washy. <b>SPINELESS</b></p> <p>2. Being so tolerant of others that you come across as not caring what anyone does. <b>UNCARING</b></p> <p>3. Getting people to compromising so much that nothing worthwhile is left for them. <b>NO PRINCIPLES.</b></p>

**IDENTIFYING THE STRENGTHS I MAY OVERDO**

<b>BLUES</b>	
<p>17. A trusting person who counts on others to do the right thing</p> <p>18. In being an optimistic person who feels that everything will come out for the best</p> <p>19. Wanting things to be idealistic, fair and just for everyone</p> <p>20. Wanting to be genuinely helpful to others</p> <p>21. In being a modest person who doesn't push himself/herself out. in front</p> <p>22. In caring about how other people feel and not wanting to see their feelings get hurt</p> <p>23. In being a warm and friendly person towards others.</p> <p>24. In being loyal to your friends</p>	<p><b>Overdoing</b></p> <ol style="list-style-type: none"> <li>1. So trusting that you believe anything a person says without making sure for yourself. <b>EASY TO FOOL</b> (Gullible)</li> <li>2. Wanting so much for things to work out that you don't recognize when things are not going to work out. <b>IMPRACTICAL</b></li> <li>1. Wanting the ideal so much that you don't pay attention to practical things that can be done which would help. <b>WISHFUL</b></li> <li>2. Paying so much attention to being helpful to others you sacrifice your own wants and needs. <b>SELFDENYING</b></li> <li>3. Being so modest that you get your abilities and accomplishments from others. <b>SELF-EFFACING</b> (shy, unassuming)</li> <li>4. Trying so hard to protect others that you can't say "No" to them when you really should or trying to do everything for them even when you shouldn't. <b>SMOTHERING</b> (easily overpowered)</li> <li>5. Wanting to be liked so much you let other people take advantage of you. <b>SUBMISSIVE</b></li> <li>6. Being so loyal that you go along with them even when you know they are doing the wrong thing. <b>SLAVISH</b> (unoriginal)</li> </ol>

## IDENTIFYING THE STRENGTHS I MAY OVERDO

<b>RED</b>	
<p>25. In having a competitive spirit; wanting to win</p> <p>26. Being quick-to-act and wanting to get things done right away</p> <p>27. Being self confident</p> <p>28. Being enterprising and seeing opportunities that others overlook</p> <p>29. Being ambitious and wanting to get ahead</p> <p>30. Being an organizer and seeing what needs to be done</p> <p>31. Being persuasive and getting other people to see things your way</p> <p>32. Being critical of mistakes and error</p>	<p><b>Overdoing</b></p> <ol style="list-style-type: none"> <li>1. Wanting to win so much that you don't play fair with others. <b>COMBATIVE</b> (aggressive, argumentative )</li> <li>2. Being in such a hurry to get things done you make a lot of mistakes and push others too hard. <b>RUSH.</b></li> <li>3. Being so confident you are right that you don't listen to others. <b>ARROGANT</b></li> <li>4. Being so quick to act on new opportunities that you don't follow through on the good ones. <b>OPPORTUNISTIC</b></li> <li>5. Being so ambiguous you step all over other people to get ahead. <b>RUTHLESS</b> (cruel)</li> <li>6. Being such an organizer that you become a dictator and don't give other people a chance to get in on the act. <b>CONTROLLER</b></li> <li>7. Being so persuasive you are putting pressure on against their will. <b>PRESSURISING</b></li> <li>8. Being so critical of others that they don't want to be around you. <b>CUTTING</b> (wounding)</li> </ol>

**Suggested Handout 3 Task**

The critical skills and characteristics that a counseling supervisor should have include:

- Being non-judgmental
- Approachable
- Ability to solve problems

Describe why these skills/characteristics are important, and give practical examples of day-to-day situations where a counseling supervisor may need to apply them.



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### RESOURCE 3.1A: COUNSELOR'S STAGES OF DEVELOPMENT (Skills)

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The following list shows the stages of development of a counselor supervisor. At which Stage do you view yourself? How do you plan to progress to the next stage?

**1. Beginning trainee:** Counselor supervisor in training with no experience in counseling support supervision.

**2. Experienced trainee:** Trainee counselor supervisor who has worked with or is working with counselors as their supervisor.

**3. Senior counselor:** Counselor supervisor with at least two years of diverse support supervisor experience; recognized by colleagues as able to pass on experience and practical advice to others; may already be applying expertise in the role of a supervisor, trainer or consultant on counseling issues

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### RESOURCE 3.1B: COUNSELOR'S STAGES OF DEVELOPMENT (attitudes)

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**1. Beginning trainee:** Counselor supervisor with no experience of self-awareness and no ability to do it.

**2. Experienced trainee:** Counselor supervisor who has acquired few skills of carrying out a self-awareness exercise and has limited knowledge about self-development.

**3. Senior counselor supervisor** with at least two years experience of practical experience in self-awareness and is able to understanding self. That is on a journey of self-development.

## Resource 3.3.

### The Stages of behavioral change (SOC ) Model: Descriptive Summary of Stages and Interventions

STAGES 1,2 and 3		
Precontemplative	Contemplative	Ready for action
<p>Supervisee not yet considering the possibility changes; i.e. they are motivated not to change.</p> <p>May not be interested in talking about a change; may be defensive.</p> <p>Two reasons Supervisees might be in precontemplation:  <b>Rebellion:</b> has a heavy investment in the problem behavior and in making their own decisions. Resistant to being told what to do. Appear hostile and resistant.</p> <p><b>Rationalization:</b> has all the answers. It feels like a debate when talking with them.</p>	<p><b>Period characterized by AMBIVALENCE:</b> Supervisee both considers change and rejects it. Has reasons for concern and justifications for lack of concern.</p> <p>Supervisee is willing to consider the problem and the possibility of change- this offers hope. However, ambivalence can make contemplation a chronic condition. Ambivalence is the arch enemy of commitment and a prime reason for chronic contemplation.</p> <p><b>Reluctance:</b> through lack of knowledge or through inertia, does not want to consider change. Not resistant, reluctant.</p> <p><b>Resignation:</b> lack of energy and investment. Has given up on the possibility of change and seems overwhelmed by the problem</p>	<p><b>The Supervisee's statements reflect a big deal of what might be judged to be 'motivation'.</b></p> <p>This stage represents preparation as much as it does further developing determination. May be making some changes already.</p> <p>Commitment to change does not necessarily mean that change is automatic, that change methods used will be efficient, or that the attempt will be successful in the long term.</p> <p>All ambivalence is not necessarily resolved. The decision making process continues.</p> <p>This stage offers a window of opportunity. If the Supervisee enters into action, the change process continues; if not, the Supervisee slips back into contemplation.</p>
INTERVENTIONS		
<p>In general, give information and feedback to raise the Supervisee's awareness of the problem and the possibility of change. Have the supervisee explore the drawbacks of staying the same and the benefits of changing. Ask how they feel about changing.</p>	<p><b>Help Supervisees work toward resolving their ambivalence.</b></p> <p><b>Have them explore issues and consequences.</b></p>	<p>Assess their strength and level of commitment. Continue to help them with resolving their ambivalence.</p> <p>Help the Supervisee to determine the best course of action to take in seeking change.</p>

<p>Address specifically the appropriate R i.e. Rebellion or Reluctance.</p> <p>Provide feedback in a sensitive, emphatic manner. Provide choices.</p> <p>Instill hope, explore barriers.</p> <p>Listen empathetically and reflectively, acknowledging what they say.</p> <p>Be specific and considerate. It will probably take time for them to work their way out of the precontemplation.</p> <p>Plant a seed and leave the door open.</p>	<p>Have them compare the pros and cons of staying the same to the pros and cons of making a change.</p> <p>Further help them resolve their ambivalence by using information about passed change attempts to increase self efficiency.</p> <p>Get them to see more success instead of failure.</p> <p>Help them develop an attitude of “want to “instead of “have to “.</p>	<p>The task is not one of motivating so much than as matching. Help them find a change strategy that is:</p> <ul style="list-style-type: none"> <li>• Acceptable</li> <li>• Accessible</li> <li>• Appropriate</li> <li>• Effective</li> </ul> <p>Help them to explore the plan and to focus on details, anticipating problems and pitfalls.</p> <p>Help them prepare mentally, emotionally and practically to do What will be required to do.</p>
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**The SOC Model: Descriptive Summary of Stages and Interventions**

STAGES 4, 5 and 6.		
Action	Maintenance	Relapse/Recycle
<p>Supervisee engages in particular actions intended to bring about a change. Often uses coming to the provider:</p> <ul style="list-style-type: none"> <li>• To make a public commitment to change.</li> <li>• To get some external confirmation of the plea.</li> <li>• To seek support</li> <li>• To gain greater self-efficacy.</li> <li>• To create external monitors of their activity.</li> </ul> <p>Change requires building a new pattern of behavior. It takes time to establish this new pattern. This stage typically takes 3-6 months.</p> <p>Relapse is always possible.</p>	<p>Supervisee attempts to sustain the change accomplished by previous action and to prevent relapse.</p> <p>May be maintaining strict changes or may occasionally be slipping.</p> <p>Slips are common, but can lead to full scale relapse if not dealt with.</p> <p>As time goes on, if relapse does not occur, the changes require less effort and vigilance and become more routine. If maintenance continues, the change ultimately becomes habit and the Supervisee's identity evolves to incorporate the changes.</p>	<p>Full- scale return to previous behavior, with no pretence of continuing the change. Supervisee surrenders.</p> <p>Relapse begins and progresses for many reasons</p> <ul style="list-style-type: none"> <li>• The person may experience a particular strong unexpected urge or temptation and fail to cope with it successfully.</li> <li>• Sometimes relaxing their guard or testing themselves begins the slide back.</li> <li>• Often the cost of change are not realized until later, and the commitment or self-efficacy erodes.</li> <li>• Most often, relapse does not occur automatically, but takes place gradually after an initial slip occurs.</li> </ul>

<p>These efforts may or may not be assisted by formal counseling; most people who quit smoking, for example do it on their own without treatment of any kind.</p> <p>If you are involved in counseling them, your task is to:</p> <ul style="list-style-type: none"> <li>• Help them take steps towards change</li> <li>• Help them increase their self efficacy</li> <li>• Re- affirm their decisions</li> <li>• Focus on successful activity.</li> </ul> <p>Help them identify and use strategies to prevent relapse. Specifically counsel them to anticipate and to prepare to survive relapse crisis situations (situations that will challenge their new position and tempt them to go back to old behavior).</p>	<p>Teach the difference between just maintaining the status quo versus working through a trial and error learning period.</p> <p>Help Supervisees to know what to expect. It may be quite helpful to give feedback concerning the length of time it takes to accomplish sustained change, and the fact that some situations or cues can bring back a flood of memories associated with the problem behavior.</p> <p>Help them identify and use strategies to prevent relapse. Have them review their reasons for making the change and identify the benefits that have resulted from the change.</p>	<p>The individual's task is to go back and start again through the stages, beginning with contemplation, rather than getting stuck in relapse or returning to pre-contemplation.</p> <p>The counselor's task is to help the Supervisee:</p> <ul style="list-style-type: none"> <li>• Avoid discouragement and demoralization</li> <li>• Continue contemplating change</li> <li>• Renew determination and preparation</li> <li>• Resume action and maintenance efforts.</li> </ul>
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## HANDOUT 3.1: SELF-AWARENESS AND KNOWING MYSELF

### **Self-awareness:**

It can be defined as the ability to know and understand one's self.

Self-awareness includes recognition of our personality, our strengths and weaknesses, our likes and dislikes. Developing self-awareness can help us to recognize when we are stressed or under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as for developing empathy for others.

It attempts to answer the following questions;

- What unique gifts, talents and skills do you bring to this world?
- What specific issues represent your life challenges?
- What underlying semi-conscious motives run your life?
- What gives you meaning and purpose?

### **Knowing Myself**

#### **Prerequisites of Honesty and Courage**

Some people are not prepared to face the truth about themselves. For example, a student may use his perceived self-image as a fun-loving person as an excuse for doing poorly in his school grades. In reality, he is a procrastinator ... put off doing his homework or studying for the exams till the last minute.

When you know who you are, you may have to change; and some people just do not want to change because changing demands effort! Self-awareness requires honesty and courage ... to get in touch with what we are thinking and feeling and to face the truth about ourselves.

#### **Benefits of Self-awareness**

The better you understand yourself, the better you are able to accept or change who you are. Being in the dark about yourself means that you will continue to get caught up in your own internal struggles and allowed outside forces to mould and shape you.

As we move toward the 21st century, the knowledge-based economy demands that we upgrade our knowledge and skills to keep up with the ever-changing society. However, the starting point should be the knowledge of oneself as a unique individual and how one relates to this new economy. The clarity with which you can answer these questions: Who am I? Where have I been? Where am I going? determines your capability to chart your own destiny and realize your potential.

#### **Realistic View**

In your quest to know yourself, do not think of yourself more highly than you should. In other words, no superiority attitude. Rather have a sober view of your strengths. On the other hand, do not exaggerate your weaknesses and look down on yourself. Also, do not excuse or rationalize your weaknesses. We need a realistic view of both our strengths and weaknesses if we are to know our true selves.

How we see ourselves may be clouded by the feedback messages we received about ourselves from others. But how could anyone know more about you than you? They do not feel your emotions or think your thoughts; they do not face the issues that you wrestled with.

**Significant Others ... Parents**

Remember what I said earlier that some people may not be prepared to face the truth about themselves. This may be true of you. Therefore, you must be prepared to listen to others, especially significant others. There are no perfect people and there are no perfect parents. Nevertheless, from a practical viewpoint, our parents, who gave birth to us have the opportunity to observe us at close quarters over many years, would have a clearer insight of our character than anybody else. You don't have to accept their views but at least listen to them.

**Self-awareness Questions**

1. What are your strengths?  
What are your weaknesses?
2. How do your friends describe you?  
Do you agree with their descriptions? Why or why not?
3. List two situations when you are most at ease.  
What specific elements were present when you felt that way?
4. What types of activities did you enjoy doing when you were a child?  
What about now?
5. What motivates you? Why?
6. What are your dreams for the future?  
What steps are you taking to achieve your dreams?
7. What do you fear most in your life? Why?
8. What stresses you?  
What is your typical response to stress?
9. What qualities do you like to see in people? Why?  
Do you have many friends as you just described? Why or why not?
10. When you disagree with someone's viewpoint, what would you do?

## HANDOUT 3.2: SELF DEVELOPMENT: AN OVERVIEW

Preparing to become a counselor, and subsequently, a counselor supervisor begins with gaining insight into ourselves:

- How we think
- What matters to us
- Our main life concerns
- How we relate to others in various situations
- Levels of intimacy

NOTE: How can we hope to “walk inside another’s shoes” when we don’t fully walk in our own. (Milne 2003).

### Self Development Is About

- Building up skills
- Motivation
- Courage
- Sense of identity
- Purpose in life

### Self/Individual Development Means

- Greater self knowledge
- Greater commitment to plan
- Greater identity with satisfactory outcome

**N.B:** Allows individual rather than standard development

### Aspects of the Self

- How we behave in particular situations and towards others
- Life experience
- Self image and perception
- Hopes and fears
- Transition periods
- Value systems
- Goals
- How we play/recreate
- Issues of dependency
- Self-reliance – coping mechanisms/strategies
- Gender perceptions
- Sexuality
- “The inner child
- Stress and tension reduction

### Types of Development

1. Informal “Accidental” process where learning is assumed to happen automatically as a spin off from management activity i.e. there is no specific development objective.
2. Integrated “opportunistic” process where, either with hindsight or with foresight, normal supervisory activities are consciously used as learning opportunities.

3. Formal “planned” processes where learning opportunities are artificially away from the normal workplace. Here, development is the primary objective.

### Aspects to Consider In Self Development

- A. (i) **Thinking:** Concerns our ideas, beliefs, concepts and theories.
  - (ii) **Feeling:** Emotions and moods.
  - (iii) **Willing:** Concerns action i.e. what we are really prepared to do or not prepared to do.
- B. **Qualitative outcome:**
    - (i) Development of a sense of identity
    - (ii) Acceptance of oneself after knowledge and understanding of oneself and by inner drive, direction a sense that there is a purpose in life.
    - (iii) Acceptance of oneself
      - Recognizing weaknesses but not hating oneself.
      - Resolving to improve them.
      - Recognizing, acknowledging and rejoicing in one’s strengths without becoming over confident or boastful.

### Other Key aspects of self development

1. **Training:** Planned and systematic effort to modify or develop knowledge, skills, values attitudes and motivations through the learning process to achieve effective performance in current activities. It is the teaching of specific job related skills for purposes of improving performance.
2. **Development:** The systematic effort to modify and improve knowledge, skills and attitudes through the learning process with the aim of achieving effective performance in future activities.
3. **Education:** The process and a series of activities which aim at enabling an individual to assimilate and develop knowledge, skills and attitudes.

### Functions of training

- 
- It educates
- It develops
- It updates
- It improves performance
- It brings out new insights

### Role of training in organizations

- **Preventive – e.g.** when preparing for technological or information, or focus change.
- **Curative – e.g.** .to overcome performance problems.
- **Motivation – e.g.** personal and professional development of the employees.
- **Legal / policy requirement - e.g.** when there are professional qualifications set by the responsible authorities.

### Training Needs Analysis (T.N.A)

Training Needs Analysis is a rational approach to assessing the training and / or development needs of groups of employees at clarifying the needs of the job and the needs of individuals in terms of training required. (Cole G.A. 1996, Management: Theory and Practice)

### Stages in TNA



- **Analyze the job** – Areas of knowledge, necessary skills and attitudes that must be evident
- **Analyze what the job may entail in the future** – knowledge, skills and attitudes.
- **Analyze the people on the jobs** – knowledge, skills and attitudes. Identify gaps.
- **Set priorities** – e.g. Training.
- **Decide the appropriate methods** i.e. how are the training to be conducted e.g. internally or externally.
- **Implement the training.**
- **Evaluate.**

### **The continuous cycle of development.**

An individual's training needs form a continuous cycle of development

1. Identify job requirements
2. Identify actual knowledge, skills attitudes
3. Identify any additional knowledge, skills, and attitudes that may be required.
4. Set priorities
5. Set development objectives
6. Plan for development
7. Implement the development
8. Evaluate
9. Assess against job requirements

## **HANDOUT 3.3: THINKING ABOUT YOURSELF AND SETTING PRIORITIES**

### **Creative Thinking**

Think about this: (Creative visualization) do not look elsewhere.

You are your own raw material, when you know what you consist of and what you want to make of it, then you can invent yourself.

Creativity is not a gift you have to be born with.

Most creative people learn how to be creative.

All you need is to do it logically by looking at one perspective before you think of the other.

Trigger your thinking one way, and then apply it to the problem at hand.

### **Creativity comes from:**

- Seeing things differently
- Seeing different things
- Generating multiple options
- Breaking the rules
- Thinking and linking
- A high level of awareness
- Knowing how you think
- Playing what ifs
- Trying something on for size.

Enhancing your creativity is a big step towards becoming more aware of how your mind works.

Your mind is very powerful – and you are its master. God has given you more potential than you imagine.

You can take your mind wherever you want and it will obey.

Now in our creative thinking, we ought to set goals.

But how do we start?

We have already talked about knowing ourselves.

### **Creative Thinking**

Is a tool 'powerful' to 'see' and 'fix' your far distant goals in your minds 'eye';

And for planning and rehearsing the execution of the tasks that lead to the achievement of your goal(s).

- Personal Goal Setting:

'If you do not know where you are going, you may wind up somewhere else'.

- Goal setting increases our motivation
- We need goal setting tools.
- Think about your current situation
- Are you stuck on the road to nowhere?
- Are you too busy to enjoy life?
- Are you not getting the results you want?
- What you need for effective creation visualization is a starting point and an end point so, understand your current situation and notice how far away you are from your current situation. Imagine it from a detached point of view, as if you were watching

a film, and imagine it as if you were actually there, participating in it or living with it. Imagine it every way you can until you have a precise picture, hold it clearly in your mind.

- Return to it occasionally so that it becomes reinforced, time and again.
- Set time aside for this visualization – in order to build its strength over time.
- Do not try to hurry the achievement of your goal
- Your sub-conscious works the strain between your current situation and your desired state and will work to transform the first image into the second.
- Try this with big and small desires
- It is time to live life your way
- Do not get caught up in the busyness of life or be put out of balance or fail to give priority to what truly matters to you.

### Priority:

- How do we consciously choose to spend the precious time of our lives?
- Do we lose it to mundane tasks or to meeting other people's expectations?
- So that our dreams, the dreams that bring meaning to our lives never see the light of day? - SHAME-
- Take control – create goals and plan, track and achieve them!
- Take the following steps:
  - Know what you really want by creating a clear image of your goal
  - Align your personal goals with your purpose
  - Breathe it, feel it, smell it, examine it from all angles by formatting it, anchoring it, actualizing it
  - Notice your current situation and your distance from your goal
  - Format and execute your first and second steps
  - Do something else and leave your sub-conscious to work out the next images – Do not interfere, do not undermine your images
  - The next steps come to you in their own time
  - Return to reinforce the image of your goal and your current position regularly
  - Trust and believe yourself and your ability to take this through.
  - Trust the process, it works

### Note:

- Take control – create goals and plan, track and achieve them!
- Format your goals
- Anchor them
- Actualize them
- Track and celebrate them

### Note:

People who set goals achieve success while those who don't generally achieve very little. Using goal-setting tools helps you get clarity about what you want, set priorities, create a plan and attain results.

The process of identifying what we want in life helps us learn more about who we are. Our self-esteem, happiness and fulfillment grow as we clearly see ourselves moving forward in life.

## **SUCCESS BREEDS SUCCESS**

But we should be:

- Self-disciplined
- Have clarity of intention
- Ensure completion and quality of results

### **HANDOUT 3.4: UNDERSTANDING PERSONALITY DIFFERENCES AND OUR**

## OWN PERSONALITY

### **Introduction:**

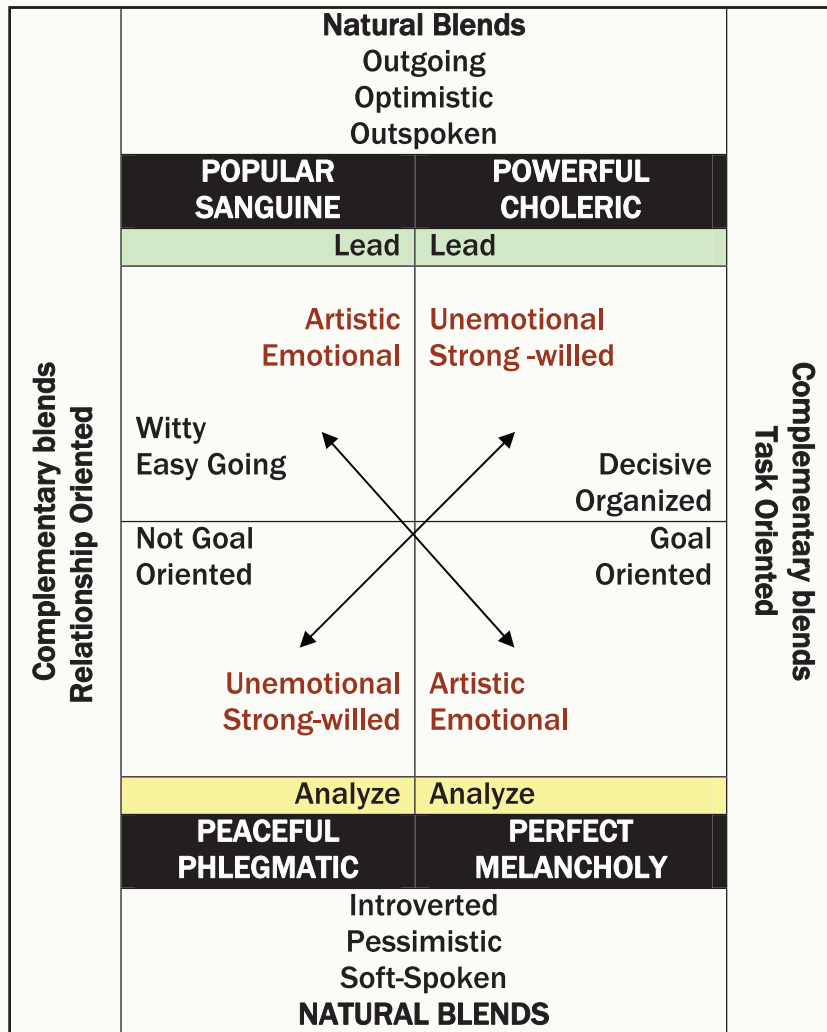
Perhaps the most important realization that an individual can make in their quest for personal growth is that there is no single formula that defines the path to personal success. We all have different goals and priorities, which means that different activities and attitudes will make us feel good about ourselves. We also have different natural strengths and weaknesses that are a part of our inherent personality type. How then, as individuals, can we feel successful in our lives?

Each personality type has a different idea of what it means to be successful. Self-knowledge is one common goal that will help everyone achieve personal success. So many people are hung up on somebody else's idea of what it means to be successful, and they are unaware of what is truly important to them. This is completely normal.

We all have important role-models and influencers in our lives who may have basic values that are quite different from our own. If this is the case, it's important to recognize that the discrepancy between what we have been taught is truly important and what we personally believe to be truly important is due to a difference in perspective. If we spend our time and effort trying to meet somebody else's idea of success, and ignore or belittle any conflicting messages from our own psyche, then we will find ourselves exhausted and unhappy. Realizing what is truly important to us is a major step towards achieving personal success.

### **Each person is unique blend**

Using the personality score in Activity 3.3, you will realize that different each person has a different personality profile which supervisors should take into consideration so as to know how best they can support their supervisees. The figure below illustrates the uniqueness of each person.



Adopted from Strategic life management Training Manual

# Handout 4

# Review of Counselling & Supervision Theories

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## RESOURCE 4.1: THE MEANING OF THEORIES

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**What is a theory?**

- ✓ A system of inferences and interpretations about phenomena.
- ✓ A system composed of empirical data derived from observations, experimentation, and their interpretation (Wolman, 1973).
- ✓ A model used to blend the reality of experiences with ideas about plausible explanation for these experiences.

**In summary:**

A Theory is a general principle summarizing many observations and predicting what we can expect to happen in new situations.

**It is a map that provides direction and guidelines to the supervisor.**

**Theoretical approaches to counselling:**

Is a systematic way of understanding

- ✓ Counselling style ,
- ✓ Client behaviour,
- ✓ of viewing the counselling process, and a
- ✓ Guideline for Counsellors.

It is a map that provides direction and guidelines to the Counsellor.

**Functions of Theory in Counselling/supervision**

It serves as guidelines to indicate possible causes of client's difficulties, alternative courses of action and the desired Counsellor behaviour in the counselling process.

It helps the Counsellor to organise relevant data about counselling and to develop the relationship between each of the bits or data.

It proposes a process by which a Counsellor can participate in the process of changing the client's behaviour.

It helps the Counsellor to understand what he is doing and what to expect.

It gives a structural basis for judging how much progress is being made in the counselling process.

**General/Basic Conceptions of Counselling Theories**

All counselling theories:

- ✓ Are based on or derived from a conception of personality development.
- ✓ Have some conceptions of how behaviour can be changed.
- ✓ Have something of what the end product should look like.
- ✓ Have some notions about the appropriate role Counsellors should play.

**RESOURCE 4.2: A SUMMARY OF THE COUNSELLING THEORIES**



## **PSYCHOANALYTIC THEORIES**

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**Psychoanalytic theories (these are psycho-dynamic approaches with origins in Freudian ideas/**

- **Sigmund Freud** (it is important to make the unconscious conscious if neurotic problems are to be effectively reduced)
- **Carl Jung** (Fantasies of the unconscious must be highlighted so that can facilitate the development of an individual. Integration of all aspects of personality including the Anima, Animus and the Shadow )
- **Alfred Adler** (emphasizes the importance of social interest as well as integration and interrelation with the wider community in which an individual lives. People who are not interested in others will experience great difficulty in life and are bound to fail in their search for happiness)
- **Object relations**

## **BEHAVIOURAL THEORIES**

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**Behavioral theories (it views a personality which encompasses cognition and human interaction)**

This theory encourages their clients to view their problems as learned behaviors which they themselves can un learn in a reasonably straight forward way.

- **J.B Watson** (conditioned learning)
- **Albert Ellis** (rational emotive, men are disturbed not by things but by views which they take of them-ABC model)
- **Pavlov Ivan** (classical conditioning)
- **Skinner B.F** (conditioning and re-enforcement)

## **SOCIAL LEARNING AND OBSERVATIONAL LEARNING**

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Individuals learn from experiences of others mainly through observations and imitations.

- **Albert Bandura** (modeling)  
Humanistic theories (each individual has the innate potential for self actualization/ develop to full potential)
- **Abraham Maslow** (hierarchy of needs/ needs are responsible for human motivation, drive and initiative )
- **Carl Rogers** (individuals are competent architects of their own destiny)
- **Eclectic/Integrative approach**

## **HANDOUT 4.1: A REVIEW OF COUNSELLING AND SUPERVISION THEORIES**

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Theories provide the justification for counseling and a basis on which practice is founded. It is important that counselors be able to accurately describe what they do rather than rely on the assumption that others know what they do. There is an assumption that counseling is desirable because it benefits people, but when asked, “How does it benefit people?” respondents typically reply, “It helps people.” If they are asked, “How does it help people?” they reply, “Because they feel better.” When asked, “How do they feel better?” they begin to run out of answers. The inability to give an accurate description about what counselors do and how they can help people is unsatisfactory. Counselors deal with people, their emotions and feelings and their vulnerabilities. Clients approach counselors expecting a service, and counselors should be able to state exactly what that service is. Clients expect their counselors to know what they are doing, and they are entitled to. Counselors have a responsibility to inform their clients about when they can help and when they cannot help—counseling is a helping service, but it cannot help in all cases.

## **Introduction to Psychoanalytic Theory**

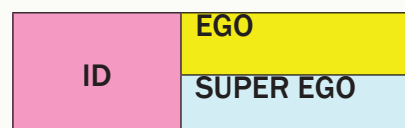
Psychoanalytical theory was developed from the work of Sigmund Freud, an Austrian psychiatrist (1856–1939). His work centered on the unconscious mind and investigated the drives and impulses for behavior. His work is characterized by several assumptions:

1. That the motivation for behavior comes from the unconscious mind and not from the body.
2. That an individual’s problems are rooted in early childhood experiences and that these are invariably sexual in character.
3. The therapist is an expert who listens to the “patient” and treats the patient as if he or she were in need of help.
4. That psychoanalysis involves a long and time-consuming commitment.

### **Psychoanalytical Counseling**

Freud maintained that personality development is connected with three areas of the mind: the id, the ego, and the super ego

These three areas are in a constant state of interaction and together determine how an individual behaves. These three areas of the mind have different functions, but they are inter-dependent.



#### **ID**

The ID is the first and most basic part of the mind. It is the only part that an individual is born with; the other two parts develop as the individual ages. The function of the ID is to ensure that the individual remains in a comfortable state of physical satisfaction. This drive for physical satisfaction characterizes the ID. When a baby is hungry, the ID demands that it be fed. When the demand for immediate gratification is met, the baby returns to a comfortable state. The ID is the pleasure-seeking center of personality and contains the drives that motivate people to satisfy their basic instincts.

#### **Super Ego**

The super ego is almost the opposite of the id. The super ego is responsible for the morality of an individual's behavior. It is concerned with issues like right and wrong, good and bad. The super ego tries to persuade the individual to behave in a morally acceptable way and to pursue a productive and exemplary life. The super ego learns what is acceptable behavior and what is not. The super ego is a built-in control mechanism whose function is to control the primitive impulses of the id. The super ego represents what is ideal within the individual; it strives for perfection. The super ego is learned and culturally determined. Its moral values come from the society in which the individual finds himself/herself.

### **Ego**

The id and super ego have drives that urge them to act in opposite ways. The ego is responsible for reconciling the conflict between the id and super ego; that is, the ego mediates between the two drives. In early development, a baby cannot distinguish between different objects and will put anything in its mouth when hungry. Through hunger the baby learns to become aware of its environment by identifying the objects that will satisfy hunger.

The ego is also responsible for controlling the sexual and aggressive drives.

The ego negotiates a compromise in which an individual would be allowed to satisfy his/her sexual drive but in a culturally controlled situation. Marriage, for instance, is a socially controlled solution.

### **Practice of Psychoanalytical Counseling**

Psychoanalytical counseling is concerned with coping with anxiety. The ego tries to protect the mind by using mental defense mechanisms such as repression, displacement, projection and denial. These defense mechanisms try to get rid of the thoughts that cause anxiety. For example, with repression, the ego tries to push the thoughts down into the unconscious area of the mind so that the mind does not need to deal with them. With displacement, the ego substitutes something else (e.g., anger) in place of the basic drive.

By projecting unpleasant thoughts onto someone else, the ego protects itself from the anxiety the thoughts cause. For example, it is possible to avoid the consequences of thoughts like "I don't like that person" by maintaining that "that person does not like me." In this way it is possible to avoid uncomfortable thoughts. People project their responsibilities onto others. They reason that it is up to other people to protect themselves and in fact they themselves can do what they like.

Denial may occur when the result of the basic drive is too unpleasant to face. The mind rationalizes and finds an excuse to deny that it actually exists.

Defense mechanisms justify dysfunctional behavior to the individual. The task of the counselor is to help the clients to understand that they are using these defense mechanisms and to explore the mechanisms with them. Helping clients reduce their use of mental defense mechanisms also makes the clients better able to deal with the issues in the ego. Therefore, the counselor is involved in helping clients strengthen their egos. Strengthening clients' egos depends on getting them to concentrate on what is happening in the immediate present. Counselors help clients to understand in what respects their behavior does not permit them to function adequately and to understand what clients can do to change.

### **Introduction to Behavioral Theory**

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Behavioral counseling focuses on behavior that is observable and on the interaction between an individual and his/her environment.

Behavioral counseling is based on the following themes:

1. The consequences of a behavior rather than its causes
2. The immediate effects of dysfunctional behavior
1. That therapeutic interventions are aimed at unlearning a dysfunctional behavior and replacing it with approved behavior
2. That the motivations for behavior are mainly biological

Techniques of behavioral counseling include: visualization, feedback, role-play, desensitization, assertiveness training and relaxation training.

### **Visualization**

Visualization is a technique that was first used with cancer patients. It is a method in which the mind tries to influence what happens to the body. People have visualized fish swimming in their blood and eating up the cancerous tumors inside their body. In the case of people living with HIV, one could imagine fish eating up the infected cells, or clouds coming and smothering the infected cells so that the virus can not break out.

### **Feedback**

Feedback is when comments about people are made by other members of the group. Members of the group are encouraged to interact openly with each other. Responses to behavior are given as feedback expressed in general terms. As members became more familiar with each other, the group will become more cohesive and more open. The group counselor encourages the group to be more and more specific and to use concrete terms so that members can learn how other people perceive them. It is important that group cohesiveness provide positive feedback to people who are highly stigmatized.

### **Role-Play**

When a situation arises in a group relating to a person's difficulties with people outside the group, role-play can help. Incidents can be re-enacted and feedback can be given about the performances. The person can practice new behaviors until he/ she is satisfied with the way he handles a situation. Role reversal is sometimes helpful. Role reversal is when a person adopts the role of another person and begins to understand the person's reactions to his or her own behavior. Role-play is a useful technique for practicing and learning a range of responses to particular situations. For example, a person may want to tell his or her spouse or family of his or her HIV serostatus. Role-play, especially in a group situation, gives people the opportunity to explore their own reactions to the situation and to work out suitable ways to deal with their feelings.

### **Systematic Desensitization**

Systematic desensitization refers to procedures for gradually reducing or eliminating the capacity of a stimulus to evoke fear, anxiety or guilt. For example, a person may have an irrational fear of contracting HIV. The counselor can ask the client to list a hierarchy of events associated with his/her fears. For example, the client might feel that the worst position would be to share a cup with an HIV-positive person, while the best position would be standing across the road and waving to the HIV-positive person. The counselor can take the client through the hierarchy until the client is at ease in the situation. When the client no longer reacts to the

stimulus with the undesirable response, systematic desensitization has occurred.

### **Assertiveness Training**

Assertiveness training is the process of eliminating the anxiety people feel with interpersonal relationships. The first step is to have the client express the feelings that he/she was experiencing when the anxiety arose. These feelings can then be explored.

The goal is to replace the anxious behavior with more assertive behavior, in which the client feels secure in becoming assertive, thereby reducing anxiety. The counselor would then expect the client to be more assertive in that situation in the future.

If the client does not feel assertive, then the counselor can participate in role-play exercises with the client. This can be helpful when applied to such activities as negotiating condom use or to issues related to infant feeding among HIV-positive couples. Assertiveness training is one way to give a person behavior responses and patterns that enable him/her to act in a positive way and to avoid the feeling of having to do what everybody else wants. It is one way to combat the social stigmatization that HIV-positive people often feel.

### **Relaxation Techniques**

People can use relaxation therapy in groups or individually, using one of a number of techniques. Relaxation allows people to realize when they have control over their bodies.

### **Introduction to Humanistic Theory**

Humanistic theory emphasizes the essential elements of being human—the genuineness, inherent worth and dignity of human beings—and advocates that people should explore their potential for growth and achievement.

Humanistic counseling is based on the following assumptions:

1. That individuals should have the freedom to explore their subjective experiences
2. That people should be aware of their inner feelings
3. That people have the capacity to solve their own problems
4. That counselors should be genuine, empathic and warm

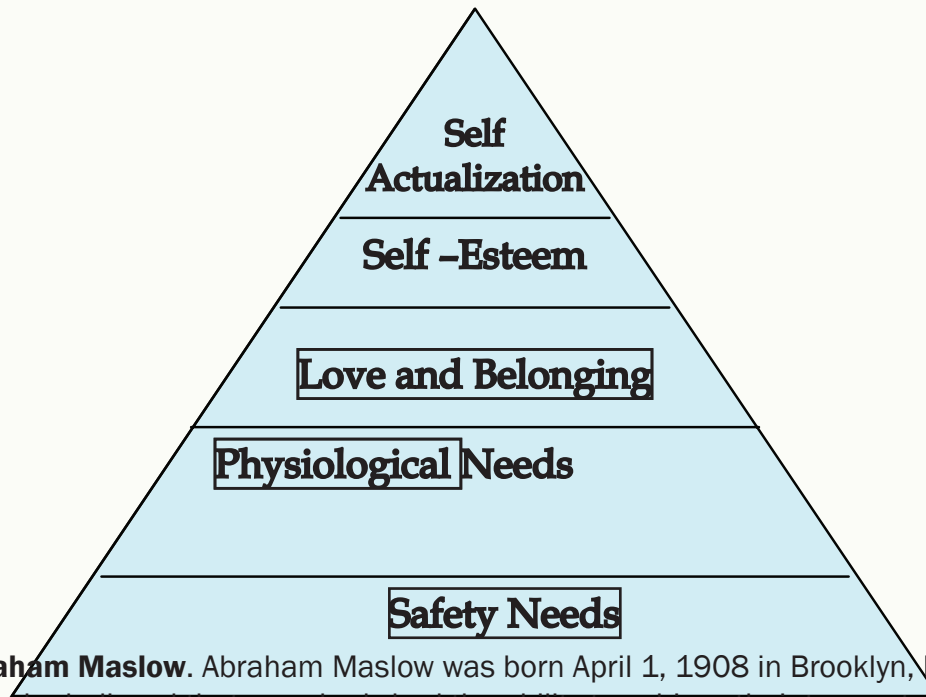
The humanistic model suggests a particular counseling process (e.g., the Egan Model). The process is divided among exploration, understanding and action. Exploration is the practice of the client looking at the issues that concern him or her. Understanding occurs after the issues have been identified and prioritized for action. The action stage occurs after the counselor and client have drawn up a plan of action that the client can implement.

### **Non-Directive Counseling**

Non-directive counseling takes the opposite view of directive counseling. In psychoanalytical and behavioral counseling, the counselor takes a directive role, believing that he/she is there to help the client and that the counselor has something to offer to help the client solve a problem. In non-directive counseling, the counselor believes that the client has the capacity to solve his/her own problems and that it is the counselor's job to free this motivational force so the client can achieve his/her own goals.

The counselor does not direct, but gives the client the opportunity to determine his/her own direction. The theorists in this field include Maslow and Rogers. Maslow put people at the center of the theoretical system. He considered man's inner self to possess a force for

growth and self-determinism. When individuals were denied and subsequently suppressed their emotions, it could give rise to anxiety. Where individuals could develop normally, they progressed through a hierarchy of needs. This hierarchy of needs is presented as a triangle. Basic needs are at the bottom and need to be satisfied first. The higher-level needs at the top result ultimately in self-actualization.



**Abraham Maslow.** Abraham Maslow was born April 1, 1908 in Brooklyn, New York. In his work, he believed that everybody had the ability to achieve their true potential. If they were not achieving their individual goals, then there must be some kind of mental or emotional block that prevented them from acting. Maslow claimed that if the block could be removed by counseling, then the person would be free to be self-actualizing.

**Maslow’s Hierarchy of Needs: Adapted to Workplace Setting**

Maslow’s Hierarchy of Needs: Adapted to Workplace Setting		
Level of Motivation	Scope	Work Implications
Level 1: Physiological Needs	Food, water, shelter	Having a basic wage, basic facilities, water, toilets, access to meals, heating/cooling
Level 2: Safety Needs	Free from threats, sense of security	Secure employment, safe work environment
Level 3: Belongingness	Love, affection, acceptance	Being with and being accepted by one’s peers and managers
Level 4: Self-Esteem	Self-respect, being valued and appreciated	Recognition by management, feeling successful, taking on work and doing it well
Level 5: Self-Actualization	Developing skills and achieving potential	Opportunities to develop new skills and undertake stimulating work

(Source: Gallasch, P.A. The Supervision Survival Manual. 1997)

**Carl Rogers.** Carl Rogers, born January 8, 1902, in Oak Park, Illinois, maintained that successful non-directive counseling depends on the counselor bringing three basic qualities to the therapeutic relationship:

- The authenticity or genuineness of the counselor. For this to be achieved, the counselor must be aware of his/her own feelings, insofar as possible. The counselor must be able to express his/her own attitudes or feelings, if necessary.
- That the counselor has a warm personality. The counselor respects and values the client as an individual, irrespective of the client's problems, feelings or behaviors.
- Empathic understanding, that is, a continued ability to understand the feelings and personal meanings that the client is experiencing. Rogers argued that within such a relationship there is freedom from moral evaluation, which he believed was always threatening. In other words, the counselor should not judge his/her client.

## Introduction to Eclecticism

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All of the theoretical approaches described above have something to offer, but no one theory provides a definitive solution.

Counselors often take elements and components from different theories and combine them to help in particular situations. This is called eclecticism. Most counselors develop their own method of counseling by selecting techniques that work for them and then incorporating these

techniques into their own practice.

It is important to note that most of these models were developed between 1939 and 1975 by practitioners in Europe and the United States.

As the field of counseling continues to emerge, especially in many developing countries, it is becoming more and more important that counselors in these countries develop indigenous models of counseling that take into account traditional models and modes of helping and community service as well as incorporate aspects of existing theories.

There are few documented examples of how to develop such new models or of what might work best in certain countries or settings. Lessons learned in many African and Asian contexts seem to indicate that clients often prefer more directive approaches to counseling because traditional methods of problem-solving often involve seeking advice from elders and other authority figures. This situation can present practical dilemmas for counselors who are trained in or adhere to humanistic teaching. This is an issue for exploration in supervision and a topic for further discussion.

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### **RESOURCE 4.2: THE ATTACHMENT Theory**

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It was developed by John Bowlby. It originally dealt with the mother-infant dyad, secure attachments to remain important throughout the life span. For infants, the development of a secure attachment depends upon the mother's consistent attachment and responsiveness to her child's needs.

A secure attachment allows the child to return for soothing when troubled; once soothed, the child is ready to go back into the world again.



The experience of having a haven from stressors of the world allows the child to internalize a model of soothing and relationships, which they can call to mind in order to comfort themselves with. This model helps the child to function more independently within the world because they know they have a secure base to return to.

The development of flexible, adaptive problem solving strategies is believed to result from the attainment of secure attachments.

As a parallel to the developmental process of attachment, counselor supervision programs can enhance counselor's belief in their own competence and ability to function autonomously, thereby helping to realize the goals of counseling.

In this framework, supervision could become the secure base to supervisees to:

The presence of a dependable, consistent, emotionally responsive supervisor.

Provides supervisees with the kind of emotional attunement that is essential for creating a secure alliance within the supervisory relationship.

The important thing here is for the training program through supervision, to communicate a message that students are competent, effective and capable of more autonomous work. A strong supervisory alliance can help supervisees (counselors) to develop a greater sense of resilience when faced with challenges in their work.

- o It is noted that students progress from wanting greater dependence on a supervisor to wanting greater independence over the course of supervision.
- o Supervisees require greater structure and encouragement in the early stages of supervision.
- o Graduate students with more secure attachment styles would handle challenges within the supervisory relationship better than those insecure attachment styles.
- o Attachment Theory provides for supervisors to understand certain aspects of a supervisee's behavior.
- o When disruptions occur in the supervisory alliance, supervisees may react in ways consistent with their attachment style.

### **Disadvantages:**

- (a) Failure to have been attended to in infancy may result in an inner model of relationships in which emotional needs are not met on a consistent basis.
- (b) Supervision provided in a group format Vs individual may elicit positive feelings strongly since each one in a group is vying for the supervisor's attention.
- (c) The attachment style of the supervisor plays a role in the response to attachment seeking behavior on the part of supervisees, just as there is an interaction between the child's temperament and the parent's characteristic responsiveness. The fit between them may be strongly influenced by their respective attachment styles.
- (d) The supervisor may not model self-reflection critique of his/her work and may present him/herself as the expert. The supervisor may struggle with the fear of exposing their mistakes, which could damage their self-esteem.
- (e) There is pressure for supervisees to present themselves as competent and this could decrease their openness in supervision if they fear to expose themselves as deficient.
- (f) Group supervision exacerbates this.

### **RESOURCE 4.3: SUPERVISION THEORIES - ATTACHMENT Theory Self Psychology (Heinz Kohut)**

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Like the attachment theory, in self-psychology, the concept of the mother's emotional attachment to her child's needs is a hallmark of self-psychology theory.

Kohut stressed the normal development needs which all children have for receiving sufficient amounts of validating, confirming responses from parental figures. He referred to these validating responses as 'mirroring' and emphasized the importance of empathic understanding of the child's needs.

Kohut believes that as a result, individuals periodically relate to others as self-objects rather than as separate objects. Self-objects are extensions of the self, which provide important psychological functions for self-soothing, self-esteem and anxiety reduction. Kohut believes the individual's needs for satisfying self-objects continues throughout life.

The development of healthy self-esteem is a hallmark of all development. He normalized the child's needs for adequate mirroring and understood developmental arrests as reflecting a shortage of adequate parental responses rather than deficiencies within patients. It implies that all individuals require certain developmental experiences in order to develop healthy self-esteem and anxiety reduction capabilities. When these experiences are lacking, individuals will turn to others to fulfill these needs.

In supervision the process may involve the supervisor functioning as a mirroring self-object for the extension of the supervisee in order to help them regulate self-esteem. This approach contrasts sharply with an emphasis on providing technical skills or interventions (directing supervision).

### **Importance:**

One of the supervisors role is to provide enabling supervision involving an understanding that they will periodically function as a mirroring self object for trainees i.e. it may be more important for the supervisor to validate competencies and convey an emphatic understanding of the supervisee's experience as opposed to presenting the solution to a given problem.

The latter approach is more consistent with directing supervision in which the supervisor is viewed as 'the expert'.

Mirroring the supervisee's experience also allows the supervisor to remain more empathetically connected to the supervisee's experience. The supervisor should remain emphatically attuned to the supervisee's experience, which involves understanding and explaining.

Understanding: the supervisee's experience.

### **Explaining: the meaning of that understanding.**

Kohut believed that sufficient mirroring and emphatic attunement would help individual's stronger internal structures that would eventually allow them to regulate their self-esteem and self-soothing. This decreases reliance on self-objects.

The main challenge for supervisees due to the interplay of complex forces, require that the supervisee functions autonomously even when external validation is lacking. By using oneself as a self-object during the supervisory process, the supervisor facilitates the trainee's growth in this regard.

## **RESOURCE 4.4: SUPERVISION THEORIES - Theory Object Relations Theory (ORT)**

Object Relations Theory is primarily concerned with the differentiation of self and object and the developmental process by which this occurs. Objects can be both internal and external referring to the representations of relationships which human beings internalize. Although we begin life as undifferentiated from our caretakers, developmental experiences allow for greater separation and individuation of ourselves. Concurrently, psychological mechanisms of defense and adaptation develop.

According to Object Relations Theory, infant's progress through stages, which allow them to develop a separate sense of self as well as greater object constancy. Object constancy refers to the child's ability to draw on an internal representation of the objects to be reassured of its caring when the actual object is not present. It also refers to the self's ability to hold mixed feelings towards the object.

The (16-24m) is characterized by the child alternating between attempts to assert greater independence from mother and more dependent, regressive behavior. If the mother can remain available enough and not unduly frustrated by the child alternating demands for separateness and closeness, it can be possible for the child to develop a greater sense of object constancy.

Object constancy refers to the ability to hold a stable image of the object regardless of whether they are present, absent, gratifying, or depriving. The child becomes more able to integrate opposing feelings of anger and love towards the object.

**Importance:**

Object Relations Theory suggests the importance of a caretaker providing a secure base, which the child returns to.

The development of greater object constancy occurs concurrent with the strengthening of a greater sense of individuality.

Extended to supervision, Object Relations Theory suggests that the supervisor must be sensitive to trainee's changing needs for independence and dependence. This allows supervisee to internalize a good enough supervisor who they can call up when functioning more independently.

Object Relations Theory can inform the supervisor as to how to work with defensive processes that might arise within the group supervision format.

Object Relations Theory emphasizes how positive effects and attributes are often projected outside of the self into external objects. This serves the function of protecting the sense of self.

When the individual first projects an undesirable quality into an object and then attempts to control these feelings by controlling the object, this process is referred to as **Projective Identification**.

**RESOURCE 4.5: SUPERVISION THEORIES - Group Theory:**

This theory requires that the supervisor be knowledgeable in this area. But group supervision is not a form of group therapy and Schwbel and coster, 1988 state that methods for forming groups, their stages, and threats to their functioning are imperative. (Team building stages) otherwise, the group supervisor will be unprepared for the challenges, which arise in supervision groups.

These challenges may limit the effectiveness of the group leaders, the ability to hear the

messages, which are presented by the group. In turn, the supervisor's ability to enhance the autonomous functioning of trainees through the supervision process will be limited.

There are particular ethical challenges, which confront the supervisor running groups, and these involve **confidentiality and relationships**. A supervisor should have developed a plan for how they will be addressed

Because establishment of a trusting climate is essential for group members to be able to share, the supervisor needs to consider how confidentiality will be handled. Since supervisees may be in class together, students may have legitimate concerns regarding their confidentiality. It is recommended that the rules of confidentiality be discussed directly at the outset of the group.

Supervisees should be helped to understand that while it is permissible for them to speak in broad terms, about how the group is enhancing their professional development, references to specific individuals and group events should be avoided. Supervisors should also note that groups undergo different developmental stages and develop a plan to handle these stages. Because groups pass through a stage of resistance prior to beginning work, the supervisor must anticipate the need to deal with such resistance in and monitor their own counter-transference to the group's behavior.

### **Problems/ challenges:**

- Competitive strivings, emergency of siblings, rivalry issues and threats, self esteem due to greater exposure of one's professional work are all elicited.
- All the above may result in hesitancy on part of the group to utilizing the supervision process.
- Supervisees may become resistant if they are required to participate in a supervision group as part of their graduate program and lack an adequate understanding as to why supervision is a requirement.

The supervisor must talk with trainees at the beginning about the rationale for supervision, their feelings about participating in a supervision group, and if possible, what format they would like the group to take.

Allowing supervisees to have a voice in determining the supervision group format conveys respect for their opinions and is consistent with an enabling approach to supervision.

## **HANDOUT 4.2: TRANSFERENCE AND COUNTER-TRANSFERENCE**

Freud emphasized two things that can affect the counseling process: transference and counter-transference. The counselor should be aware of both of these, because if they obstruct the counseling process they reduce the counselor's effectiveness. Similarly, counseling supervisors must understand both topics and be able to address them within supervision.

### **Transference**

Transference is when a client treats the helper (counselor) as if he or she were another person

in the client's present or past life (e.g., parent, teacher, husband, lover or any other significant person who has had an effect on the client's life). Often it is a person from the client's childhood. The client may say "Oh, you're just like everybody else; you all think I'm wrong." In this instance, the client is transferring his/her feelings from previous experiences onto the counselor. The counselor must be able to recognize this and to steer the client away from interpreting the counseling relationship in that way. Developing feelings of affection for the counselor may also be an example of transference. Transference does not totally disappear from any relationship, and when negative transference occurs, as it may during stress, it may cause even more problems.

Positive transference, on the other hand, may actually improve the client-counselor relationship (e.g., faith that the client places in the counselor).

Negative transference occurs when the client-counselor relationship is adversely affected by strong feelings (e.g., praising the counselor too much or having strong suspicions about the counselor). Even negative transference, however, helps the counselor delve into the client's past relationships and into those areas where the client has not yet adapted to the changed circumstances of the present.

### **Counter-Transference**

Counter-transference refers to feelings that are raised in the counselor by the client. It can occur in two distinct aspects. In one sense, the counselor's "blind spots" (i.e., not recognizing that the counter-transference is occurring) can hinder the counseling relationship. In another sense the counselor's "perception" (realizing what the client is making the counselor feel) can enhance the counseling process.

Counter-transference also refers to feelings that a counselor experiences that enhance empathy with and understanding of the client. For example, the counselor, after listening to the client's story, may feel angry at how the client was treated. However, the client does not show anger. Because the counselor identifies with the client's situation, the counselor experiences a feeling that the client may be afraid to admit or express. In this example, the counselor must clarify whether his/her own feelings are evoked by the client's problems or by the counselor's own difficulties. The counselor must ensure that personal feelings toward the client do not interfere with the therapeutic process. If this is occurring, the counselor must address it within supervision and may need to consider referring the client to another counselor.

What is important is that the counselor be able to identify the occurrence of transference and/or counter-transference and to address its impact on the counseling relationship.

# Handout 5

# Counselling Supervision Methods and Tools

(Need to discuss this further by the group )

## **Activity 5.1 – Methods for Monitoring and Reflection**

---

As a counselor, I currently use or would like to use the following methods to monitor and reflect upon my counseling with clients. (Put a check next to those that apply.)

Strategy	Currently Use	Would Like to Use
Take time after counseling a client, or several clients, to reflect on the session informally in my mind.		
Take time after counseling a client, or several clients, to reflect on the session using a written format (e.g., self-reflection form).		
Present a case informally to other counselors or supervisor for feedback.		
Make a written case presentation to share with other counselors or supervisor for feedback.		
Have a senior counselor or supervisor directly observe my counseling sessions (with client consent).		
Have a supervisor monitor my counseling by observation and by using quality assurance tools such as checklists.		
Conduct counseling in a room with a one-way mirror so colleagues can directly observe my counseling session (with client consent).		
Write a transcript (line-for-line account of the counselor/client dialogue) and present it to a senior counselor or supervisor for feedback.		
Tape sessions (with client consent) and replay for personal reflection alone.		
Tape sessions (with client consent) and replay with another counselor for feedback or in a supervisory session.		
Videotape sessions (with client consent) and use them with a supervisor.		

### Activity 5.2– Group Assignment for support supervision tools

#### Group 1 (minimum of two people) –

Example Case Presentation Form:

RESOURCE 5.2 (in Participant’s Manual).



**Key instructions**

- Develop a presentation based on one of their own former clients to share with the entire group and write on flipchart, applying the categories shown on the form.

**Group 2 (minimum of two people) –**

Example Supervisee Details Form and Example Supervision Contract.

(Note to trainer: you will need one copy of RESOURCE 5.3 and RESOURCE 5.4 for each participant).

**Key instructions**

- Prepare the following to present to the entire group.
- One participant will play the role of supervisor, the other the role of supervisee and the two are meeting for the first time to decide if they will work together.
- The large group will act as observers and try to apply the record-keeping form (while the supervisor is also doing the same), while also noting if any additional issues or concerns arise that may not be on the forms.
- After the role-play is complete, the group discusses the process and issues related to documentation as well as practice.

**Group 3 –** Prepare a role-play of a supervisor and supervisee during an individual supervision session to present to the entire group. The supervisor should be prepared to write up the session using the Individual Supervision Session Form (RESOURCE 5.5).

**Key instructions**

- During the role-play in front of the large group, group members should act as observers and fill out the Individual Supervision Session Form.
- After the role-play is completed, the large group will have an opportunity for comments and clarifications.

**Group 4 –** Prepare a role-play of a counselor and client undertaking a pre-test counseling session under direct observation from a supervisor. The supervisor should determine where they each sit, how they want to give feedback and what the session should cover. The counselor should be instructed to make sure he/she addresses the issue of client consent regarding the presence of the supervisor during the session. The role-play and supervisor feedback should then be presented to the large group for feedback and discussion.

## RESOURCE 5.2

### COMPARING THE VARIOUS FORMS/ METHODS OF COUNSELLING SUPERVISION

---

Method	Advantages	Disadvantages	Notes
Informal Self-Reflection	<ul style="list-style-type: none"> <li>• Immediate</li> <li>• No resources required</li> </ul>	<ul style="list-style-type: none"> <li>• Subjective</li> <li>• No external input</li> </ul>	
Self-Reflection Using Form	<ul style="list-style-type: none"> <li>• Immediate</li> <li>• Provides standard framework to assess clients equally</li> <li>• Record can be reviewed</li> <li>• Record can be taken to supervisor if desired</li> </ul>	<ul style="list-style-type: none"> <li>• Subjective</li> <li>• No external input</li> <li>• Requires more time than informal reflection</li> </ul>	
Informal Case Presentation	<ul style="list-style-type: none"> <li>• Immediate</li> <li>• Obtain feedback from others</li> <li>• Only requires colleagues</li> <li>• May not require preparation</li> </ul>	<ul style="list-style-type: none"> <li>• May omit important case details</li> <li>• Process is unsystematic and may lack clarity</li> </ul>	
Written Case Presentation	<ul style="list-style-type: none"> <li>• Provides standard framework to assess clients equally</li> <li>• Record can be reviewed</li> <li>• Record can be taken to supervisor if desired</li> <li>• Can be used in group setting</li> </ul>	<ul style="list-style-type: none"> <li>• Requires preparation time</li> </ul>	<ul style="list-style-type: none"> <li>• Must ensure confidential record-keeping and not use real identities</li> </ul>
Direct Observation	<ul style="list-style-type: none"> <li>• Can provide immediate feedback</li> <li>• Can observe nonverbal clues</li> <li>• Can observe counselor/client dynamics</li> <li>• Can be applied to role-play or to real clients</li> </ul>	<ul style="list-style-type: none"> <li>• Requires consent</li> <li>• Feedback process is unsystematic and may lack clarity</li> <li>• Counselor may feel anxious</li> <li>• Client may feel inhibited</li> </ul>	<ul style="list-style-type: none"> <li>• Must ensure client understands the purpose of supervisor's presence</li> <li>• Must ensure supervisor is seated in unassuming position</li> </ul>

Method	Advantages	Disadvantages	Notes
Direct Observation Using Checklists/Tools	<ul style="list-style-type: none"> <li>• Can provide immediate feedback</li> <li>• Can observe nonverbal clues</li> <li>• Can observe counselor/client dynamics</li> <li>• Can be applied to role-play or to real clients</li> <li>• Provides standard framework to assess counselors and sessions equally</li> <li>• Record can be reviewed</li> </ul>	<ul style="list-style-type: none"> <li>• Requires consent</li> <li>• Counselor may feel anxious</li> <li>• Client may feel inhibited</li> </ul>	<ul style="list-style-type: none"> <li>• Must ensure client understands purpose of supervisor's presence</li> <li>• Must ensure supervisor is seated in unassuming position</li> </ul>

Method	Advantages	Disadvantages	Notes
Direct Observation Using One-Way Mirror	<ul style="list-style-type: none"> <li>• Can provide immediate feedback</li> <li>• Can observe nonverbal clues</li> <li>• Can observe counselor/client dynamics</li> <li>• Can be applied to real clients</li> <li>• Less inhibiting than direct observation with supervisor present in room</li> </ul>	<ul style="list-style-type: none"> <li>• Requires consent</li> <li>• Requires room with one-way mirror</li> <li>• Unnatural environment</li> <li>• May place supervisor in role of "expert"</li> </ul>	<ul style="list-style-type: none"> <li>• Must ensure client understands purpose of one-way mirror and observation</li> </ul>
Use of Transcripts (Verbatims)	<ul style="list-style-type: none"> <li>• Can be used in entirety or in sections</li> <li>• Can monitor transcripts from</li> </ul>	<ul style="list-style-type: none"> <li>• Time-consuming to prepare</li> <li>• Account is subjective</li> <li>• Account relies on</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision sessions based on transcripts are best used soon after</li> </ul>
	<p>ongoing sessions for continuity</p> <ul style="list-style-type: none"> <li>• Can be used in role-plays for discussion purposes</li> <li>• Provides written account of both content and process</li> <li>• Can be reviewed over time</li> </ul>	<p>counselor's interpretation and recall of actual events</p> <ul style="list-style-type: none"> <li>• Best if written up as soon as possible after session to ensure accurate recall</li> <li>• Preparation and critique requires skill from both counselor and supervisor</li> </ul>	<p>the counseling session while session is still fresh in the mind of the counselor</p> <ul style="list-style-type: none"> <li>• Requires confidential record-keeping</li> </ul>
Taped Sessions for Self	<ul style="list-style-type: none"> <li>• Flexibility of time for review</li> <li>• Can replay parts for clarification</li> <li>• Can be used as training tool</li> <li>• Can track improvement in skills over time</li> <li>• May be easier, cheaper and less inhibiting than video recording</li> <li>• Can listen to entire session and focus on counselor, client or process</li> <li>• Can listen to small segments of session and target specific skills, content or process</li> <li>• Copies can be given to clients to take home and review their session</li> </ul>	<ul style="list-style-type: none"> <li>• Requires consent</li> <li>• Requires resources</li> <li>• If equipment is poor or set up incorrectly, may be difficult to hear the recording</li> <li>• May inhibit counselor and/ or client</li> <li>• Subjective critique (no external monitor)</li> <li>• Cannot review nonverbal communication</li> </ul>	<ul style="list-style-type: none"> <li>• Care must be taken to erase tapes after use; counselor or supervisor must take responsibility for this and must ensure that client is aware tapes will be erased</li> </ul>
Taped Sessions for Colleague or Supervision	<ul style="list-style-type: none"> <li>• All of the above, plus:</li> <li>• Can self-direct or request supervisor to explore, monitor, assess, challenge and provide feedback in a focused manner</li> <li>• Obtain external objective feedback</li> </ul>	<ul style="list-style-type: none"> <li>• As above, plus</li> <li>• Processing of entire tape may be time-consuming or require more than one supervision session</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> </ul>

Method	Advantages	Disadvantages	Notes
Videotaped Sessions	<ul style="list-style-type: none"> <li>• Flexibility of time for review</li> <li>• Can be replayed</li> <li>• Can be used as training tool</li> <li>• Can track improvement in skills over time</li> <li>• Can watch entire session and focus on counselor, client, nonverbal cues or process</li> <li>• Can watch small segments and target specific skills, content or process</li> <li>• Can use with a group</li> <li>• Copies can be given to clients to take home and review their session</li> </ul>	<ul style="list-style-type: none"> <li>• Involves consent, expense, time and equipment</li> <li>• If equipment is not accurately set up and/or if the counselor has limited technical skills, difficulties may arise</li> <li>• Requires electricity</li> <li>• May inhibit counselor and/ or client; often only possible for role-play rather than with real clients</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> </ul>

# SUPERVISION TOOLS

## RESOURCE 5.4

### EXAMPLE CASE PRESENTATION FORM/TOOL

Client name: (fictional name or first name only to protect confidentiality) Referral Source:

Age/sex:

Religion: (if relevant)

Family status:

Location: (general address, if relevant, such as urban, rural, slum)

Education: (if relevant)

Tribe/languages spoken: (if relevant)

Employment/work:

Relationships: (husband/wife/partner/children) Reason for coming to counseling or VCT:

Previous counseling or associated medical history: Consent issues: (if any)

Risk practices:

Support system:

**Additional information:**

Issues arising during counseling:

Approach taken by counselor:

Outcome so far:

**Reason for presenting case:**

**Issues for discussion:**

**RESOURCE 5.5**

**EXAMPLE SUPERVISEE DETAILS FORM/TOOL**

Name:

Address:

## A Participant's Manual

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Organization: \_\_\_\_\_

Job title: \_\_\_\_\_

Contact details: \_\_\_\_\_

Training/qualifications (courses, dates, and institution): \_\_\_\_\_

Counseling experience (organizations dates, job title, duties): \_\_\_\_\_

How often do you see clients? (e.g., daily, once per week): \_\_\_\_\_

What is your current client load? (e.g., 10 clients per week): \_\_\_\_\_

What type of clients do you see? \_\_\_\_\_

What type of supervision arrangement do you require? (private or organizational) \_\_\_\_\_

Who are you accountable to for the management of your clients? \_\_\_\_\_

(If organizational supervision is required). Is this the person I should contact if there are concerns about your client work that we cannot resolve? **Yes/No**

If no, who is the person who should be contacted? \_\_\_\_\_

Does your organization require formal feedback from me regarding your work with clients? **Yes/No** (if yes, please state type of feedback required)

How often do you feel you need formal individual counseling supervision? \_\_\_\_\_

Do you receive any other type of counseling supervision? **Yes/No** (if yes, give details)

Have you ever received counseling supervision? **Yes/No** (if yes, give details)

Does your organization have its own code of ethics? **Yes/No**

Does your organization have its own complaints procedure? **Yes/No**

How do you evaluate your client work at present?

I give consent for \_\_\_\_\_ (counseling supervisor) to contact my employer/ organization if he/she believes my work with a client causes him/her serious concern and where a mutual course of action cannot be agreed. Issues of client safety and the safety of those surrounding the client are of primary importance.

Date:

Signatures

Supervisee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Organizational representative (if required): \_\_\_\_\_

**EXAMPLE SUPERVISION CONTRACT FORM/TOOL**

**Between** \_\_\_\_\_ (insert name) **and** \_\_\_\_\_ (insert name)

Supervisor: (insert name)



Supervisee: (insert name)

**Use of supervision:**

To explore and provide feedback on the counseling activities undertaken by \_\_\_\_\_ (insert name)

To monitor and assess the work performance of \_\_\_\_\_ (insert name)

To explore and address issues affecting work performance (both professional and personal in nature)

**Frequency of supervision:** (once every two weeks, or more often, if need arises)

**Length of supervision:** (one hour)

**Supervision methods:** (direct observation, use of transcripts, case studies, role-play)

Review date: (after completion of 10 supervision sessions)

Fee agreed (if appropriate): \_\_\_\_\_ (insert fee)

**The content of supervision remains confidential, except in circumstances** where:

There is risk of physical, emotional or psychological harm to a service client, another person, or the individual being supervised. Under such circumstances, the supervisor will advise the supervisee of his/her intention to brief \_\_\_\_\_ (insert name of person and/or agency or the supervisee's direct manager) on the issue and to take appropriate actions.

**Unresolved issues will be dealt with by:** \_\_\_\_\_ (insert name)

**Date:** \_\_\_\_\_

**Signatures**

Supervisor: \_\_\_\_\_ Supervisee: \_\_\_\_\_

**RESOURCE 5.7**

**EXAMPLE INDIVIDUAL SUPERVISION SESSION FORM/TOOL**

(This format can also be used for peer supervision sessions.)

Name: \_\_\_\_\_

Session number:

Date: \_\_\_/\_\_\_/\_\_\_

Length of session:

Use of session:

Issues arising:

Outcomes:

Items for follow-up and homework tasks (if any):

Supervisor's comments:

Signatures

Supervisor: \_\_\_\_\_

Counselor: \_\_\_\_\_

### RESOURCE 5.8

### EXAMPLE COUNSELOR SELF REFLECTION FORM/TOOL

#### Counselor Self-Reflection Form

COUNSELOR CODE:

CLIENT CODE: (optional)

Site name:	Yes	No	N/A
Did I conduct a client-centered session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I provide too much technical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the client speak as much or more than I did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I perform a risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I attain a risk reduction plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the client understand the meaning of the results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I assess availability of the client's social support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I discuss referral options with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I discuss disclosure of results with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the client determine an immediate plan of action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did I deal with the client's and my own emotional reactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_

Additional notes for follow-up:

## RESOURCE 5.9

### TRANSCRIPT AS A TOOL IN SUPERVISION

- A written record and word-for-word account (transcript) of a session between a counselor and client.

- A tool to invite a colleague/supervisor into the dialogue between counselor and client.
- Used to look at the dynamics of a session, the relationship between the counselor and the client, and the use of various counseling techniques/skills. This includes how the client is helped (to identify client's inner and outer resources) and strategies and plans that may have been used during the session.
- Helps counselor "get in touch" with feelings, reactions, responses, boundaries, experiences and so on.
- The more detailed the transcript, the more useful a learning experience for all parties.
- The transcript is not about getting the session right or wrong; rather it is about learning how to develop and sharpen counseling skills and self-awareness.
- It is important to document a true reflection of how the session went in terms of what the counselor said, thought and did.
- Method can be used in an individual session or within a group.
- Method can be used for discussion or critique.
- Method can be applied using role-play.

**What is written is CONFIDENTIAL material. Real names/addresses or identifying facts may NOT be used.**

## RESOURCE 5.10

### QUALITY ASSURANCE TOOLS: CHECKLIST

(Pre-Test Counseling)

**During the session did the following occur? (Circle yes or no)**

Confidentiality adequately addressed?	Yes	No
Reason for attending discussed?	Yes	No
Knowledge about HIV and modes of transmission explored?	Yes	No
Misconceptions corrected?	Yes	No
Assessment of personal risk profile carried out?	Yes	No
Information concerning HIV test provided (e.g., process of testing, meaning of results, window period) and client's understanding verified?	Yes	No
Discussion of meaning of HIV-positive and HIV-negative results and implications?	Yes	No
Discussion of personal risk-reduction plan?	Yes	No
Time allowed thinking through issues?	Yes	No
Informed consent/dissent given freely?	Yes	No
Follow-up arrangements discussed?	Yes	No
Adequate time provided for questions and clarification?	Yes	No
Did session end in a positive manner?	Yes	No

**In debriefing a counselor, or for the purpose of role-play, ask the following questions:**

- How did the client feel the session went? Would he/she come back?
- How did the counselor feel the session went? In what ways does he/she feel the session could have been improved?

**RESOURCE 5.11**

**QUALITY ASSURANCE TOOLS: CHECKLIST**

(Post-Test Counseling)

**During the session did the following occur? (Circle yes or no)**

Results given simply and clearly?	Yes	No
Time allowed sufficient for the result to “sink in”?	Yes	No
Check for client’s understanding?	Yes	No
Discussion of meaning of results?	Yes	No
Discussion of personal/family/social implications and who, if anyone, to tell?	Yes	No
Discussion of personal risk-reduction plan?	Yes	No
Dealing with immediate emotional reactions?	Yes	No
Checking availability of immediate support?	Yes	No
Discussion of follow-up care and support?	Yes	No
Options and resources identified?	Yes	No
Immediate plans and actions reviewed?	Yes	No
Follow-up plans discussed and referrals provided?	Yes	No

## RESOURCE 5.12

### SESSION SUMMARY FORM/TOOL: FOR SUPERVISOR

(To be used to record a summary of the counseling session)

- 1) What was the session about?
  
  
  
  
  
  
- 2) How did the counselor handle the session?
  
  
  
  
  
  
  
  
  
  
- 3) What were the key challenges in the session?
  
  
  
  
  
  
  
  
  
  
- 4) How did the counselor address the challenging sessions?
  
  
  
  
  
  
  
  
  
  
- 5) How would the counselor be supported to ensure that he/she performs better?

---

### HANDOUT 5.1: EXAMPLE TRANSCRIPT FORMAT/TOOL

---

**This transcript is a confidential document.**

**Client initials:**

Counselor initials:

Length of session:

Session number:

Language used:

Location of session:

**Note:**  
Leave a one-inch margin for supervisor's comments.

**1. Known Facts**

Summarize factual information about the person before the session begins. Describe the person, situation and reason for the session. Be sure to include known data such as age, marital status, tribe, educational status, medical diagnosis (if relevant) and so on.

**2. Preparation**

If and how did you prepare your mind for the session. Did you have an agenda or plan?

**3. Background, Observation and Assumptions**

Was the person referred by someone else (if so, by whom?) or self-referred/walk-in? How did they present to you?

What was the nature and content of the referral? What were you thinking and feeling? Observe the environment and situation. Note the appearance of the client (e.g., posture and gestures, facial expression). As you began the session, did you have any assumptions or hunches about the client or circumstances?

**4. Dialogue**

After the session is over, make notes. then when you have time, write up the session as a transcript. Enter only direct quotations, with each speaker's comment as a separate paragraph, as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Nonverbal cues can be placed in brackets [ ])

**Analysis (after counseling session is over)**

**The client**

- What did you observe?
- What were the verbal and nonverbal clues that indicated what the client might be thinking/feeling?
- Document your insights, assumptions and interpretations that occurred from your observations.

**The counselor**

- What was happening to you during the session?
- Note feelings and issues that the client stimulated in you.
- Note how you responded to your feelings.

Counselor's Comments: On this half of the page, write your thoughts, feelings, observations, and intuitions and so on.



## A Participant's Manual

- Note how well you responded to the needs of your client.
- What was difficult for you during the session?
- What might you have done differently?
- How would you describe your relationship with the client?

### **Meanings/ethical issues**

- What seems to be at the heart of the matter for the client and/or for you?
- What were the beliefs and understandings expressed by the client?
- Document ethical issues that may have arisen.

### **Future plans/goals**

- What do you intend to do next?
- Have you arranged to see the client again? If so, when?
- Do you have any needs/goals for ongoing work with the client?

### **Reason for write-up**

- Why did you decide to write up this session?
- What kind of feedback do you require from your supervisor or the group?

---

## **HANDOUT 5.2: SELF MONITORING OF COUNSELING/TOOL**

---

One aim of counseling supervision is to help the counselor monitor himself/herself. Awareness of senses, body sensations, thought patterns, images, self-talk (i.e., inner conversations) and the ability to explore these is developed by monitoring internal processing without judgment.

**Questions for reflection**

- What thoughts were going on in your mind during the session?
- What emotions were you feeling? Were there any going on “below the surface”?
- What did you think the client was thinking about you?
- What did you want the client to feel/think about you?
- Does the client remind you of anyone?
- What did the client want from you?
- Were there any risks involved?
- Who are you for the client at the moment?
- Who is the client for you at the moment?

**At end of session**

- Is there anything you did that pleased you?
- Is there anything you did that was difficult for you?
- What enabled you to do it this time?
- What would you do or say differently now, thinking back?

**Interventions and techniques used**

- What was my thinking behind that response?
- What did I want to achieve with the client? How did the client respond?
- What ideas did I reject? What might I have done instead?

**Relationship/interaction with client**

- How did the session start and end?
- Were there boundaries that were held or pushed by you or the client?
- How close or distant do you feel with this client?
- What emotions were exchanged between you and the client?
- How dependent/committed/resistant is the client to you?

**What goes on inside yourself as counselor**

- What did the counselor take away from the session? (e.g., thoughts or emotions)
- Did the session raise your own issues or “baggage”?

**HANDOUT 5.3: THE SUPERVISEE: PREPARATION FOR SUPERVISION SESSION****Supervisees need the following skills and abilities:**

- Ability to select and present briefly
- Ability to state purpose and preference for what is wanted from the supervision session
- Ability to paraphrase and reflect to clarify what the supervisor is saying
- Ability for self-disclosure to enable sharing of feelings and thoughts
- Ability to explore what is happening at the present moment
- Ability to focus so as to move the session forward

**Mini-contracting**

It is a good idea to have a mini-contract at the beginning of each supervision session. A mini-contract is a brief negotiation with the supervisor to determine how to use the time allotted for the session, identify issues to discuss and find out what the supervisor wants from the counselor.

Some examples of what the counselor might want include the following:

- To discuss two clients, spend most of the time on one and check something specific on the other
- To have a specific focus in relation to the client you discuss
- To pour out your feelings because you feel confused/worried/disturbed about a client
- To decide who will be responsible for monitoring the time because there are several issues that need to be worked on in a short time
- To contract to make sure there is enough time at the end to review how the session went

### **Receiving feedback from a supervisor**

- Can the counselor hear critical feedback without becoming defensive or feeling less of a person?
- Can the counselor consider whether the feedback is constructive and helpful and tell the supervisor how he/she feels about it?
- Has it changed the way a counselor worked or felt?
- Can the counselor hear positive feedback, paraphrase it and allow it to increase his/her confidence?

### **Preparing to present**

Some supervisees use files, notebooks and transcripts, while others use no notes. Others prepare case studies, and others tape/videotape their sessions. Counseling supervisors should be able to use any type of records, including:

- Transcripts
- Case/client notes
- Counselor/supervisor contract
- Supervision notes
- Audio and video tapes
- Reports/verbal feedback from management (if organizational supervision is in place and/or with supervisee's consent)

### **What a counselor can bring to supervision:**

- What sessions/clients/interventions they were pleased with
- What was difficult?
- What they are uncertain about
- Concerns/anxieties about the way they are working with a particular client
- Specific issues or recurring themes in their counseling that concern them
- Interactions they have enjoyed most and their feelings surrounding these experiences
- Outstanding learning needs they have identified and ideas on how supervision might help to address these needs

### **Supervisees may want to spend time on more general issues, such as:**

- Relationships with colleagues
- Organizational issues related to the quality of counseling
- Things affecting current counseling work
- Values or ethical issues
- A new approach or theory in counseling
- Ideas on reading or training

### **It is also useful to occasionally monitor the following aspects of a counselor's work:**

- Number of clients (weekly, bi-weekly and so on)
- Hours of client work each week

- Supervision or training given or received (in hourly or weekly terms) or a typical month's work pattern
- Workplace support
- Clients who are never discussed (Do they need to be discussed?)
- Sharing joys as well as worries

**This is all part of looking after the counselor and his/her clients.**

**Delivering feedback: balancing praise and critique**

- Feedback should involve a mix of praise and criticism.
- Negative feedback should focus on how practices can be improved or corrected. It can also involve identifying alternative practices that are more effective than those the supervisee is currently using.
- Satisfactory practices should be acknowledged, rather than ignored.
- Supervisors must keep in mind that individuals differ in their ability to tolerate negative feedback. Sensitivity to feedback may be affected by the supervisee's cultural and educational background, level of experience and anxiety.
- Both the supervisor and supervisee should be actively involved in the feedback process. Supervisors can ask supervisees to comment on their own performance. If correction is required, supervisees should be encouraged to suggest ideas for improving their own performance. Supervisees should be permitted and encouraged to respond to feedback and to ask questions.
- Supervisees may need additional opportunities to practice a specific skill after they have received feedback.

# Handout 6

# Observation, Feedback Strategies and Motivation

**Activity 8.1a – Case Studies and issues to address in Counselling  
Supervision**

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Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (Information in this column is for trainer's purposes only.)
One	Couple	Clinic	<ul style="list-style-type: none"> <li>• Returning for test result and post-test counseling</li> <li>• Will be discordant</li> </ul>		<ul style="list-style-type: none"> <li>• Review disclosure plan in pre-test (i.e., giving results together or separately first and then together)</li> <li>• Revisit understanding of test outcomes</li> <li>• Assess readiness to receive results</li> <li>• Understanding of discordance and clarification of misinformation</li> <li>• Exploration of both partners' feelings (anger, shock, blame, fear, denial)</li> <li>• Impact of discordance on future of relationship</li> <li>• Disclosure (to others)</li> <li>• Fears/concerns</li> <li>• Care and support options for both, options to sustain HIV-negative partner, monitoring-tests for negative partner, safer sex options, family planning, referral, regular supportive couple and/or individual counseling</li> <li>• Follow-up sessions</li> </ul>
Two	Pregnant woman	Hospital with PMTCT program	Routine HIV testing		<ul style="list-style-type: none"> <li>• Consent</li> <li>• Fears about perceived level of risk and partner's level of risk</li> <li>• Knowledge of HIV/AIDS</li> <li>• Implications of test result for baby, self and partner</li> <li>• Disclosure</li> <li>• Options if HIV-positive: continuing pregnancy or not, nevirapine, infant feeding and so on</li> <li>• Support systems</li> <li>• Relationship with baby's father</li> </ul>

### Activity 8.1b – Case Studies and issues to address in Counselling Supervision

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (Information in this column is for trainer's purposes only.)
Three	15-year-old male	VCT center	<ul style="list-style-type: none"> <li>• Presents for HIV test</li> <li>• Previous risk practices</li> </ul>		<ul style="list-style-type: none"> <li>• Explore motivation for testing: What makes him think he's at risk?</li> <li>• Risk perception</li> <li>• Specificity of risk practices</li> <li>• Consent issues</li> <li>• Support issues</li> <li>• Implications of results</li> <li>• Risk reduction strategies</li> <li>• Additional factors that may require support? (e.g., drugs and alcohol, safer use, financial, referral)</li> </ul>
Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (Information in this column is for trainer's purposes only.)
Four	Injecting drug user	Non-medical community-based organization	<ul style="list-style-type: none"> <li>• Wants VCT</li> <li>• Has fears about confidentiality</li> <li>• Has limited knowledge of safer practices and options about drug use</li> </ul>		<ul style="list-style-type: none"> <li>• Legal issues</li> <li>• Concerns/fears about confidentiality</li> <li>• What safer practices exist?</li> <li>• Client's desires about risk reduction (abstinence vs. harm minimization)</li> <li>• Options (e.g., no sharing equipment, clean equipment, mode of use)</li> <li>• Support: family or external</li> <li>• Referral</li> <li>• Additional issues, such as hepatitis</li> </ul>

Five	Sex worker	Non-medical (community-based organization)	<ul style="list-style-type: none"> <li>• Receives counseling</li> <li>• High-risk practices; multiple concerns/worries</li> <li>• Low risk perception • Does not want VCT</li> </ul>		<ul style="list-style-type: none"> <li>• Legal issues</li> <li>• Low risk perception</li> <li>• Explore concerns/needs (e.g., risk practices, family situation, employment, finances)</li> <li>• Referral needs</li> <li>• Explore reasons for not wanting VCT</li> </ul>
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**TRAINER'S USE ONLY FOR ACTIVITY 8.2**

**Case Studies, Issues to Address and Strategies**



Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
One	Individual session	Female counselor: <ul style="list-style-type: none"> <li>• Experiencing burnout</li> <li>• Unsupportive workplace</li> </ul>	<ul style="list-style-type: none"> <li>• Burnout: How does the counselor define it, experience it? How does it affect her work, clients, health, family, life? What circumstances led to the burnout?</li> <li>• Acknowledge feelings; acknowledge burnout is common in such settings, and that it can be addressed.</li> <li>• Praise counselor for being able to recognize her own burnout, as many counselors do not. This shows self-awareness.</li> <li>• Explore workplace barriers, policies, management.</li> </ul>

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
			<ul style="list-style-type: none"> <li>• What has the counselor tried so far to address her burnout?</li> <li>• What has helped the counselor in other circumstances when suffering from similar “symptoms”?</li> <li>• Is there anything the counselor would like from me as a supervisor to address the situation (e.g., with management)?</li> <li>• If one small thing could be changed to reduce, remove or prevent further burnout, what would it be?</li> <li>• Handouts/reading materials.</li> <li>• Homework tasks (only if homework does not increase burnout) (e.g., do X number of nice things for self between now and next supervision session).</li> <li>• Increase supervision until burnout is diminished?</li> <li>• Time off?</li> <li>• Capacity to reduce client load?</li> <li>• Peer support?</li> <li>• Stress management plan?</li> <li>• Meeting with management and/or other counselors?</li> <li>• Role-play meeting with other affected parties (e.g., management/counselors).</li> </ul>

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
One	Individual session	<p><b>Male counselor:</b></p> <ul style="list-style-type: none"> <li>• Workplace does not permit VCT for clients under 18 years, even though many youth attend the center.</li> <li>• Each counselor uses own discretion about whether to provide VCT for those under age 18.</li> </ul> <p><b>Young female counselor:</b></p> <ul style="list-style-type: none"> <li>• Counseling older male client (age and gender concerns raised by counselor)</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify workplace policy.</li> <li>• Discuss ethical dilemma from counselor's perspective.</li> <li>• What would the counselor like from supervision?</li> <li>• Explore benefits and risks for client and counselor if providing or not providing service.</li> <li>• How has he addressed the issue so far?</li> <li>• Has it been discussed with other counselors? With management?</li> <li>• Acknowledge the ethical dilemma and praise the counselor for identifying it.</li> <li>• What might be done (options)?</li> <li>• Case study?</li> <li>• Follow up group supervision session with all counselors?</li> <li>• Meeting with management/policy review?</li> <li>• Why has the counselor brought this issue for supervision? What aspect of the experience does she wish to focus on?</li> </ul>
			<ul style="list-style-type: none"> <li>• Does she have a specific case to explore? If so: How did she feel? How might the client have felt? Did age or gender dynamics have an effect on her working relationship in counseling? If so, how?</li> <li>• Who is the client for the counselor (counter-transference, such as father, uncle, older brother)?</li> <li>• How might the client have perceived the counselor (daughter, young sister)?</li> <li>• What might the counselor do in future similar situations?</li> <li>• Future options: referral to another counselor (if available and desired).</li> <li>• Give handout/reading.</li> <li>• Give counselor homework task of writing a transcript of her counseling session.</li> <li>• Role-play such a counseling session with the supervisor playing client.</li> </ul>

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
Two	Group session	<p>One female counselor:</p> <ul style="list-style-type: none"> <li>• Presents case study of counseling an HIV-positive homosexual client and says she feels inexperienced working with him.</li> <li>• Homosexuality illegal in her country, and she feels it is an immoral act given her own religious beliefs. • Her client needs support, and she wants to explore her own feelings and how to help her client within the group.</li> </ul>	<ul style="list-style-type: none"> <li>• Praise counselor for raising this case study.</li> <li>• Ask other group members how they feel about what the counselor has shared.</li> <li>• Do others have similar feelings or experiences?</li> <li>• Clarify the focus of the session with the counselor/group.</li> <li>• Explore values, attitudes and beliefs in the sociocultural context.</li> <li>• Discuss counselor qualities: nonjudgmental, genuine, positive regard, etc.</li> <li>• Discuss the specific case: client needs, what counselor has done so far, her comfort levels.</li> <li>• Ask group to comment on how she is faring (positive, areas to strengthen).</li> <li>• Gently challenge the counselor about her feeling “inexperienced” (e.g., does one have to be a mother to work with mothers?)</li> <li>• Encourage discussion about ways to work in the future (could include referral to alternative counselor if in best interest of client and if client and counselor want that).</li> <li>• Help focus on the client's support needs as an HIV-positive individual.</li> <li>• If client also requires support regarding sexual identity issues, encourage use of general counseling skills: effective listening, probing, support, affirmation and empathy.</li> </ul>
			<ul style="list-style-type: none"> <li>• In-country support services for client, such as a support group (if they exist)</li> <li>• Role-play</li> <li>• Handouts?</li> </ul>

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
Three	Supervisor observing counseling session	VCT pre-test for client with any or some of the following: <ul style="list-style-type: none"> <li>• High-risk practices</li> <li>• Plans for suicide</li> <li>• Limited support system</li> <li>• No desire to disclose to spouse</li> </ul>	<ul style="list-style-type: none"> <li>• If possible, immediately after session, debrief counselor by asking the following questions and providing additional feedback as required:</li> <li>• How did they feel the session went?</li> <li>• What went well?</li> <li>• How were they able to meet the client's needs?</li> <li>• What was difficult and why?</li> <li>• What could they improve and how?</li> <li>• What can they comment on in relation to confidentiality, limitations and disclosure issues?</li> <li>• May apply monitoring tools/ checklists and then share feedback.</li> <li>• Could give counselor self-assessment tool for homework or for on the spot if there is enough time.</li> </ul>

## TRAINER'S USE ONLY FOR ACTIVITY 8.2

### Case Studies, Issues to Address and Strategies

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
Four	Peer supervision	Counselor presents theme of counter-transference because she has client whose life and circumstances are similar to her own (e.g., unsupportive husband, caring for many children, including orphans); similarities are affecting the way she works with client.	<ul style="list-style-type: none"> <li>• What does the counselor view as counter-transference?</li> <li>• How is counter-transference affecting the way she is working with the client?</li> <li>• Is there any positive effect of the counter-transference (e.g., empathy, problem-solving skills)?</li> <li>• Is the client aware of the counter-transference and is transference also occurring?</li> <li>• How would the counselor like to continue to assist the client?</li> <li>• Role-play</li> <li>• Explore strengths/limits of disclosure.</li> <li>• Handout: transference/counter-transference</li> <li>• Hand over to another counselor? (if appropriate)</li> </ul>
		<p>OR</p> <p>One counselor wishes to discuss National Policy of submitting all HIV-positive client details to Ministry of Health, which undertakes client follow-up and partner tracing. Counselor is uncomfortable with the policy and its impact on clients and the VCT service in general.</p>	<p>OR</p> <ul style="list-style-type: none"> <li>• Counselor can describe their own thoughts and feelings about the policy.</li> <li>• How does this particular counselor implement or not implement the policy?</li> <li>• Can the counselor be specific about how the policy has affected his/her clients and/or the service?</li> <li>• What is the relationship between this VCT service and national programs?</li> <li>• Peer supervisor may share own thoughts/feelings and experiences as appropriate.</li> <li>• When was the policy developed? Any opportunities for review or for initiating a review? Any counselor association or network that could be further engaged?</li> <li>• Does the site have its own policy document?</li> <li>• What happens at anonymous VCT sites?</li> <li>• Ethical dilemma: confidentiality, duty of care to client</li> <li>• Case study</li> <li>• Action steps for follow-up</li> </ul>

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use
One	Individual session	<p><b>Female counselor:</b></p> <ul style="list-style-type: none"> <li>• Experiencing burnout</li> <li>• Unsupportive workplace</li> </ul> <p><b>Male counselor:</b></p> <ul style="list-style-type: none"> <li>• Workplace does not permit</li> <li>• VCT for clients under 18 years even though many youth attend the center.</li> <li>• Each counselor uses own discretion about whether to provide VCT for those under age 18.</li> <li>• Young female counselor:</li> <li>• Counseling older male client (age and gender concerns raised by counselor)</li> </ul>	
Two	Group session	<p><b>Female counselor:</b></p> <ul style="list-style-type: none"> <li>• Presents case study of counseling an HIV-positive homosexual client, and says she feels inexperienced with how to work with him.</li> <li>• Homosexuality is illegal in her country, and she feels it is an immoral act given her own religious beliefs.</li> </ul>	
		<ul style="list-style-type: none"> <li>• Her client needs support, and she wants to explore her own feelings and how to help her client within the group.</li> </ul>	

Group	Supervision Method	Scenario (select from below or from other Handouts)	Issues to Address via Supervision and Strategies to Use
Three	Supervisor observing counseling session Peer supervision	VCT pre-test for client with any or some of the following: <ul style="list-style-type: none"> <li>• High-risk practices</li> <li>• Plans for suicide</li> <li>• Limited support system</li> <li>• No desire to disclose to spouse</li> </ul>	
Four		Counselor presents theme of counter-transference because she has client whose life and circumstances are similar to her own (e.g., unsupportive husband, caring for many children, including orphans); similarities are affecting the way she works with client. OR One counselor wishes to discuss National Policy of submitting all HIV-positive client details to Ministry of Health, which undertakes client follow-up and partner tracing. Counselor is uncomfortable with the policy and its impact on clients and the VCT service in general.	



### **Activity 6. 1: Judging some typical situations**

Below are eight situations encountered in the workplace? Please review each and check “**Yes**” if you feel the situation is a problem that deserves the supervisor’s attention and intervention and check “**No**” if you think it is not a supervisory problem.

**Y      N**

\_\_\_\_\_ 1. Counselor x, who is working in close quarters, has a strong and disagreeable body odor.

\_\_\_\_\_ 2. You observe counselor A escort a client to the counseling room, exhibiting what appears to be an inappropriate level of familiarity.

\_\_\_\_\_ 3. Counselor m complains that counselor P does not carry her fair share of the caseload.

\_\_\_\_\_ 4. Counselor Y complains that counselor Z isn’t friendly to her. Counselor Y says her morale is affected.

\_\_\_\_\_ 5. An anonymous letter reports that counselor C violated the writer’s confidentiality at a local nightspot.

\_\_\_\_\_ 6. In the wake of a hiring a session counselor following the departure of a counselor six months ago, the time for counseling sessions has shortened and client-waiting times have lengthened.

\_\_\_\_\_ 7. Counselor O, who has transferred in from another department, seems to you to chat a lot with other counselors in between counseling sessions. Her performance appears fine, and other counselors don’t seem bothered.

\_\_\_\_\_ 8. Over the past month, counselor B, who is HIV+ has been coughing unnecessary and has used two sick days. His performance seems as usual fine.

#### **Criteria used to select Problems for Attention**

## **RESOURCE 6.1: Rationale for Observation, Feedback & Strategizing**

Supervisors use a variety of approaches to assess and develop their counselor's work. An approach that confers considerable benefits to both the supervisor and the counselor combines:

- Observation**    \_\_\_    Witnessing a counseling session (ideally, not as an active Participant) to gather direct information about what Transpires;
- Feedback**        \_\_\_    Reviewing the session with the counselor for the purpose of reinforcing strengths and identifying aspects that need modification;
- Strategizing**    \_\_\_    Cooperative development of modified approaches for future use, including anticipating obstacles to their use.

### **Benefits to the Supervisor:**

- Learns strengths and weaknesses of staff
- Collaborative relationship
- Learns new and innovative skills in counseling
- Helps the supervisor to identify gaps and good practices so that more support or training can be planned to bridge the gaps so that performance can be improved.

### **Benefits of observation, feedback and strategizing to Counselors:**

- Honest feedback
- On job training leading to leading to performance improvement
- Professional development
- Helps to build confidence e.g. if the counsellors good practices are acknowledged.
- It's a source of motivation to the counselor.
- Leads to better relationship between the supervisor and the supervisee.

## RESOURCE 6.2: Guidelines for observation

To minimize many of the obstacles to observation of counseling by supervisors. It can help to establish mechanisms and procedures for creating a supportive environment.

As small groups report their work, please use the spaces below and on the following page develop checklists for future reference.

### Setting up Initial Expectations:

Presents rationale to Counselors for support, performance

- Develop protocols
- Acknowledge challenge
- Obtain client consent
- Give counsellor as much control

### Observation Logistics:

- 
- 
- 
- 

### Supervisor's Behavior during Observations:

- Avoid presence
- Hovering in
- Come up with checklist to avoid too much writing
- Mechanism set-up for damage control
- 
- 
-

### RESOURCE 6. 3: Observing Video taped sessions

A video- taped counseling segment (of giving a positive result) provides a concrete context in which to begin practicing pro- active Supervision skills.

#### Observation Notes from viewing

Use the space below and to the left to note all the 'good stuff' you observe the doing or saying.

Video counselor's strengths	Issues: Counselor's Behavior

As you and fellow participants identify issues about the video counselor's behavior that could be addressed in feedback and strategizing, list these to the right above.

## Resource 6.4: Small- Group Planning

What does your group identify as the likely responses that the video counselor might make to the question, "How did the session Feel for you?"

- 1.
- 2.
- 3.
- 4.

(Please check the one response above that your group thinks the most likely.)

In the light of the counselor's response selected above and the hoped-for change in her non-verbal behavior, please answer the following planning questions:

At what point in the Feedback and Strategizing session will you provide positive Feedback? What positive Feedback would you emphasize? (Consult the left- hand column on the previous page.)

What would s/he do differently?

At what point in the session will you pursue critical Feedback? What critical Feedback would you select? (Consult the right-hand column on the previous page).

Creating space for feelings

Check -in

When and how will you bridge to strategizing?

**NB** pages 10 and 11 to be omitted since we are nt going to observe usin video recoded tapes.

## HANDOUT 6.1 (a) Preparation for planning an observation counseling supervision exercise

### Individual Support Supervision.

- o Make appointments with the counselors, and prepare the necessary materials and tools and place for supervision.
- o Ensure that the tools / checklists for supervision are prepared and ready for use.

### Orientation to the supervision exercise

- o Introduce self
- o Explain purpose of the exercise
- o Discuss the supervision tool with the supervisee and agree on the rating.
- o Obtain client consent. / agree on how to seek consent of the client.
- o Agree on the roles of both the supervisor and the supervisee during the session .e.g. agrees on how the supervisor will contribute when the need arises.

### The Working Agreement

- o Agree on the basics. Negotiate the length,(hours of supervision) frequency (how often)
- o Some issues may need to be specifically agreed upon, such as the following (may be useful to document these issues in writing):
- Discuss the rights and responsibilities of counselors and supervisors; how they can be safeguarded. For example, Consent to be supervised, confidentiality, honesty, objectivity of discussion.

What action will the supervisor take if he/she is concerned about the competence and professional ethics of the counselor to work with a client? Usually a supervisor will first raise the issue with the supervisee directly and make clear demands on the supervisee.

- o Agree on the roles and, behaviors of both the counseling supervisor and the counselor during the session.
- o Agree on how the supervisor is to be introduced to the client so as to ensure that clients' rights are upheld.
- A supervisor and supervisee may have expectations of how they want to record client or supervision material, that is, to present and keep themselves up to date with the case load and working situation.
- Agreed on when specific learning agendas that the supervisee brings to supervision should be discussed. For example, "I find difficulty to understand HIV discordance and would like help to explain it to my clients."
- Discuss the methods and manner of feed back as preferred by the counselor or as planned by the supervisor.
- The supervisor should avoid unnecessary interruptions .
- The supervisor should not take control over the counseling session.
- The supervisor should avoid too much writing during the session.
- Supervisor should be very supportive during the session. Avoid non verbal communication that can be misinterpreted by both the client and the supervisor .

## Handout 6.1 (b) Guidelines for Feedback and strategizing

To maximize the effectiveness of Feedback and Strategizing, the guidelines on the following pages have been derived from the principles and Strategies of behavior change counseling.

### Guidelines for Giving Feedback

#### 1. Open by asking for the counselor's self- assessment..

**Poor opener:** "Do you think you did a good, average or poor job of counseling?"

**Good Opener:** Give comments about the things that were done well during the session

**Follow-up:** "What did you like best about how it went?" or  
"What do you wish you could have done differently?"

#### 2. Focus on the positive and 'microscope' it!

**Poor Feedback:** "You did a great job."

**Good Feedback:** "You did an excellent job of helping the client Identify a first step toward behavior change. I Particularly noted that when you saw that look of confusion cross the client's face when you Said the word negotiation you immediately used Another phrase- ' to work to get some agreement And cooperation'- and then checked out that you Were being understood by asking, 'Am I making Sense? This can be hard stuff to talk about.'

#### 3. When giving critical Feedback...

- o Do not link to positive Feedback with "but" or "however"
- o Describe the behavior specifically without judgment.

**Poor Feedback:** "Dismissing the client's confidentiality concerns was unprofessional."

**Good Feedback:** "When the client said she was concerned about word of her being here getting out, you waved your hand and said, "Not to worry".

Describe your own reactions or those of the client; do not blame or excuse the counselor.

**Poor Feedback:** "You insulted the client when you ..."

**Good Feedback:** "I saw the client pull back from you when you ..."

**And, in response to defensiveness, respond, for example, "Isn't it Important to know that while you intended that statement to sound like Concern, it could potentially be heard as judgmental advice!"**

Talk about things the counselor can do something about (versus things s/he has no control over).

**Poor Feedback:** "You didn't get the client to commit to using Condoms"

**Good Feedback:** "I didn't hear you address the client's concern that her

boyfriend and would never agree to using Condoms.”

#### 4. Invite Feedback from the counselor (at the end of the session).

Example

#### Guidelines for Receiving Feedback

Remember to hear the counselor’s feedback in the same spirit with which you offered your own\_\_ as description of perception, not a questioning of your intention.

#### 1. React objectively, not personally

**Poor receiving:** “What do you mean my presence is distracting?”

**Good receiving:** “Thank you\_\_ I need to know how I can minimize the distractions my presence causes.”

#### 2. Be inquisitive, not defensive

**Poor receiving:** “Why do you have trouble with my sitting on these sessions?”

**Good Receiving:** “What did you find most distracting?”

#### 3. Check to ensure Understanding

Example: “So it would be most helpful if I took as few notes as possible?”

#### Guidelines for Strategizing

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Identifying and planning how to implement alternative approaches to any problems identified requires cooperative strategizing.

- Open – ended questions as tools.
- Contemplative Questions/Approaches.
- Ready for Action Questions/Strategies (“What do you need?”)
- Supports for Action.

### **Additional Considerations**

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### Using Tools Effectively

The effective use of tools during observation is usually cumbersome and distracting.

How might tools be used effectively to support the process of observation, feedback and strategizing?

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### Use observation, Feedback and Strategizing for Performance Evaluation.

What would the difference be in using observation, feedback and Strategizing for the purpose of performance evaluation? What might you need to do to tailor the activity to that purpose?

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What do answers suggest about how a supervisor can conduct this activity to maximize both staff development and the usefulness of performance evaluation?

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## Handout 6.2: Defining a Problem

### Definition of a problem

Discrepancy between what is and what ought to be, something undesirable.

What is the meaning of a counselling supervision problem?

A supervisory problem is an undesirable situation that interferes with getting work done or with the quality of work .

Everybody you work with feels that what they perceive as a problem is the issue most deserving of your immediate attention. This section provides you an opportunity to examine what criteria you use to define a problem and to develop guidelines that will work for you.

### Judging some typical situations

Below are eight situations encountered in the workplace? Please review each and check “**yes**” if you feel the situation is a problem that deserves the supervisor’s attention and intervention and check “**No**” if you think it is not a supervisory problem.

**Y      N**

**Y** 1. Counselor x, who is working in close quarters, has a strong and disagreeable body odor.

**Y** 2. You observe counselor A escort a client to the counseling room, exhibiting what appears to be an inappropriate level of familiarity.

**Y** 3. Counselor m complains that counselor P does not carry her fair share of the caseload.

**Y** 4. Counselor Y complains that counselor Z isn't friendly to her. Counselor Y says her morale is affected.

**Y** 5. An anonymous letter reports that counselor c violated the writer's confidentiality at a local nightspot.

**N** 6. In the wake of a hiring a session counselor following the departure of a counselor six months ago, the time for counseling sessions has shortened and client-waiting times have lengthened.

**N** 7. Counselor O, who has transferred in from another department, seems to you to chart a lot with other counselors in between counseling sessions. Her performance appears fine, and other counselors don't seem bothered.

**Y** 8. Over the past month, counselor B, who is HIV+ has been coughing unnecessary and has used two sick days. His performance seems as usual\_\_ fine. Criteria used to select Problems for Attention

### Criteria to identify problems

1. Seems most serious or Difficult
2. Affects most people in the agency
3. Reflects people's concern.
4. Most affects client services.
5. Most affects other parts of the agency or the system.
6. Is likely to be of greatest concern to administration or funding sources.
7. Is represented by the most distressed or insistent person (the squeaky wheel)
8. Seems easiest to solve

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### **Analyzing a Recent Workplace Issue**

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## A Participant's Manual

Please identify an issue that your work unit has dealt with in the past year\_\_ preferably one that was not resolved to your satisfaction. Write your responses to each of the five items below.

Briefly describe the issue as it was initially presented ( i.e., not the entire case history)

Who defined this issue as a 'problem'?

List the criteria used to select the problem for attention:

- 
- 
- 
- 

How did the criteria used affect the way the problem was tackled?

- 
- 
- 

If the resolution was not resolved: What other criteria might have better shaped the selection of the problem for attention and/or an effective response?

## Developing a practical Definition

Based on your work thus far, please write what you and other participant's feel is an appropriate summary definition of a 'problem':

A problem is:

**Obstacles to addressing Problems**

Once an issue is deemed a problem \_\_\_ that it interferes with quality work \_\_\_ there may still remain a number of obstacles that keep supervisors from addressing it. What are some of the obstacles the group identifies?

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**Handout 6.3: Diagnostic Investigation, Intervention, Confrontation and Motivation**

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### **Diagnostic investigation**

In many cases, a staff person involved in a problem is one of the most important sources of information about the nature of the problem and its severity. This circumstance has important implications for the supervisor's approach to the staff person during investigation.

Some important communication concepts and skills to use with staff who may be part of the problem:

### **Initial intervention**

In real life, diagnostic investigation often leads naturally into an initial intervention. What are some of the appropriate strategies to use if the person responds with recognition of the problem and her/his part in it?

### **Contemplative intervention**

- 1.
- 2.
- 3.
- 4.
- 5.

### **Ready for action intervention**

- 1.
- 2.
- 3.
- 4.
- 5.

### **Action intervention**

- 1.
- 2.
- 3.
- 4.

### **The Art of Confrontation**

If diagnosis for behavior change is required and the staff person resists that change,

conformation is indicated. Confrontation can be intimidating for all concerned. This section is designed to reframe confrontation as a useful problem-solving tool and presents guidelines for how to realize its positive potential.

**Definition:** To stand or meet face-to -face

### When to confront?

- Diagnosis indicates change is needed
- You think it is possible for the employee to change
- You intend to follow up, training, support and reinforce change

### How to arrange confrontation

Set aside adequate time and private space

Keep the gap between request for conference and conference as short as possible

### How to prepare yourself

Get clarity on the nature of the change you want

Determine parameters of change

Assemble diagnostic information, resource for change

Rehearse opening statement and anticipate likely responses

### How to begin

Briefly state the problem in behavioral term e.g. I have a concern on ....

State your request for change ---and own it e.g I see., I feel., I want., I will.,

Wait for a response.

### How to deal with resistance/persistence

- Empathetic Assertion: “ I understand that you feel...” I need you to...”
- Simple assertion: I need you to .....
- Confrontation Confrontation
- Request behavior change
- State consequences

### How to avoid Trouble

- Leave responsibility for figuring out how to change to be made to the employee
- Discuss only direct evidence
- If you reach an impasse, or your own feelings are in the way, reschedule.
- If employee cannot accept change or challenges you authority, explain grievance procedure, Request stands
- Document: sing and get staff person’s signature
- Give support as possible – unless you plan to fire



**Ending**

- Summarize and ask for comment
- Explain follow up
- Give thanks

Exercise to help identify where the process is likely to break down and how best to make it productive for both the supervisor and the employee. Use the spaces below

**And feedback to be given according:**

Where "supervisors" got stuck	Recommended strategies

**Chief Iernig Handout 6.4: Motivation / Motivating**

**Definition**

Motivation refers to the level, direction, and persistence of effort expended/ spent, exhausted

at work or at a particular task.

A leader / supervisor who leads through motivation does so by creating conditions under which other people feel inspired to work hard. A highly motivated person works hard at the job while an unmotivated person does not. A leader / supervisor must seek to understand the forces that energize workers' behavior. He / She has the responsibility to develop an effective work environment or climate that makes use of the enormous energy within every person. In other words, a supervisor's main role is to create and develop a climate or environment in which they will want to be productive, contributing members of the organization.

### **Motivation is two – fold**

- ❑ **Extrinsic** - Rewards externally administered when a superior recommends or gives them him / herself e.g. pay bonuses, promotions, time off, special assignments, awards, verbal praise or working conditions.
- ❑ **Intrinsic** – Rewards that are self-administered. These occur naturally as a person performs a task and are in a sense built directly into the job itself. e.g. feeling of competence, personal development and motivational stimulus, a sense of personal worth , an awareness of fulfilling potential or a feeling of self respect.

As supervisors at different levels on the organizational structure, it may not be easy to offer extrinsic rewards apart from verbal praise but there are other ways of motivating staff that you can use such as:

- ☑ Giving staff the information they need to do their job,
- ☑ Giving all staff as much meaningful work to do as possible.
- ☑ Providing regular, specific feedback to all staff members.
- ☑ Acknowledging publicly and personally congratulating deserving employees.
- ☑ Using performance appraisal as a major criteria for promotion.
- ☑ Fostering a sense of community or team.
- ☑ Being accessible to all employees.
- ☑ Asking employees for their feedback and for their ideas.
- ☑ Paying attention to individual differences and needs in employees.

Supervisors cannot motivate staff to excel, any more that they can change staff behaviour. What they can do is provide the means by which staff can meet their needs personal, work related so that the pursuit of personal interests and work excellence become wedded.

### **Motivation supports Used**

- Retreat
- In-service
- Annual appreciation
- Personal growth

### **Staff needs related to motivation**

Organizational psychology has discovered that the dynamics of motivation vary according to the different needs that people seek to fulfill in working.

### External needs

- Physical environment
- Wages
- Time-task management
- Social
- Benefits
- Other security

### Internal needs

- Self –efficiency, achievement
- Meaningful recognition
- Inclusion
- Advancement growth
- Self –determination
- Self –acceptance
- Passion

What does this wisdom suggest about the means staff support listed on the previous page?

### Planning for motivation: the strategic shift

Strategic-shift planning is an energetic technique for using talents within a work group to develop creative solution to problem. It can be a particularly synergetic technique for supervisors – providing intangible motivation to staff as problems are solved.

### Strategic-shift planning steps

Structurally, strategic shift planning typically involves three work groups that work on three problems, subsets of a problem, or different strategies for dealing with a problem. Having identified the three issues for group focus, each of the groups then engages n the following steps:

1. Brainstorm all possible strategies, the **First Shift** (groups shift right, to next group's work)
2. Select on strategy, and outline action steps, then **Second Shift** (groups shift right, again)
3. Identify barriers to the selected strategy and action steps, the **Third Shift** (groups shift right again, returning to their original problems)
4. Identify ways t overcome barriers, the **Report** (each group reports cumulative work)

### Take home lessons from strategic planning

- 1.

- 2.
- 3.
- 4.
- 5.

## Handout 7

# Ethical Issues, Guidelines And Policies Related To HCT Service Delivery

Session 2: **The National HCT Policy guidelines**

**Activity 7.1 – Policies and Procedures Relevant to HCT**

Include any policies or procedures you will need to read and have knowledge of if you are to become an effective supervisor.

<b>Policy/Law</b>	<b>Exists in my context</b>	<b>Non-existent/not relevant</b>	<b>Not sure if it exists or if it is relevant</b>	<b>Steps I need to take for follow-up</b>
National HIV/AIDS strategy/policy				
National VCT guidelines				
HIV testing strategy/algorithm				
Workplace VCT policy				
Code of ethics in counseling				
Policy/procedures for testing youth and/or special groups				
Institutional Standard Operating Procedures (S.O.Ps).				
Workplace code of ethics				
Customary law on property grabbing				
Customary law on sexual cleansing				
Customary law (other) _____				
Laws about sexual abuse including rape				
Laws about homosexuality				
Laws about prostitution				
Laws about drug use				
National policies on rights of children				
UN Convention on the Rights of a Child				
Policies/procedures on HIV testing of pregnant women				
Policy guidance on breastfeeding for HIV-positive women				
National policy on abortion/pregnancy termination				
National guidelines on family planning				
Other, specify				

**Resource 7.2 General ethical principals in HIV/AIDS Counseling:**

### **Counselors ethical responsibility to clients**

Counseling is a non-explorative activity whose basic values are integrity, impartiality, respect and trust.

**Confidentiality:** It is unethical to share the client's information with third parties without his/her consent. However, the counsellor can use his/her discretion to encourage the client to consider shared confidentiality with appropriate sources of support, if it is agreeable to the client.

### **Privacy:**

The counseling venue should provide adequate privacy to enhance the interaction between the client and counselor and to ensure confidentiality.

The counsellor should not receive telephone calls while in a session and maximum restraint must be exercised by fellow colleagues to minimize interruptions.

### **Autonomy and Informed consent**

Clients must not be coerced into taking decisions but should do it at their own free will. The counselor must not indoctrinate clients on his/her own (counselor's) ideologies and values but should respect the client's decisions, social-cultural and religious position.

### **Safeguarding the clients' rights and dignity:**

The Counselor should protect the client's interests, priorities and rights and must never allow exploitation or over ruling from relatives or other people.

### **Impartiality:**

The counselor must never be discriminative but provide equal treatment to clients irrespective of age, gender, tribe, religion.

### **Non-exploitative relationship;**

At no time should the counselor entertain favors or material gains from the clients, e.g. financial, sexual relationship or any other material gains in favor of the service rendered.

### **Exemplary positive behavior**

A counselor should not conduct a session when smelling of alcohol or smoking

### **Safety of the counselor:**

The dress code of the counselor should be that which commands respect and which should not cause distraction to the client during the session or put the counselor in danger of sexual harassment.

### **Counselor's responsibility to other colleagues:**

Counselors should avoid inter-staff/client confrontations, especially in the presence of the clients.

## **Resource 7.3 : An extract from section 5 of the National (Uganda) HCT Policy**

## **guidelines (June 2005)**

The HCT services in Uganda conform to the UNAIDS/WHO Policy statement on HIV Testing (June 2004) and UNGASS and the following key factors are emphasized:

1. Ensuring an ethical process for conducting the testing, including defining the purpose of the test and benefits to the individuals being tested; and assurances of linkages between the site where the test is conducted and relevant treatment, care and other services, in an environment that guarantees confidentiality of all medical information;
2. Addressing the implications of a positive test result, including among others, human rights and access to sustainable treatment and care for people who test positive
3. Reducing HIV/AIDS-related stigma and discrimination at all levels, notably within health care settings;
4. Ensuring a supportive legal and policy framework within which the response is scaled up, including safeguarding the human rights of people seeking services;
5. Ensuring that the healthcare infrastructure is adequate to address the above issues, and that there are sufficient trained staff in the face of increased demand for testing, treatment, and related services.

Note: For purposes of this Handout, the focus is on counseling ethical guidelines:

### **Confidentiality:**

Information gathered from testing or counseling of individuals in must be kept strictly confidential. HIV test results should be kept in a locked file with access limited to HCT personnel. The HCT site will not release test results to anyone other than the client unless the client requests such release in writing or a court order requires it.

### **Privacy:**

Counseling must be conducted in an area where privacy and confidentiality can be assured.

### **Informed Consent:**

All HIV testing (except mandatory and diagnostic testing) should be done with the client's knowledge and consent. The individual should feel free to grant or to withhold consent. Where possible, consent should be documented by the client's signature or thumb print. Where not possible after thorough verbal explanation the provider must document consent in the patient's records. For the adults unable to consent due to e.g. unconsciousness state from severe illnesses, relatives may consent.

### **Routine Testing and Counseling (RTC)**

In the RTC protocol, patients are registered as usual for services then receive information about HIV testing during a routine health education talk. Patients are informed that the site recommends and offers an HIV test along with other tests or investigations being conducted. In RTC, patients always have the right to accept option or to differ testing (that is, they may "opt out"). Routine testing is not mandatory.

Another variation from VCT is that in RTC, full pre-test counseling and specific consent for HIV



testing are not required. The RTC protocol calls for "information giving" about all investigations being planned (including the HIV test) rather than specific pre-test HIV counseling.

The provider must document that the patient was fully informed and consented to the full plan of investigations being recommended.

In the post-test session, the provider must confidentially inform the patient of his or her test results and should provide immediate support, include recommendations on HIV care or prevention, and discuss partner referral and disclosure.

### **Mandatory Testing and Counseling:**

Mandatory testing in Uganda is permitted only in the cases of blood and organ donation, occupational exposure, and legally authorized situations such as rape, defilement, or assault.

Mandatory testing usually involves testing of two people: the person who was accidentally or criminally presumed to be exposed to HIV (the "exposed person") and the person to whose body fluids they were exposed (the "source person"). The exposed person is usually the one who instigates testing and is tested on a voluntary protocol, while the source person may be -tested under the mandatory protocol if necessary. Both pre- and post-test counseling should be provided in mandatory testing.

### **HIV Counseling and Testing for Special Groups:**

#### **HCT for Children:-**

In Uganda, HCT services for youth and children are guided by the Convention on the Rights of the Child. Specifically, any intervention for children should be done in their best interest and should be aimed at improving health, development, and social well-being. HCT service providers must also protect a child's rights to privacy and access to appropriate information while respecting the rights and duties of parents and guardians to guide and direct children in the exercise of their rights.

Children age 12 and older may receive HIV testing services at all HCT sites without knowledge or consent of their parent(s) or guardians (provided they have the capacity to understand the implications of the results of the HIV test).

Counselors should, however, encourage minors to involve parents or guardians and facilitate the child to disclose results to parents and guardians if requested by the child to do so.

Youth age 12 and older may be provided services if they seek the services freely and without coercion on the part of parents or others. Youth receive their results according to the protocol and results are not shared with parents or guardians except at the request of the child.

Providers should, however, encourage minors to involve parents or guardians and facilitate the child to disclose results to parents and guardians if requested by the child to do so.

For children below 12 years of age, consent by parents or guardians must be documented. For children below 12 years of age without a parent or guardian, the head of the institution, health centre, hospital, clinic or any responsible person may give consent.

When children are brought for testing by parents or guardians, the HIV antibody test is to be

done only to facilitate the medical care of the child. Testing must be clinically indicated or a health provider must concur that a risk of infection is present. The test is not to be used to screen children, nor to satisfy the curiosity of parents, guardians, providers, or care takers.

**Counseling children who have been sexually abused:**

Child sexual abuse is the involvement of a child in any sexual activity that occurs prior to the legally recognized age of consent. Child sexual abuse occurs when a child is used by an older person or more knowledgeable child for sexual pleasure. A child must be tested for HIV because infection from sexual abuse is suspected, the counselor must:

Give appropriate information to the child where possible

Give honest answers if the child asks a question

Discuss with parents/ guardians what information you have given the child

**Sometimes there is need to meet with legal personnel or other persons involved in the investigation of a criminal offence, for example the police or the probation officers.**

If the child has been defiled, counselors on their own discretion should refer to the appropriate agency.

The counselor should however make a follow up of the referred cases, where possible and continue with the counseling thereafter.

**HCT for Couples:**

Counselor establishes conditions for couple counseling

In the pre-test counseling session the counselor should review the conditions for couple counseling and document that both partners have agreed to accept the conditions. A primary condition is that participation in the counseling and testing session must be **voluntary by both partners**. Other conditions the couple should agree to include:

Open discussion of their HIV risk issues and concerns Receive their HIV test results together

Respect the confidentiality of their partner's result

Make a mutual decision about disclosure of results to any other person

**HCT for People with Disabilities (PWD)**

The human rights of PWD to quality health care, access to information and right to privacy must be respected at all time.

HCT must be provided only in the best interests of the PWD. PWD have a choice to test or not except in the case of mental disabilities that hinder the ability to understand informed consent. In such cases a guardian may provide consent. The provider must use his or her best judgement that the test is being done in the best interests of the PWD, is clinically indicated, will facilitate medical care, and that a risk of infection is present. The test is not to be used for screening of PWD, nor to satisfy the curiosity of parents, guardians, providers, or care takers. Situations such as language barriers or mental disability may hinder obtaining informed consent. If special services such as sign language interpretation or a translator are required, the client should be referred

The client may use a translator or interpreter of his or her own choice to interpret counseling sessions. In such a case the counselor should follow the couple counseling protocol for shared confidentiality.

(Refer to the National guidelines Policy paper for details)

**RESOURCE 7.4: ETHICAL ISSUES IN HIV COUNSELING AND TESTING**

- Client safety
- Client's rights
- Client's autonomy Informed versus consent/Coercion
- Privacy
- Confidentiality
- Discriminatory practice
- Contracts regarding the counseling relationship
- Boundaries (limits within which the counselor should operate)
- Counselor safety
- Issues in HIV testing of specific groups (e.g., children, , couples, PWD etc )
- Issues that involve legal intervention e.g. rape

### **HANDOUT 7.5: COUNSELOR'S RESPONSIBILITIES AND OBLIGATIONS TO THE**

## CLIENT

### Client Safety

- Counselors must take all reasonable steps to ensure that the client suffers neither physical nor psychological harm during counseling sessions.
- Counselors must not exploit their clients financially, sexually, emotionally or in any other way. Suggesting or engaging in sexual activity with a client is unethical.
- Counselors must provide privacy for the counseling sessions.
- e sessions should not be overheard, recorded or observed by anyone other than the counselor without the informed consent of the client. Normally any recording would be discussed as part of the contract. Care must be taken to ensure that sessions are not interrupted.
- Clients should be offered privacy for counseling sessions.
- e client should not be observed by anyone other than their counselor or counselors unless they give informed consent. This also applies to audio/videotaping of counseling sessions.
- Counselors must not exploit their clients financially, sexually, emotionally or in any other way. Engaging in sexual activity with a client is unethical.

### Confidentiality

#### Confidentiality to Clients, Colleagues and Others

- Confidentiality is a means of providing the client with safety and privacy.
- Counselors must treat with confidence personal information about clients, whether obtained directly or indirectly or by inference.
- Counselors should work within the bounds of the agreement they have with their client about confidentiality.
- Exceptional circumstances may arise that give the counselor reason to believe that the client will cause physical harm to him/ her. In such circumstances, the client's consent to a change in the agreement about confidentiality should be sought whenever possible, unless there are also grounds for believing the client is no longer able to take responsibility for his/her own actions. When possible, the decision to break the confidentiality agreement between a counselor and client should be made only after consultation with a counseling supervisor and/or experienced counselor.
- Any breach of confidentiality should be minimized both by restricting the information conveyed to that which is pertinent to the immediate situation and restricting it to those persons who can provide the help the client needs. Ethical considerations involve a balance between acting in the best interests of the client, acting in ways that enable the client to resume responsibility for his/her actions and the counselor's responsibilities to the wider community. Any discussion between the counselor and others should be purposeful, not trivial.
- Counselors should take all reasonable steps to communicate clearly the extent of the confidentiality they are offering to clients. This should normally be made clear during the pre-counseling stage or during initial contracting.
- If a counselor intends to include consultations with colleagues and others within the confidential relationship, that fact should be stated to the client at the beginning of counseling.
- It is good practice to avoid identifying specific clients during counseling supervision/ consultative support and other consultations, unless there are sound reasons for doing so. Care should be taken to ensure that personally identifiable information is not transmitted

through overlapping networks of confidential relationships.

- Any agreement between the counselor and the client about confidentiality may be reviewed and changed by joint negotiations.
- Agreements about confidentiality continue after the client's death unless there are overriding legal or ethical considerations.

### **Management of Confidentiality**

- Counselors should ensure that records of the client's identity are stored separately from case notes.
- Care must be taken to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.
- When case material is used for case studies or reports, the client's identity must be effectively disguised.
- Any discussion about a counselor's counseling work between the counselor and others should be purposeful and not trivializing.
- Counselors must pay particular attention to protecting the identity of clients, including discussions of cases in counseling supervision.
- **In research,** The use of personally identifiable material gained from clients or by the observation of counseling should be used only if the client has given consent, usually in writing, and care has been taken to ensure that consent was given freely.

### **Client Autonomy**

- Counselors are responsible for working in ways that promote the client's control over his/her own life and respect the client's ability to make decisions and change his/her mind in the light of his/her own beliefs and values. Clients should never be coerced into any action neither should they be indoctrinated into other people's beliefs.
- Counselors do not normally act on behalf of their clients unless at the express request of the client or in certain exceptional circumstances.

### **Contracting**

- Counselors are responsible for communicating the terms on which counseling is being offered including availability, degree of confidentiality offered and what they expect of the clients.
- If records of counseling sessions are to be kept, clients should be made aware of this. At the client's request, information should be given to the client about access to these records, their availability to other people and their degree of security.
- Counselors should gain the client's permission before conferring with other professionals.
- It is the client's decision whether or not to participate in counseling. Reasonable steps should be taken during the counseling relationship to ensure that the client has an opportunity to review the terms on which counseling is being offered and the methods of counseling being used.
- Counselors must avoid conflicts of interest wherever possible. Any conflicts of interest that occur must be discussed in counseling supervision and, where appropriate, with the client.

### **Boundaries**

- Counselors must establish and maintain appropriate boundaries within the counseling

relationship throughout the counseling sessions and must make it clear to clients that counseling is a formal and contractual relationship. Counselors must take into account the effects of any overlapping or pre-existing relationships.

- Counselors must remain accountable for relationships with former clients and must exercise caution about entering into friendships, business relationships, training, supervising or other relationships with clients. Any changes in relationships must be addressed in counseling supervision.
- The decision about any change in the relationship with a former client should take into account whether the issues and power dynamics presented during the counseling relationship have been resolved.
- Counselors should not terminate a counseling relationship so that they can satisfy their wish to pursue a business, personal or other relationship with their client.
- Counselors are responsible for setting and maintaining boundaries between the counseling relationship and any other kind of relationship and for making this explicitly clear to the client.

### **Counselor Competence**

- Counselors should monitor actively the limitations of their own competence through counseling supervision or consultative support and by seeking the views of their clients and other counselors.
- Counselors should not counsel when their functioning is impaired due to personal or emotional difficulties, illness, disability, alcohol, drugs or other factors.
- It is an indication of the competence of a counselor when he/she recognizes his/her inability to counsel a client and makes appropriate referrals.

### **Responsibility to Self as Counselor**

- Counselors have a responsibility to themselves and their clients to maintain their own effectiveness, resilience and ability to help clients. They are expected to monitor their own functioning and to seek help and/or withdraw from counseling, whether temporarily or permanently, when their personal resources are sufficiently depleted to require it.
- Counselors should take all reasonable steps to ensure their own physical safety.

### **Responsibility to Other Counselors**

- If a counselor suspects misconduct by another counselor that cannot be resolved or remedied after discussing it with that counselor, the counselor should follow the complaints procedure (if there is one) without unnecessary breaches of confidentiality.
- Responsibility to Colleagues, Members of the Caring Professions and the Community
- Counselors should be accountable for their services to colleagues, employers and funding bodies as appropriate. Such accountability should be consistent with respect for their clients' needs.
- No colleague or member of the caring professions should be led to believe that a service is being offered by a counselor when it is not being offered, as this might deprive the client from receiving such a service elsewhere.
- Counselors should work within the law and should take all reasonable steps to be aware of all current laws affecting their work.

### **Counseling Supervision/Consultative Support**

- It is a breach of ethical requirements for counselors to practice without counseling

supervision/consultative support.

- Counseling supervision/consultative support refers to a formal arrangement that enables counselors to discuss their counseling regularly with one or more people who have an understanding of counseling and counseling supervision/consultative support. It is a confidential relationship and its purpose is to ensure the efficacy of the counselor-client relationship.
- Counselors who have line managers owe them appropriate managerial accountability for their work. The counselor supervisor role should be independent of the line manager role. However, if the counseling supervisor is also the line manager, then the counselor should also have access to independent consultative support.
- The amount of supervision should vary with the volume of counseling work undertaken and the experience of the counselor.
- Whenever possible, the discussion of cases within supervision/consultative support should take place without revealing the personal identity of the client.

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### Activity 7.6 – Ethics Case Studies

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**CASE STUDY 1**

A client attends services at an AIDS care facility. He is due for ART but one of the requirements is to be home-visited for psychosocial assessment and HBHCT before he starts the treatment. The counselor has made several plans with the client to conduct the home visit but each time, the client gives excuses. The last attempt the counselor made turned into a drama because the client waited at the corner of his home and signaled the counselor to go away. The client has confessed that he has never disclosed to his wife about what is happening to him although time and again he has lied to the counselor that the wife knows. The client has requested the counselor to come to his home on her own and tell the wife and also do the HBHCT so that the client does not miss the chance of being recruited since the slots are about to run out! The counselor is disgusted with the whole situation and wants to give this client a last chance before she abandons him. She brings this issue to you, her supervisor for support on how she can go to the client's home

**Ethical Issues:**

- Important to set boundaries and limits in the counseling situation
- Potential to create client dependence on counselor
- Potential for “rescuing” clients versus promoting client autonomy
- Safety of counselor/client
- Privacy/confidentiality
- Boundaries

**Issues a Supervisor Could Explore with Counselor:**

- **What steps has she taken to resolve this problem?**
- What things should come first?
- What are the client's rights?
- What should be the procedure for a home visit?
- Discuss possible consequences of her actions.
- Explore with her how family members could react when she arrives for a home visit. How could she present her self? How does she address privacy, confidentiality, consent and overstepping her clients' family boundaries?
- How could she ensure her safety?
- Her reason for bringing the issue to supervision; what support does she need/want from her supervisor?

**CASE STUDY 2**

**Mr. X** who is a high ranking army officer tests from a private health facility, which belongs to a group of doctors, one of whom happens to be his brother –in-law, which fact he did not know before taking the test. The Lab technician gives him his test result which HIV positive. He begs the Lab Tech. not to tell anyone else at the clinic about his test result and gives him Shs200, 000/- to keep the secret. The doctor presses the Lab Tech. to tell him the test result but the he refers him to the client. The doctor threatens to dismiss the Lab Tech. if he does not comply. The Lab Tech. refers him to the HCT policy guidelines, but the doctor continues to insist. He is caught between the web of disclosing the result and face fire from the client OR lose his job. He seeks support privately from you.

**Ethical Issues:**



- Confidentiality needs to be respected within counseling sites between colleagues. Client information should be shared between colleagues only on a need-to-know basis and only when it is in the best interest of the client.
- Respect to national HCT guidelines
- Client's autonomy and safety
- Client's right to privacy
- Client exploitation
- Legal issue of bribery

### **Issues a Supervisor Could Explore with Counselor:**

- Provide praise and encouragement to the counselor for bringing the issue to supervision.
- Invite the counselor to summarize the major issues and concerns as he sees them.
- Ask the counselor to identify the steps he has taken so far
- Provide feedback on his action.
- Explore issues related to complaints procedures in the workplace.
- Explore workplace policy on confidentiality (if any).
- Ask who else knows the result apart from him
- Discuss protocol for future relationships with clients of this nature
- Explore the Lab Tech's own concerns/fears and plans

### **CASE STUDY 3**

A guardian brings in his niece of 14 years who has been in his custody since the parents died. He complains that of recent, she has been sickly. He wants to know if she could have contracted the infection from her parents. The child refuses the test for fear of mistreatment and being taken out of school, but lies to the uncle that she has been tested and she's negative. The uncle asks the counselor to tell him the truth of the test result but he (counselor) refers him to get the information from the girls herself. The uncle has suggested to the counselor to give him money to test the girl privately and give him the results.

The counselor is getting weary of this situation and turns to you for support.

### **Ethical Issues:**

- Confidentiality
- Legal implications of bribery
- Honesty of the counselor to the uncle
- Client's safety
- Children's rights
- The client's autonomy
- Benefits and implications of testing to the child

### **Issues a Supervisor Could Explore with Counselor:**

- Empathize with the counselor about the difficulty of the case and provide reassurance that this is a common ethical dilemma for most counselors.
- Explore the counselor's feelings toward his client.
- Discuss how the counselor plans to or has responded. What options does he see?
- Discuss workplace /national policy that relates to the matter. Is there a policy on limits of confidentiality? What was the client's uncle told about HCT in children?
- Discuss client's rights and the consequences of breaching confidentiality.
- Use role reversal to allow the counselor to step into the client's shoes. Then explore the

principles of maintaining professional boundaries.

- What he could do differently?
- This is also an ideal issue for group supervision. Has he consulted his colleagues? Would it be useful to do so?

Discuss the reality of the dilemma and the application of the national policy guidelines regarding this issue.

What is the major problem? How can the guardian be helped?

#### CASE STUDY 4

A female counselor handles a discordant couple. The male client becomes attracted to the counselor during a counseling relationship. He tested HIV negative and he feels he no longer requires counseling from the counselor. He invites her out after the session, after all she is still the counselor of his wife and he can no longer enjoy the sex relationship with his wife since she is infected! The counselor has been getting on well with her female client and she (client) has begged the counselor never to give her up to another counselor; but the man is now becoming a stumbling block. The counselor is puzzled as to what to do and comes to you for support.

#### Ethical Issues:

- Maintaining professional boundaries
- Non exploitation
- Client's autonomy and rights (female)
- Counselor's safety

#### Issues a Supervisor Could Explore with Counselor:

- Explore the counselor's feelings and response.
- Discuss ethical issue associated with boundaries.
- Discuss consequences of accepting/not accepting the invitation and the potential impact of actions on the counselor and the positive client.
- How to handle/win off the female client

#### CASE STUDY 5

A client has on several occasions, defiled his step daughter who is 16 years and who is in Senior Four. The wife of this client is neither aware of the sexual the sexual harassment of her daughter nor the husband's HIV status. Recently, the girl told the stepfather that she has missed her periods twice and the man is panicky that she could be pregnant. He wants the counselor to help him privately and without the girl's knowledge, to prove if the girl is actually is pregnant and also test her for HIV. If the girl turns out to be pregnant, he is planning to ask her to abort or else he will have to commit suicide.

#### Ethical issues:

- Confidentiality
- Client's safety
- Legal issues of defilement and exploitation
- Legal issues of abortion
- Child's rights and autonomy to informed consent for testing and decision making for the abortion
- Cultural taboos of suicide
- Counselor's impartiality in the whole issue

- Maintaining professional boundaries

### Issues a Supervisor Could Explore with Counselor:

- Counselor's feelings about the situation
- Compromising the counseling relationship
- Rights and confidentiality
- Handling referral for legal issue of defilement
- The client's safety
- Responsibility to the client and the rest of the family
- Maintaining professional code of conduct/boundaries

### CASE STUDY 6

You have recently been promoted to supervisor counselor position, and you have six counselors to supervise, one of whom is a friend of yours. She is not performing as well as she should and her colleagues have been complaining about her because she is not following standard operating procedures as she should. As her supervisor, what steps would you take to ensure that you objectively "solve" the problem?

### Ethical issues:

- Maintaining professional boundaries

### Issues a Supervisor Could Explore with Counselor:

- Compromising friendship
- Competency
- Rights and confidentiality
- Responsibility to colleagues
- Responsibility to the institution
- Responsibility to clients to ensure that a standard of quality care is maintained

### Suggested Tasks

List the ethical principles that would be associated with each of the scenarios listed below:

- A woman brings her newly recruited nanny for an HIV test.
- A client of yours who is HIV-positive is attracted to your best friend's sister.
- A client gives you gifts every so often and prepares you delicious meals whenever you go to check on her at home.

## RESOURCE 7.7: THE IMPORTANCE OF ETHICS

- Counselors are part of a professional practice and as such are bound by codes of ethics.
- A code of ethics is a set of professional ground rules against which a supervisor can encourage the supervisee to monitor his/her work to ensure appropriate service delivery to clients.
- Codes of ethics can only be guidelines, but they form important checks and balances for the counseling practice.
- Codes of ethics enhance professionalism and help to protect the rights and well-fare of clients, as well as the counselor.

Your personal philosophy, values, boundaries and assumptions are crucial to your supervisory work. They can guide you but can also affect the support you you're your subordinates.

### **Guidelines (steps) in making an ethical decision:**

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1. Identifying potential issues involved
2. Identifying the problem or dilemma
3. Identifying potential issues involved
4. Reviewing the relevant ethical codes
5. Know the applicable policies/guidelines/ laws and regulations
6. Obtain consultation
7. Consider possible and probable courses of action
8. Enumerate the consequences of various decisions
9. Decide on what appears to be the best course of action

### **Reference:**

**Corey, G., Corey, M, S. & Callanan, P. Issues and Ethics in the Helping Profession. Published by Brooks / Cole Company, 1998.**

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## Handout 8

# Managing Stress & Preventing Burnout

Activity 8.3 – Strategies to Address Stress in Counselors (20 min)

From the following list of potential stressors on counselors, work in pairs to identify possible strategies for assisting a counselor to cope with each stressor

<b>Stressor</b>	<b>Suggested Coping Strategy</b>
Heavy case load (i.e., many clients)	
Multiple duties (e.g., nurse/counselor)	
Working in isolation or alone	
Limited management/workplace support	
No senior counselors or peers for support and development	
Financial pressure (low salary or volunteer)	
Lack of time	
Poor physical environment (no privacy, few resources)	
No training/development opportunities	

### Activity 8.4 – Relaxation Exercises

**Shoulder Shrug**

- Inhale and pull your shoulders up to your ears.
- Rotate your shoulders backwards, pulling your shoulder blades together.
- Exhale with a grunt or sigh and let go.
- Repeat three times.

**Face Relaxer**

- Scrunch up your face as if you are trying to squeeze the tension right off the tip of your nose.
- Exhale and let go.
- Now inhale and open your mouth as wide as possible, lifting your eyebrows to make your face very long. This is like a yawn.
- Now exhale and let go (After doing this exercise, you may find yourself yawning. Don't worry, it just shows that you are relaxing.)
- Repeat once more.

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**Activity 8.1 – Strategies to Address Stress in Supervisors**

As a counseling supervisor, think through issues that could be stressful for you and suggest possible strategies to deal with each stressor.

Stressor	Strategy
Having no resources (e.g., reading materials, access to Internet, experts)	
Feeling that I do not have enough skills to deal with the issues presented	
Being asked to supervise too many counselors	
Being the only counseling supervisor in the country/region/ province	
Facing the same stressors as those that the counselor presents	
Working with resistant supervisees	

### Step 7: Developing your own stress plan (35 minutes)

#### Individual activity

- Have participants turn to Activity 8.2 in the Participant's Manual, and have each participant individually fill in the table provided. (20 minutes)
- After all participants are finished, ask them if the activity was useful and, if so, why. Ask for feedback on what they might now implement as part of their own stress management plans and when. (15 minutes)
- Encourage participants to read Handouts 8.1 and .2 before completing the course.

## Activity 8.2– My Own Stress Management Plan



For each of the key areas below, identify what you need to do to improve your own well-being in order to become an effective counseling supervisor.

Area	What I Need to Do	By When
Physical (e.g., health, nutrition, sleep, accommodation, exercise, recreation)		
Family/relationships		
Work		
Spiritual		
Other _____		

**Suggested Handout 8 Task**

List three sources of stress in your workplace and suggest various strategies for your supervisees to cope with them.

**RESOURCE 8.1: STRESS AND BURNOUT**

**Stress**

Stress is commonly defined as anything that increases a person's level of alertness. It refers to the physical, mental and emotional strain or tension caused by overworking the mind and body. The source of stress is often an external event or circumstance that places a demand on an individual's internal or external resources. How stressful an event is felt to be depends partly on the individual. If the demands on a person (e.g., disclosing an HIV-positive test result) exceed his or her ability to cope with them, the person experiences stress.

**Burnout**

Burnout is the gradual process by which a person in response to prolonged physical, mental and/or emotional stress detaches from work and other meaningful relationships.

The result is lowered productivity, cynicism, confusion and feelings of being drained and having nothing more to give.

**DIFFERENCES BETWEEN STRESS AND BURNOUT**

<b>Stress</b>	<b>Burnout</b>
Is characterized by over engagement	Is a defense mechanism characterized by disengagement
Emotions become overactive	Emotions become blunted
Physical damage is primary	Emotional damage is primary
Exhaustion of stress affects physical energy	Exhaustion of burnout affects motivation and drive
Produces disintegration	Produces demoralization
Is a loss of fuel and energy	Is a loss of ideals and hope
Produces sense of urgency and hyperactivity	Produces sense of helplessness and hopelessness
Produces panic, phobias and anxiety-type disorders	Produces depersonalization and detachment

**RESOURCE 8.2: COMMON STRESSORS ON HIV/AIDS COUNSELORS**

- Work overload (more work than is possible for the time allocated or numerous responsibilities with minimal support)
- Giving HIV-positive results to clients
- Death of clients
- Fear of contagion
- Multiple needs of clients (especially in high-poverty contexts and where there is poor or no service available)
- Multiple roles and expectations on counselors (e.g., expected to be nurse and counselor and educator and trainer)
- Lack of skill and knowledge while working with specific types of clients (e.g., homosexual, drug user, sex worker, young people, old people, men, women)
- Challenges to religious, personal or cultural ideals
- Courtesy Stigma
- Lack of boundaries
- Uneven pay given the workload
- Changes in situation (e.g., in organization, staffing, structures and salaries)
- People (e.g., unsupportive staff, peers and/or supervisors)
- Organizational structure (e.g., uncondusive environment)
- Physical environment (e.g., noise, lack of privacy, lack of space, lack of resources [such as telephone or computer])
- Lack of recognition that leads to feeling undervalued or used

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### **RESOURCE 8.3: HOW TO REWARD COUNSELORS**

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- Praise (personal/public, informal/formal)
- Verbally thank individuals and/or groups
- Send thank you notes
- Recognize achievements in formal meetings and informal gatherings
- Send letters of commendation
- Present plaques and certificates
- Establish employee-of-the-month program
- Establish performance appraisal systems linked to tangible outcomes
- Provide time off
- Organize social outings
- Provide training opportunities
- Set up exchange programs
- Provide opportunities for advancement
- Give promotions
- Change job title
- Give gifts
- Buy food (e.g., lunches)
- Give financial bonus
- Give salary increase
- Hand out corporate logo items (e.g., stationery, T-shirts, caps)

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## RESOURCE 8.4: YOUR PROFESSIONAL SUPPORT

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Before formally undertaking the role of supervisor, you must consider your own needs for support, challenge and development as a supervisor.

### **Ask yourself the following questions:**

- Do I have sufficient and suitable personal and professional support for supervision practice? (For example, do I have access to regular consultation, peer exchange, training?)
- Do I have a list of names, telephone numbers and addresses (including those for myself) I can give to my supervisees that are related to health (including medical and hospital services), legal and professional services, referrals to specialist services (e.g., drug and alcohol, tuberculosis, reproductive health, maternal and child health, sexual assault/rape, domestic violence), local support groups and agencies, economic support services, religious agencies, hospice/client care programs and prevention/education programs?

If your answer to either of these questions is “no,” you need to begin establishing your network before you get started as a counselor supervisor. Develop a list of referral agencies, telephone numbers and addresses that will be of use as a counseling supervisor.

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## **RESOURCE 8.5: STRESS MANAGEMENT**

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**Stress Management Strategies**

- Communicating: Talk with a trusted source.
- Laughing
- Writing: Put it on paper to help gain perspective.
- Distancing it: Imagine a few years from now, and ask yourself how much it will matter then.
- Relaxation exercises (physical or breathing work, such as meditation)
- Confrontation: Address concerns before they escalate.
- Positive thinking
- Delay: Create a 15-minute worry session, and put aside your worries until then.
- Physical exercise
- Diversion: Do something enjoyable.
- Get enough sleep.
- Eat well (balanced meals).
- Avoid negative people and places as much as possible.
- Delegate: What can others do to reduce your load?
- Be a team: Share what's appropriate with others.

**Attitudes to Avoid (Solutions)**

- Feeling used/taken for granted [know your rights and needs, and let others know them]
- Work holism [balance work, family, rest and play]
- Negative defeatist thoughts [positive thoughts absorb energy; smiling releases tension]
- Punishing yourself [be as fair to yourself as you are to others]
- Disliking yourself [accept yourself as you are]
- Defensiveness [be yourself, and be human]

**Coping Strategies****Change the Stressor:**

- What is in my power to change or influence?
- Can I take action by myself?
- Who might assist me?
- What are the advantages and disadvantages to myself and/or others if the stressor were changed?

**Adapt to the Stressor (If It Cannot Be removed/Changed)**

- Can I take it less seriously?
- Can I turn a threat into an opportunity?
- Think: "I will be ok no matter what."
- Be solution-focused, but keep an open mind.
- Do relaxation exercises (physical and mental).
- Be assertive, set boundaries and learn to say "no."
- Take regular breaks.

## A Participant's Manual

- Avoid maladaptive reactions (e.g., substance abuse, overeating, dumping on others, escapism, blaming others, ignoring the situation).

### **Avoid the Stressor:**

- Is it best for me to avoid or to withdraw from this stressor?
- What would the benefits or costs be?
- Have I tried all other options?

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## **Handout 8.1: COUNSELLOR STRESS MANAGEMENT**

**What is stress?**

- The tension and pressure that results when an individual views a situation as presenting a demand that threatens to exceed their capabilities or resources.
- Stress is induced mental dysfunction, which can result in serious psychological; and physiological impairment.
- It is also an experience causing an imbalance within oneself.
- Stress comes from stress related mental dysfunctions – personal and organizational.
- Stress affects the four major areas of human functioning.
- Emotional
- Mental/effects on logical thinking
- Behavioral
- Physiological

**Symptoms of stress:****Physical effects:**

- 
- Palpitations
- Sweating
- Tenseness in muscles
- Loss of appetite
- Shaking
- Sleeplessness
- Dry mouth 'butterflies in the stomach'
- Constipation,
- Undue exhaustion
- Nervous twitching
- Fidgeting
- Headache
- Increased sensitivity to light and sound
- Faintness, ears ringing
- Blushing nausea
- Frequent colds.

**Behavioral effects:**

- Increased dependence/reliance on others
- Withdrawal from others, from responsibilities, work
- Agitation
- Little concentration
- Loss of temper
- Shouting
- Lack of concentration
- Inattention to dress/grooming
- Lateness
- Nervous habits
- Edginess
- Overreaction
- Sleep problems
- Loss of weight or gain



- Drug/alcohol usage
- Crying
- Aggressive drinking
- Road usage
- No enthusiasm for life generally
- Physical changes in the body (as opposed to manifestation)
- When we are stressed, adrenaline is released, causing a raised level of tension in our muscles; we sweat to cool the body, our blood pressure goes up, preparing us for a 'flight or fight' response.

### **Mental/effects on logical thinking**

- Inability to think straight, analyze, make decisions.
- Obsess ional thoughts.
- Forgetfulness.
- Misjudgments with flashes of intuition and of clear thought.

### **Emotional**

- 
- Depression
- Anger
- Resentment
- Distress
- Panic
- Fear
- Unhappiness
- Unrest
- Guilt
- Despair
- Impatience
- Loss of interest in others

### **Sources and causes and effects of stress**

1. **Time stressor**
  - Work overload
  - Lack of control
2. **Situational stressor**
  - Unfavorable working conditions
  - Rapid change, death of clients, multiples needs of clients, stigma
3. **Encounter stressors**
  - Role conflict
  - Issue conflicts
  - Action conflicts
4. **Anticipatory stressors**
  - Unpleasant expectations
  - Fear of infection
  - Relocation
  - Giving +ve results

- Career

The four sources of stress may be manifested at work by 4 factors:

(a) Job related

- Environment of work
- Travel
- Technology
- Pressure of work

Role in the organization

Responsibility for people, budgets, projects, resources may cause stress because they depend on:

- Relationship at work
  - Market forces
  - Environment
  - Economy
- (c) Career Development
- Stagnation (lack of career progression)
  - Lack of training
  - Inadequate skills, knowledge
  - Discrimination
- (b) Organizational change
- Closure of a site
  - Relocation
  - Restructuring
  - Merger or take over
  - Retrenchment
  - Privatization

### **Stress affects both individuals and the organization.**

#### **Individuals:**

- Poor health
- Less commitment to work (Low morale)
- Poor performance
- Bad/poor attitude to others and to work
- Fear
- Low self esteem
- Isolation
- No initiative

#### **Organization:**

- May not realize it's objectives
- Time wasting through conflict resolution
- No team working
- Poor work standards
- Poor quality of services

Note that short – term stress will save us from danger or help us to accomplish objectives but long-term stress is destructive. Moderate levels of stress tend to increase performance and

overall satisfaction. One's personality and behavior will affect the way an individual reacts to stress. Certain behaviors may cause us to be more stressed and others will help us to cope with stress.

### **There are two types of personalities:**

Type A and type B (Questionnaire)

Type A personality is pre-disposed to high stress. They are likely to be very hard working:

- Perfectionists
- Seldom satisfied with their own and never satisfied with other people's performance, and always striving to do better.
- They are seldom as effective as they would like to be, and are always short of time.

### **Main characteristics of Type A personalities:**

- Always in a hurry
- Impatient
- Does more than one thing at a time
- Tense and restless
- Poor listeners
- Hates criticism
- Tendency to be aggressive
- Very competitive

### **Personality B characteristics:**

- Extremely laid back and easy going
- Patient
- Calm and in control
- Cooperative with others
- Flexible
- Able to delegate and encourage others
- Takes breaks and rests when tired without feeling guilty
- Can take criticism

N.B: There is no cut and divide line, many of us may be a mixture of the 2. It's necessary to know where we are along the A-----B line.

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## **Handout 8.2: MANAGING STRESS**

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There are several methods of dealing with stress, some are productive and others counter productive.

**Productive methods are:**

**Physiological conditioning:**

Relaxation

- Learning relaxation techniques and finding ways of enjoying ourselves
- Exercises
- Moving from stressful situations

**Emotional Conditioning:**

- Changing negative assertions e.g. I can't cope
- Feeling about ourselves
- Becoming more assertive

**Social Support Systems:**

- Counseling
- Sharing with those who can listen
- Family
- Church
- Community mentor
- Counter-productive methods
- Withdrawal
- Hostility
- Depression

**The support supervisor should also identify:**

- Personal triggers i.e. what brings stress on.
- Coping strategies/escape mechanisms i.e. how we deal with stress, how to build on stress reduction in the work place.

**How should stress be eliminated?**

Whetter and Cameron (1991) site a hierarchy of approaches.

- |          |   |
|----------|---|
| Step 1:  | Eliminate and reduce stressors using Enactive strategies:<br>These create new surroundings without stress. This step takes the longest and is the most complex but it is also the most healthy and effective. |
| Step II  | Increase personal resiliency using proactive strategies, which basically Resist the negative effects of stress.   |
| Step III | Develop short term ways to cope with immediate stressors using reactive strategies.   |

The hierarchy of stress management should be kept in mind.

Further Reading: Julian Megoa (2002). Less Stress, pg 166. Editorial Saferiz, Spain

**STRESS AND THE DIET**

WHAT DO I LACK OF?		
Symptoms	Possible deficiency	Food sources
Dehydrated skin, mucous membranes sensitive	Vitamins A and C, linoleic acid	Carrots, spinach, other greens, oranges, strawberries, kiwis, nuts
Irritability/depression	Glucose, protein, carbohydrates	Whole-grain cereals, fruits, vegetables, potatoes
Fatigue	Iron, vitamin B12, iodine	Beans, nuts, soybeans, brewer's yeast, sea slat. Sea weed, milk products
WHAT DO I EAT TOO MUCH OF?		
Symptoms	Possible deficiency	Food sources
Tiredness, depression and irritability	Refined sugar: cakes, chocolate, ice cream	Fruit: grapes, plums, raisins, dried figs; honey in moderation
Lethargy, weakness	Saturated fats meats, butter, matured cheese	Soy products, nonfat milk products
Nervous, high blood pressure	Salt	Use in moderation
Lowered mental ability, lack odd coordination, depression	Alcoholic beverages	Water natural fruit juices
Irritability, nervousness, cardiac changes	Caffeine	Herbal teas, cereal drinks, malt

**For further reading** (Caption from Schor, JB: The Overworked American. Basic Books, New York, 1991, p.11.)

### Stress Management

#### What is stress?

Stress is the “wear and tear” our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects on us and can create positive or negative feelings. As a positive influence, stress can help compel us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in a new distract, rejection, anger and depression, which in turn can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. In so adjusting to different circumstances, stress will help or hinder us depending on how we react to it.

**How can I Eliminate stress from my life?**

As we have seen, positive stress adds anticipation and excitement to life, and we all thrive under a certain amount of stress. Deadlines, competitions, confrontations, and our frustrations and sorrows add depth and enrichment to our lives. Our goal is not to eliminate stress but to learn how to manage it and how to use it to help us. Insufficient stress acts as a depressant and may leave us feeling bored or dejected; on the other hand, excessive stress may leave us feeling “tied up in knots”. What we need to do is find the optimal level of stress, which will individually motivate but not overwhelm each of us.

**How Can I Tell What is Optimal Stress for Me?**

There is no single level of stress that is optimal for all people. We are all individual creatures with unique requirements. As such, what is distressing to one may be a joy to another. And even when we agree that a particular event is distressing, we are likely to differ in our physiological and psychological response to it. The person who loves to arbitrate disputes and moves from job site to job site would be stressed in a job, which was stable and routine, whereas the person who thrives under stable conditions would very likely be stressed on a job where duties were highly varied. Also, our personal stress requirements and the amount which we can tolerate before we become distressed changes with our ages.

It has been found that most illness is related to unrelieved stress. If you are experiencing stress symptoms, you have gone beyond your optimal stress level; you need to reduce the stress in your life and /or improve your ability to manage it.

**How Can I Manage Stress Better?**

Identify unrelieved stress and being aware of its effects on our lives is not sufficient for reducing its harmful effects. Just as there are many sources of stress, there are many possibilities for its management. However, all require work toward change: changing the source of stress and/or changing your reaction to it. How do you proceed?

**1. Become aware of your stressors and your emotional and physical reactions:**

Notice your distress. Don't ignore it. Don't gloss over your problems.  
Determine what events distress you. What are you telling yourself about meaning of these events?  
Determine how your body responds to the stress. Do you become nervous or physically upset? If so, in what specific ways?

**2. Recognize what you can change:**

Can you change your stressors by avoiding or eliminating them completely?  
Can you reduce their intensity (manage them over a period of time instead of an a daily or weekly basis)?  
Can you shorten your exposure to stress (take a break, leave the physical premises)?  
Can you devote the time and energy necessary to making a change (goal setting, time management techniques, and delayed gratification strategies may be helpful here)?

**3. Reduce the intensity of your emotional reactions to stress:**

The stress reaction is triggered by your perception of danger... physical danger and /or emotional danger. Are you viewing your stressors in exaggerated terms and /or taking a difficult situation and making it a disaster?  
Are you expecting to please everyone?  
Are you overreacting and viewing things as absolutely critical and urgent? Do you feel you must always prevail in every situation?  
Work at adopting more moderate views; try to see the stress as something you can cope with rather than something that overpowers you.  
Try to temper your excess emotions. Put the situation in perspective. Do not labor on the negative aspects and the “what if's.”

**4. Learn to moderate your physical reactions to stress:**

Slow, deep breathing will bring your heart rate and respiration back to normal.  
Relaxation techniques can reduce muscle tension. Electronic biofeedback can help you gain voluntary control over such things as muscle tension, heart rate, and blood pressure.  
Medications, when prescribed by a physician, can help in the short term in moderating your physical reactions. However, they alone are not the answer. Learning to moderate these reactions on your own

is a preferable long-term solution.

### 5. **Build your physical reserves:**

Exercise for cardiovascular fitness three to four times a week (moderate, prolonged rhythmic exercise is best, such as walking, swimming, cycling, or jogging).

Eat well-balanced, nutritious meals.

Maintain your ideal weight.

Avoid nicotine, excessive caffeine, and other stimulants.

Mix leisure with work. Take breaks and get away when you can.

Get enough sleep. Be as consistent with your sleep schedule as possible.

### 6. **Maintain your emotional reserves:**

Develop some mutually supportive friendships/relationships.

Pursue realistic goals, which are meaningful to you, rather than goals others have for you that you do not share.

Expect some frustrations, failures, and sorrows

Always be kind and gentle with your-self--be a fiend to yourself.

## **Stress Management**

### **Introduction**

Stress is a part of day to day living. As college students you may experience stress meeting academic demands, adjusting to a new living environment, or developing friendships. The stress you experience is not necessarily harmful. Mild forms of stress can act as a motivator and energizer. However, if your stress level is too high, medical and social problems can result.

### **What is Stress?**

Although we tend to think of stress as caused by external events, events in themselves are not stressful.

Rather, it is the way in which we interpret and react to events that makes them stressful. People differ dramatically in the type of events they interpret as stressful and the way in which they respond to such stress.

For example, speaking in public can be stressful for some people and relaxing for others.

### **Symptoms of Stress**

There are several signs and symptoms that you may notice when you are experiencing stress. These signs and symptoms fall into four categories: Feelings, Thoughts, Behavior, and Physiology. When you are under stress, you may experience one or more of the following:

#### **Feelings**

- Feeling anxious.
- Feeling scared.
- Feeling irritable.
- Feeling moody.

#### **Thoughts**

- Low self-esteem.
- Fear of failure.
- Inability to concentrate.
- Embarrassing easily.
- Worrying about the future.
- Preoccupation with thoughts/tasks.
- Forgetfulness.

**Behavior**

- Stuttering and other speech difficulties.
- Crying for no apparent reason.
- Acting impulsively.
- Startling easily.
- Laughing in a high pitch and nervous tone of voice.
- Grinding your teeth.
- Increasing smoking.
- Increasing use of drugs and alcohol.
- Being accident prone.
- Losing your appetite or overeating.

**Physiology**

- Perspiration /sweaty hands.
- Increased heart beat.
- Trembling.
- Nervous ticks.
- Dryness of throat and mouth.
- Tiring easily.
- Urinating frequently.
- Sleeping problems.
- Diarrhea / indigestion / vomiting.
- Butterflies in stomach.
- Headaches.
- Premenstrual tension.
- Pain in the neck and or lower back.
- Loss of appetite or overeating.
- Susceptibility to illness.

**Causes of Stress**

Both positive and negative events in one's life can be stressful. However, major life changes are the greatest contributors of stress for most people. They place the greatest demand on resources for coping.

Major Life Changes that can be Stressful

- Geographic mobility.
- Going to college.
- Transfer to a new school.
- Marriage.



- Pregnancy.
- New job.
- New life style.
- Divorce.
- Death of a loved one.
- Being fired from your job.

### **Environmental Events that can be Stressful**

- Time pressure.
- Competition.
- Financial problems.
- Noise.
- Disappointments.

### **How to Reduce Stress**

Many stresses can be changed, eliminated, or minimized. Here are some things you can do to reduce your level of stress:

- Become aware of your own reactions to stress.
- Reinforce positive self-statements.
- Focus on your good qualities and accomplishments.
- Avoid unnecessary competition.
- Develop assertive behaviors.
- Recognize and accept your limits. Remember that everyone is unique and different.
- Get a hobby or two. Relax and have fun.
- Exercise regularly.
- Eat a balanced diet daily.
- Talk with friends or someone you can trust about your worries/problems.
- Learn to use your time wisely:
  - o Evaluate how you are budgeting your time.
  - o Plan ahead and avoid procrastination.
  - o Make a weekly schedule and try to follow it.
- Set realistic goals.
- Set priorities.
- When studying for an exam, study in short blocks and gradually lengthen the time you spend studying. Take frequent short breaks.
- Practice relaxation techniques. For example, whenever you feel tense, slowly breathe in and out for several minutes.

As my mentor, Dr. Mathew Budd of Harvard University, told me at our first meeting in 1982, "If you want to help your patients deal with their stress, you are going to have to learn to handle your own." Therefore, when I talk to

physicians, I invite them to listen on two channels: one for their patients and one for themselves. The material is much more meaningful if you can connect with it on a personal level.

The manifestations of stress are legion. Early in this century, medical students were taught that, “if you know syphilis (the great masquerader), you know medicine.” One could say the same about stress. It can contribute to or mimic just about any symptom you can think of. However, the main presentations can be summarized under four headings: physical, mental, emotional and behavioral (see Patient Information sheet).

The causes of stress are multiple and varied but they can be classified in two general groups: external and internal. External stressors can include relatives getting sick or dying, jobs being lost or people criticizing or becoming angry. However, most of the stress that most of us have is self-generated (internal). We create the majority of our upsets, indicating that because we cause most of our own stress, we can do something about it. This gives us a measure of choice and control that we do not always have when outside forces act on us.

This also leads to my basic premise about stress reduction: to master stress, you must change. You have to figure out what you are doing that is contributing to your problem and change it. These changes fall into four categories: change your behavior, change you're thinking, change your lifestyle choices and/or change the situations you are in. By getting to the root causes of your stress, you cannot only relieve current problems but you can also prevent recurrences. For example, if you keep becoming frustrated over arguments with your children, you might discover that the cause of your upset is not their behavior but your unrealistic expectations. By modifying your standards, you might find children's actions no longer bother you.

There are many ways to relieve stress, from going for a walk to quitting your job.

What follows is a list of 10 practical and down-to-earth strategies, which I have found helpful over the years for both my patients and myself. Some are simple and can be implemented quickly; others are a bit more involved. All are feasible and beneficial.

### **1. Decrease or Discontinue Caffeine**

In terms of “bang for the buck,” it is hard to beat this simple intervention. Most patients do not realize that caffeine (coffee, tea, chocolate and cola) is a drug, a strong stimulant that actually generates a stress reaction in the body. I tell patients that the best way to observe the effect of caffeine is to get it out of the system long enough to see if there is a difference in how they feel. Three weeks is adequate for this purpose and all my patients accept this suggestion, especially when I frame it as an experiment. (“If you don't notice a difference, you can go back to it; but if you feel better without it, you will probably want to stay off it.”) I would guess that 75% to 80% of my patients notice a benefit. They feel more relaxed; less jittery or nervous, sleep better have more energy (a paradox since you are removing a stimulant) less heartburn and fewer muscle aches. Many patients feel dramatically better and cannot believe the difference.

On warning, however, patients must wean themselves gradually or they will migraine-type withdrawal headaches. I suggest decreasing by one drink per day until they are down to zero, then they should abstain for three weeks. When they feel better, they will thank you. In fact, you will be a hero because it is such an easy thing to do and delivers a big payoff. Incidentally, I do not believe caffeine is a highly addictive substance. I have never met a patient in 10 years who could not give it up within one week.

### **2. Regular Exercise**

As a way of draining off stress energy, nothing beats aerobic exercise. To understand why, we need to review what stress is. People often think of stress as pressure at work, a demanding boss, a sick child or rush hour traffic. All these may be triggers but stress is actually the body's reaction to factors such as these. Stress is the fight-or-flight response in the body, mediated by adrenaline and other stress hormones, and comprised of such physiologic changes as increased heart rate and blood pressure, faster breathing, muscle tension, dilated pupils, dry mouth and increased blood sugar. In other words, stress is the state of increased arousal necessary for an organism to defend itself at a time of danger.

The stress reaction is in us, “out there.” It provides us with the strength and energy to either fight or run away from danger and is therefore self-protective. There is only one problem: unlike a caveman being attacked by a wild animal or warring tribesman, fighting and running away are rarely appropriate responses to stressful situations in the modern world. The result is that our bodies go into a state of high energy but there is usually no place for that energy to go; therefore, our bodies can stay in a state of arousal for hours at a time.

Exercise is the most logical way to dissipate this excess energy. It is what our bodies are trying to do when we pace around or tap our legs and fingers. It is much better to channel it into a more complete form of exercise like a brisk walk, a run, a bike ride or a game of squash. During times of high stress, we could benefit from an immediate physical outlet-but this often is not possible. However, regular exercise can drain off ongoing stress and keep things under control. I recommend physical activity every day or two. At the very least, it is important to exercise three times per week for a minimum of 30 minutes each time. Aerobic activities like walking, jogging, swimming, bicycling, racquet sports, skiing, aerobics classes and dancing are suitable. Choose things you like or they will feel like a chore and you will begin to avoid them. It is also beneficial to have a variety of exercise outlets. I have never met a patient who did not feel better with some form of regular exercise – and I know I could not exist without it. For chronic or acute stress, exercise is an essential ingredient in any stress reduction program.

### 3. Relaxation/Meditation

Another way to reduce stress in the body is through certain disciplines, which fall under the heading of relaxation techniques. Just as we are all capable of mounting and sustaining a stress reaction, we have also inherited the ability to put our bodies into a state of deep relaxation, which Dr. Herbert Benson of Harvard University has named “the relaxation response.” In this state, all the physiologic events in the stress reaction are reversed: pulse slows, blood pressure falls, and breathings slows and muscles relax.

When the stress reaction is automatic, however, the relaxation response needs to be brought forth by intention. Fortunately, there are many ways of doing this. Sitting quietly by a lake or fireplace, gently petting the family cat, lying on a hammock and other restful activities can generate this state. There also are specific skills that can be learned which are efficient and beneficial. A state of deep relaxation achieved through meditation or self-hypnosis is actually more physiologically restful than sleep. These techniques are best learned through formal training courses, which are taught in a variety of places. Books and relaxation tapes can be used when courses are not available or are beyond the patient's budget.

I can attest to the benefits of regular meditation from personal experience. And on days when exercise is not possible, relaxation techniques are an excellent way to bring down the body's stress level. Whereas exercise dissipates stress energy, relaxation techniques neutralize it, producing a calming effect. As little as 20 minutes once or twice per day confers significant benefit.

### 4. Sleep

As mundane as it sounds, sleep is an important way of reducing stress. Chronically stressed patients almost all suffer from fatigue (in some cases resulting from stress-induced insomnia), and people who are tired do not cope well with stressful situations. These dynamics can create a vicious cycle. When distressed patients get more sleep, they feel better and are more resilient and adaptable in dealing with day-to-day events. I always ask patients how much sleep they are getting, whether they wake up rested or tired, and how much sleep they generally need to function well. Most people know what their usual sleep requirement is (the range is five to 10 hours per night; the average being seven to eight), but a surprisingly large percentage of the population is chronically sleep deprived. (1) I urge patients to go to bed 30 to 60 minutes earlier and to monitor the results after a few days or a week. If they are still tired, I suggest a bedtime 30 minutes earlier than this. Eventually, they find what works for them. The three criteria of success are waking refreshed, good daytime energy and waking naturally before the alarm goes off in the morning.

Sleeping-in is fine but if you sleep too long, it throws off your body rhythms during the following day. It is better to go to bed earlier. Daytime naps are an interesting phenomenon. They can be valuable if they are short and timed properly (i.e., not in the evening). The “power nap” or catnap is a short sleep (five to 20 minutes) that can be rejuvenating. A nap lasting more than 30 minutes can make you feel groggy. Patients with insomnia should be discouraged from daytime naps. Beyond these cautionary notes, sleep can be key in reducing stress and helping patients cope and function better.

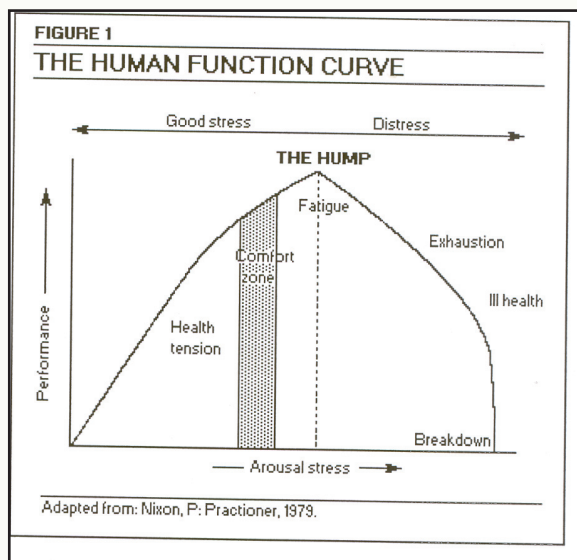
### 5. Time-outs and Leisure

No one would expect a hockey player to play an entire game without taking breaks. Surprisingly though, many otherwise rational people think nothing of working from dawn to dusk without taking intermissions, and then wonder why they became distressed. The two major issues are pacing and work/leisure balance.

**Pacing** has two components: monitoring your stress and energy level, and then pacing yourself accordingly. It is

about awareness and vigilance knowing when to extend you. The best visual tool I have seen to understand this diagram I learned from Dr. Peter Nixon, a British cardiologist (Figure 1). The diagram illustrates some important points:

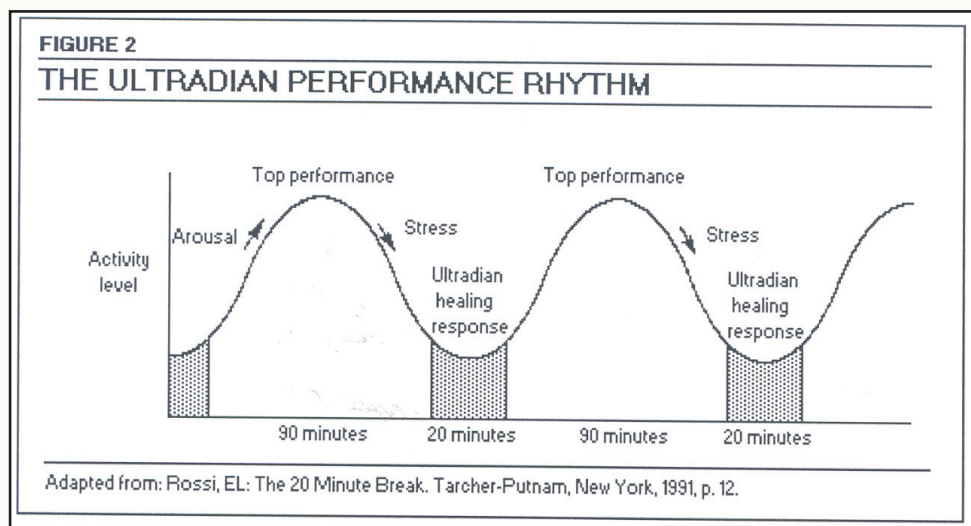
- Increased stress produces increased performance, initially.
- Once you pass a certain point (the hump), any more stress results in decreased performance. Trying harder at this point is unproductive or even counterproductive. The only sensible move is to take a break.
- We need a certain amount of stress to function well (healthy tension) – this is called eustress (good stress). However, stress becomes harmful (distress) when there is too much, when it lasts too long or when it occurs too often.
- One of the first symptoms of distress is fatigue, which we tend to ignore. Dr. Nixon advocates a healthy respect for fatigue and doing something about it before it becomes exhaustion.



I show this diagram to my patients at their first visit and ask them where they are on the curve. I tell my patients to monitor where they are on this curve on a daily basis and to take appropriate action (either speed up or slow down). I then use it periodically to check their progress. It is a helpful guide (for me and for them) of how they are doing.

The other key to pacing is taking periodic timeouts. Too many patients (and doctors) go far too long without breaks. Dr. Ernest L. Rossi wrote *The 20-Minute Break*, an excellent book extolling the virtues of a short recess every couple of hours throughout the day. Just as well we all have cycles of deep sleep and dream sleep throughout the night (at roughly 90-to-120-minute intervals), we also have cycles through the day (peaks of energy and concentration interspersed with troughs of low energy and inefficiency (Figure 2).

These cycles are called “ultradian rhythms” because they happen many times per day (as opposed to the 25-hour circadian rhythm with which we are all familiar). The main point of the book is that we need to watch for these troughs and take 20 minute “ultradian healing breaks” when they occur, as opposed to working through them and building up stress.



It is not always convenient for people to take time-outs when nature tells us to but we can all become better at this. A mid morning break, lunch, a mid afternoon break and supper divide the day into roughly two hour segments. These time-outs can include power naps, meditation, daydreaming, a social interlude, a short walk, a refreshment break, a change to low-concentration tasks or listening to music. Since I (and some of my patients) have started to work with this biologic pattern (instead of resisting it), the results have been pleasing. Like the catnap, it is simply a good investment of time that pays itself back quickly in increased productivity and reduced stress.

**Work Leisure balance:** Despite all our laborsaving devices, leisure is still an elusive commodity for most people. Statistics show that the average American (and probably Canadian) is working an extra three hours per week compared with 20 years ago. <sup>1</sup> That translated into an extra month of work each year. Add to that the phenomenon of the two-career family (which makes family and leisure time even more scarce) and you start to get a picture of society on an accelerating treadmill.

Leisure time and levels of distress are inversely proportional-the less leisure, the more stress. I ask patients to fill in a chart so we can both see what their work/leisure ratio looks like. I ask them to think of their lives (excluding sleep time) in for compartments (work, family, community and self) and then to assess what percentage of their time and energy in an average week goes into each part. There is no normal range but I become concerned when work is over 60% and/or when self is less than 10%. We all require time to meet our own needs (self-care, self-nurturing etc.) and when that is neglected, trouble usually follows. Self directed activities could include exercise or recreation, relaxation, socializing, entertainment and hobbies. The word leisure is derived from the Latin word *licere*, which means "permission." The main reason so many people do not have enough leisure is that they are not giving themselves permission to make the time to enjoy it.

Leisure is one of the most pleasant stress relievers ever invented. It is strange that people resist it so much (e.g. feeling selfish, guilty). I am not preaching hedonism – just a healthy amount of necessary respite from the day's pressures. We as doctors can give patients permission if they will not give it to themselves. Once they experience a payoff, the benefits will reinforce the behavior. After that, they are usually able to give themselves permission.

## 6. Realistic Expectations

A common source of stress is unrealistic expectations. People often become upset about something, not because it is innately stressful, because it does not concur with what they expected. Take, for example, the experience of driving in slow-moving traffic. If it happens at rush hour, you may not like it but it will not surprise or upset you. However, if it occurs on a Sunday afternoon, especially if it makes you late for something, you are more likely to be stressed by it.

When expectations are realistic, life feels more predictable and therefore more manageable. There is an increased feeling of control because you can plan and prepare yourself (physically and psychologically). For example, if you know in advance when you have to work overtime or stay late, you will take it more in stride than when it is dropped on you at the last minute.

There is much we can do to help patients by letting them know when their expectations (of themselves and others) are unrealistic. I remember a patient berating himself and feeling guilty because he did not love his stepdaughter as much as his own biologic children. Blended families are common and I suspect many people struggle with his expectation was probably unrealistic, especially early in the new marriage. He felt relieved by this idea and stopped putting pressure on himself to feel something he did not feel.

As for expectations of others, another patient said: “Expect less from people who cannot give you what you want. It makes it easier – not great, just less upsetting.”

## 7. Reframing

This is one of the most powerful and creative stress reducers of which I know. Reframing is a technique used to change the way you look at things in order to feel better about them. We all do this inadvertently at times. For example, many people viewed the baseball strike as a personal disaster whereas others immediately realized they were going to save a lot of time and money by not hotfooting it down to the ballpark whenever the Blue Jays or Expos were in town.

The key to reframing is to recognize that there are many ways to interpret the same situation. It is like the age-old question. Is the glass half empty or half full? The answer of course is that it is both or either, depending on your point of view. As Dr. Joel Goodman put it at The Power of Laughter and Play Conference, Toronto, 1996: “There is more than one meaning to the same reality.” However, if you see the glass as half full, it will feel different than seeing it as half empty because the way we feel almost always result from the way we think. The message of the reframing, then, is that there are many ways of seeing the same thing – so you might as well pick the one you like.

One of the things we can do with patients is help them reframe stressful situations. This most often involves helping them see positives in a negative situation and assisting them in understanding the behavior of other people. It is best to get the patient to provide the input first (to which you can add later) by asking certain questions. The information is more meaningful when it comes from them. For example, I had a patient who lost her job because of a chronic, though not life-threatening illness. I asked if anything positive had come out of this experience and she came up with several things, including “It will make me a stronger person,” “I never liked the work I was doing before. This gives me the change to do what I really want to do,” “It has made my marriage stronger,” “It has brought me closer to my family,” and “I have learned to watch my money and spend more carefully, which I never had to do before.” I then asked her to focus on what is there (what she can still do) rather than what is missing (due to the restrictions of her illness). She replied, “Most things – my hobbies, watch television, go to the cottage, socialize, go out; although some things are still (physically) uncomfortable.” By asking her to think about her illness from a different perspective, she was encouraged to reframe the situation and she felt better emotionally as a result.

In terms of reframing the behavior of other people, ask patients why they think someone did what they did. For example, a woman’s boss was acting critical and domineering towards her. I said, “Assuming your boss is not just evil or malicious, why do you think she might be acting like this?” Answers included, “She is probably insecure,” “She is under a lot of pressure,” and “She is having personal problems.” Performing this exercise helped the patient step outside herself and look at other possible interpretations of her boss’s behavior. After that, her upset was considerably decreased. In fact, after such a discussion some patients feel more compassion than anger for the person who is bothering them.

Notice that reframing does not change the external reality but simply helps people view things differently (and less stressfully). It should be done with a bit of preamble to explain the premise (e.g., using the glass half empty as an illustration) and only after you have acknowledged the validity of the patient’s initial (stressful) interpretation. You are not trying to disrespect their point of view but only to suggest there are other, less stressful ways of looking at the same thing.

## 8. Belief Systems

A lot of stress results from our beliefs. We have literally thousands of premises and assumptions about all kinds of things that we hold to be the truth – everything from, “You can’t fight City Hall” and “The customer is always right,” to “Men shouldn’t show their emotions” and “Children should make their beds,” We have beliefs about how things are, how people should behave and about ourselves (“I can never remember people’s names”). Most of our beliefs are held unconsciously so we are unaware of them. This gives them

more power over us and allows them to run our lives.

Beliefs cause stress in two ways. The first is the behavior that results from them. For example, if you believe that work should come before pleasure, you are likely to work harder and have less leisure time than you would otherwise. If you believe that people should meet the needs of others before they meet their own, you are likely to neglect yourself to some extent. Several patients tell me, "If you want something done right, you have to do it yourself." They do not delegate well and tend to get overloaded.

In the above three cases, the beliefs are expressions of people's philosophy or value system, but all lead to increased effort and decreased relaxation – a formula for stress. There is no objective truth to begin with. These are really just opinions but they lead to stressful behavior. Helping patients uncover the unconscious assumptions behind their actions can be helpful in getting them to change.

The second way beliefs cause stress is when they are in conflict with those of other people. One of my patients had a fight with his son because the child wore the same clothes several days in a row. I asked why it bothered him and he replied "Because you should change your clothes every day." I asked him where this idea originated: "I told him that this was not "the truth," but merely his opinion based on the way he was raised. I said I had lived in cultures where people did not change clothes often and nothing had happened to them. I helped him see that this was a premise he held but one which was not shared by his son. The argument was not over the clothes but merely about a difference of opinion. Once he recognized his belief was not "true," his anger diminished.

We can do much for patients by getting them to articulate their beliefs and then to label them as such. Next, we need to help them acknowledge that their assumptions are not truth but rather opinions and, therefore, they can be challenged. Lastly, we can help patients revise their beliefs or at least admit that the beliefs held by the other person may be just as valid as their own. This is a mind-opening exercise and usually diminishes the upset the patient was experiencing.

### **9. Ventilation/Support System**

We have all had patients who come into the office upset, talking incessantly about a problem, and feeling better when they are finished. They have told their story, cried or made some admission, and the act of doing so in the presence of a trusted and empathic listener has been therapeutic. We often do not have to say much. We just have to be there, listen attentively and show our concern and caring. On other occasions we might offer validation, encouragement or advice, but the combination of the patient being able to ventilate and our support, can be profoundly beneficial.

There is an old saying that "a problem shared is a problem halved." People who keep things to themselves carry a considerable and unnecessary burden. We can do much for patients by allowing them to ventilate or encouraging them to do so. We can also help by urging them to develop a support system (a few trusted relatives, co-workers or friends to talk to when they are upset or worried).

Another form of ventilation that many patients find helpful is writing, for example in a private journal at home. Former tennis star Guillermo Vilas once said: "When my life is going well, I live it. When it's not going well, I write it." When patients are angry, I often suggest they write a letter to the person at whom they are vexed. These letters are not for sending; they should be destroyed once they are written – unread. The value is in expressing the feelings and getting them out. Rereading the letter just reinforces the upset and fans the flames of anger all over again.

### **10. Humor**

Humor is a wonderful stress reducer and antidote to upsets. Laughter relieves tension. In fact, we often laugh hardest when we have been feeling most tense.

One of my patients was lamenting the 15 pounds she gained over the winter and the fact that she could not get into her bathing suit. She had always been sensitive about her weight. While talking about her upset she suddenly stopped, her face softened and a smile came to her lips. "You know what? I have just decided," she said. "I will swim in the dark this year." Another case involved a man who worked in a busy help.. He felt besieged often from several directions at one. He told me he started using a phrase which helped him cope and gave him a laugh; "I love it when they fights over me." In both cases, patients generated their own humor and reduced their upset.

Humor is an individual thing – what is funny to one individual may be hurtful to another. It is wonderful when patients can poke fun at themselves. We can also do this with patients, but have to be careful and respectful in what we say. If you think of something funny that may help the patient, say it if you feel it will ease their tension and not be offensive. I will often throw in a quip or joke when I think it is appropriate. When it is done sensitively, laughter is a general gift to people that you care about.

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### **Conclusion**

One of the most important things we do for patients is teach them about stress management. Even better, we can learn these lessons ourselves and then model them for our patients. Although there are many approaches to stress management, this article has listed 10 ways for reducing stress that are practical, beneficial and which every busy physician can start implementing immediately – for their patients and for themselves.

### **Reference**

Schor, JB: The Overworked American. Basic Books, New York, 1991, p.11.  
Suggested Reading



# Handout 9

# Assessment, Practicum And Action planning

## Activity 9.1 – Develop and Implement Action Plan

### EXAMPLE: ACTION PLAN

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact information: \_\_\_\_\_

Activity	Steps	Completion date	Resources required	Notes
Increase my proficiency with the transcript method	1. Teach a peer to write a transcript of a recent case		<ul style="list-style-type: none"> <li>• Peer</li> <li>• Pens</li> <li>• Paper</li> <li>• Venue</li> </ul>	Organize a private space
	1. critique and discuss the transcript with my peer in a supervision context			
Increase my knowledge and understanding of humanistic counseling theory	1. Ask other counselor for information on humanistic counseling theory		<ul style="list-style-type: none"> <li>• Counselors</li> <li>• Transportation</li> <li>• Photocopier</li> <li>• Internet Access</li> <li>• Plain Paper</li> </ul>	<ul style="list-style-type: none"> <li>• Request permission to use the internet</li> <li>• Organize work transportation</li> </ul>
	1. Visit university library and/or use internet to obtain written information in humanistic counseling			
Hold staff orientation on counseling supervision	Meet with management to debrief them about the outcomes of the counseling supervision training course		<ul style="list-style-type: none"> <li>• Room</li> <li>• Paper</li> <li>• Summary</li> <li>• handouts</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm dates and number of attendees</li> <li>• Prepare handouts</li> <li>• Organize venues</li> </ul>
	Hold half-day seminar to orient fellow Counselors and other key staff (if appropriate) on the importance of supervision in counseling			
Establish my own supervision setup	Formulate a peer supervision arrangement in the workplace		Peer Rooms Paper/pens Contract outline	Obtain management permission

## **General Organizational guidelines for support supervision**

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This document is the result of recommendations from various partners who recognize the importance of supportive supervision and who are implementing it in their programs. Program managers should adapt these guidelines to their local situation and share their results with others.

### **A. Understand the country context and mobilize appropriate national support**

Before implementing supportive supervision, it is important to understand the supervisory systems that have already been established, including knowing who makes the decisions on supervision and how it is funded.

1. Find out what supervision policies currently exist and assess whether they allow for supportive supervision. If there is a policy in place, determine how effectively it is being implemented; assess the number of supervision visits scheduled; and determine the number of visits actually carried out.
2. If supervision is part of integrated Counselling services, find out whether supervisors will be responsible for integrated Counselling care systems or for counseling services alone. Take this into account when budgeting for supervision. (See Case Study 1 on integrated supervision.)
3. Find out who does the supervision and the other responsibilities of these supervisors. Also find out how much time they have to commit to supportive supervision.
4. Build on successful supervision currently in place in other Counselling sectors. Use the same standards, approaches, and vocabulary to ensure consistency. (See Case Studies 1-4 for different approaches to supervision.)
5. If there is no policy or it needs to be updated, participate in its development and/or revision and advocate for appropriate ministries and other stakeholders to be involved in the process.
6. Advocate for financial support to implement supportive supervision by:
  - Using district-level micro planning to estimate what resources are needed for effective supportive supervision.
  - Preparing a budget with actual costs of conducting supportive supervision for Interagency Coordinating Committee (ICC) and Ministry of Counselling (MOH) review. Costs should include funding for supervisor training, per diem for supervisory visits, transportation costs, purchase of vehicles, etc. (See Annex B for a sample budget.)
  - Investigating local resources within the community such as community Counselling committees and local governments.

- Preparing a persuasive argument using available data to advocate to decision makers on the benefits of supportive supervision.
  - Mobilizing senior-level managers to lobby for adequate funding for supervision costs within the ICC, the MOH, and Ministry of Finance (MOF).
7. Advocate for supportive supervision ensure that adequate funds are made available and that these funds are not reduced during the budgeting process.
  8. Incorporate supportive supervision into annual Counselling budgets, national work plans, and financial sustainability plans.
  9. Galvanize institutional support for supportive supervision. Supervisors need standard procedures, authority to make decisions, training, and sufficient funds to carry out their jobs effectively.
  10. Involve senior-level managers to help make all levels of supervision a priority and ensure that all supervisors are held accountable. (See Annex C on different supervision responsibilities at the national and sub national levels, developed by WHO/AFRO.)

### **B. Make supervisors part of the training process**

Supervisors can play a very important role in the training process and their involvement in a training program is critical for buy-in. They can also help ensure that the training needs of the

Counselors are addressed. Below are suggestions on how to involve supervisors in training:

1. Update supervisors on current policies, new counseling practices, techniques, and management skills.
2. Train supervisors on how to coach, mentor, effectively communicate, and conduct performance planning. This will build their supervisory skills to better guide service providers to improve performance and solve problems at the Counselling facility level.
3. Involve supervisors in the training process conducting training needs assessments, building training-of-trainers (TOT) skills, and carrying out workshops. Because they know the issues at the Counselling facility level, supervisors can help identify training needs and performance gaps, and develop training priorities for service providers.
4. Train supervisors on adult learning and training techniques. This will strengthen their capacity to deliver effective on-site instruction and follow-up.
5. Involve supervisors in the development of training curricula and job aids. This ensures buy-in and builds the capacity of the supervisor to effectively transfer skills and knowledge to Counselling workers.
6. Help supervisors build a receptive environment for new techniques by updating all staff on new practices. For example, if a nurse at the Counselling center is going to be trained in new waste disposal practices, the supervisor can brief the Counselling center staff on the new technique and how to support this practice.

### **C. Work with supervisors to plan and conduct supportive supervision**

Many program managers use the following steps to implement supportive supervision in their Counselling programs.

### 1. Prepare in advance for supervisory visits

- o Plan to conduct regular supervisory visits. When supervisory visits are made routinely, supervisors are better able to monitor performance and can identify and address problems before they negatively impact service delivery.
- o Arrange visits when supervisors can observe a counseling session, interview clients, and arrange for staff meetings without adding extra burden to the staff. Some institutions recommend monthly supervisory visits, others quarterly.

Lesser performing Counselling facilities should receive more frequent visits.

- Organize the supervisory visit by:
  - o Reviewing objectives of annual and multi-year plans.
  - o Developing clear objectives for the visits.
  - o Following up on recommendations made during previous visits.
  - o Collecting helpful publications, materials, and supplies for the Counselling facility.
  - o Preparing updates and/or refresher training to present during the visit.
- Plan to spend sufficient time (from several hours, to a full day or more) to conduct the supervisory visit. The amount of time of a supervisory visit varies depending on the needs of the Counselling facility. For example, in some cases a two-day visit would be more effective than just one day. It allows the supervisor enough time for meeting with the Counselor discuss performance goals, meeting with the community, assessing the facility cold chain, and traveling.
- Stick to the schedule and respect the Counselors time. Always schedule a return visit before leaving the site.

### 2. Set expectations for performance

- o Develop job descriptions, expectations, and standards of performance. Supervisors should prepare these together with the staff being supervised.
- o Determine measurable performance goals together with staff. Make sure that the goals are realistic and attainable.
- o Develop measurable indicators, milestones, and tools so that staff can monitor their progress toward goals. (See Annex D for a sample work plan.)
- o Develop a supervisory team within the Counselling facility that can provide day-to-day support and supervision.
- o Introduce a self-assessment/feedback system.

### 3. Monitor and assess performance of the Counselling facility

- o Observe counseling sessions and note strengths and weaknesses. (See Annex E for observation worksheet.)
- o Talk to clients about the quality of services, preferably away from the Counselling facility. You will be more likely to receive honest answers.
- o Involve the community in the evaluation process. Ask community members how they are treated when they visit the facility. Do they know about reactions to counseling? Do

they know what to do about them? Do they know when to return? Meet with designated community leaders during the visit to get their feedback.

- o Check the availability of stock and the condition of equipment.
- o Check cold chain and vaccine quality.
- o Review Counselling facility records, including coverage and dropout rate monitoring charts.
- o Meet with the supervision team within the facility and ask for additional feedback on service delivery.
- o Use information gathered during the visit to discuss progress with the Counselling facility team.
- o Always start out by presenting the Counselling staff and facility's positive attributes.
- o Review indicators, milestones, and performance with staff.
- o Assess performance goals and make adjustments as needed.
- o Both the supervisor and supervisee should keep a written log/record of items discussed, including strengths and weaknesses, and actions to be taken (by whom and by when).

#### **4. Identify gaps and solve problems in positive ways**

- o Praise Counselors in public for good performance and for practices that meet quality standards. Correct performance only in private.
- o Provide staff with informational updates on policies or new recommended practices.
- o Discuss findings and recommendations with the Counselling facility team:
  - o Ask the staff to identify areas of strength and weakness. A supervisor can serve as a facilitator and help the staff develop strategies for solving problems.
  - o Give constructive feedback.
  - o Find causes and reasons for poor performance. Is it a capacity issue? An equipment or supply issue? Motivation?
  - o Discuss, listen, give feedback, and solve problems together.
  - o Review coverage data and drop-out rates. Work with the team to identify reasons for drop-out rates and strategies for improvement.
  - o Set target coverage rates for improvement.

#### **5. Provide support and strengthen capacity of Counselling care providers to meet performance goals**

- o Identify information/training needs together with staff.
- o Work with Counselling facility and district- or central-level authorities to set priorities.
- o Provide on-site updates and training.
- o Develop job aids according to priorities. Be prepared to leave job aids at the Counselling facility, but consider leaving behind only the job aids related to priorities.
- o Follow up on equipment and supply problems in a timely manner with the district or central level authorities.
- o Work on ways to improve the delivery system with the district- or central-level authorities.

#### **D. Stay motivated**

Staying motivated to use supportive supervision can be a challenge. Motivation can decline when supervisors and Counselors are poorly paid or transferred, and when results are hard to see.

Staff can become discouraged when performance planning is burdensome. The following

suggestions may help:

- o Give praise and recognition to Counselors for what they are doing right. Even if monetary recognition is not possible, recognition can come in other forms. Service providers can be recognized in official letters, newspapers, newsletters, by awarding certificates acknowledging good work, and by receiving new uniforms, pins, bags, or prizes for a job well done.
- o Identify career growth or leadership opportunities and provide guidance and training needed for advancement.
- o Involve Counselors in the planning process and encourage supervisors to work together with Counselling facility staff and the community to develop checklists, job aids, monitoring tools, etc.
- o Act on feedback from the Counselors. For example, if a Counselling center needs more test kits and a supervisor is able to lobby the central-level authorities to procure one, Counselors will feel valued and that they have an impact.
- o Establish regular monthly meetings with all Counselling facilities within a district. The meetings could coincide with when Counselors collect their pay. This provides an opportunity for Counselors to learn new approaches and strategies used in different Counselling facilities and to receive continuing education. It can also be a forum to acknowledge their achievements and their sites. Work with organizers to ensure that time is allocated for this.

### **E. Build sustainability**

The first step to ensuring sustainability of supportive supervision is to institutionalize it within the government system. This can be done in several ways:

- o Incorporate supervision into the national budget and work plan or into the district-level micro plans. This helps make supervision a recurring, funded cost.
- o Increase decision maker and manager awareness of the benefits of supportive supervision by:
  - Collecting data on positive results gained from supportive supervision, such as improved performance of Counselors, improved counseling coverage, or increased utilization of resources.
  - Lobbying government officials and decision makers on the benefits and effectiveness of supportive supervision. Show data on improved quality, cost-effectiveness (e.g. reduced vaccine wastage), and increased coverage.
  - Continually advocating for supportive supervision at the central-, district-, and Counselling center-levels to maintain visibility of supportive supervision as a key element to quality service delivery.
- o Develop a team approach to increase supportive supervision at a Counselling facility and make it a routine procedure, with or without frequent visits from the central or district level. Counselling facility staff can develop supervision plans that fit their structures and conduct regular self-assessments to monitor their performance.

### **Conclusion**

Supportive supervision fosters a collaborative approach to strengthen health worker performance and counseling services. It has been an effective tool for improving performance for many organizations. These guidelines and tools can be adapted. They can provide a starting point to develop a supportive supervision system or help to streamline already existing supervision systems.

## **ASSESSMENT ESSAY**

**What to do:**

- Select a topic from your OWN experience. The trainers are looking for evidence of your understanding of issues and how you apply your knowledge. Thus, it is important that you write about what you know.
- Demonstrate in your essay your understanding and application of concepts or issues that were covered during the counseling supervision training course.
- You are not expected to have all the answers or strategies. However, the trainers want to see that you have thought through your issues and been creative about how you have addressed them or how you would like to address them.
- Keep the discussion as practical as possible.
- Make sure the information you provide is clear, flows easily and makes sense.
- Make sure you structure the essay so that it has an introduction, body (the “meat” that describes, discusses and analyzes) and conclusion/concluding remarks.
- • Stick to the word limit of about 1,000 words. (The trainers do NOT want a book, but they do want more than just a paragraph.)

**What not to do:**

- Do not use fancy language in an effort to impress the trainers.
- Do not write only a general description of an issue with no analysis or discussion.
- Do not discuss unrealistic or unachievable outcomes or situations.
- Do not be vague or unclear, as this will make it difficult for trainers to determine whether you really understood the course content and how it applies to your situation.
- Cover any one of the following topics (some examples are provided, but be creative and identify your own examples that are relevant to your situation):
- Workplace issues related to counseling practice or supervision (e.g., referral practices, lack of supervision opportunities, burnout).
- Case study and how it was handled.
- Ethical dilemma and how it was handled (e.g., partner notification, reporting results, mandatory testing of subgroups, confidentiality limits).
- Policy issues related to counseling practice or supervision (e.g., supervision as a requirement or age of consent).
- Supervision strategies (e.g., developing a peer supervision group).



## POST TRAINING ASSESSMENT

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### **Objective:**

During the Post-Training Assessment session participants will:

- Complete a Post-Training Assessment Test

### **Time: 45 minutes**

### **Materials/Preparation:**

- Post-Training Assessment Test (one for each participant)

### **Trainer Notes:**

- Remind participants that they are not to talk during the test unless they have a question for the trainer about the test.
- Tell participants to begin the test, and tell them you will let them know when there are only 5 minutes left.
- Collect the tests at the end of the period. (Note to trainer: If the majority of the participants have not completed the test, then give them more time.)
- The goal is to give the participants every opportunity to pass.)
- Determine when you will give back the graded/ marked Post-Training Assessment Tests, and inform the participants (e.g., the next day or during the workplace observation visit).

### **Note to trainer:**

Be sure you give yourself enough time to mark them.

- Use the Answer Key in the Pre-Training Assessment section to score the Post-Training Assessment Tests.
- When time permits (but before the workplace observation visit), compare the Pre-Training Assessment

Test score with the Post-Training Assessment

Test score of each individual as a means for evaluating the participant's performance in the course.

## **RESOURCES AND CONTACTS**

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### **Books, Manuals, and Documents**

1. Bishop, V. Clinical Supervision Questionnaire Results. *Nurs Times*. 1994 Nov 30-Dec 6. 90(48): 40-2.
2. CAPTC (1997). HIV/STD Supervisor Training. CAPTC California, USA
3. Carroll, M., and Holloway, E. (Eds.) 1998. *Counseling Supervision*. California: Sage Publications.
4. Dryden, W. 1991. *Training and Supervision for Counseling in Action*. California: Sage Publications.
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6. Family Health International. 2002. *Quality Assurance Tools*. Washington, DC: Family Health International.
7. Holloway, E. 1999. *Training Counselling Supervisors: Strategies, Methods and Techniques*. California: Sage Publications.
8. Inskipp, F., and B. Proctor. 1994. *The Art, Craft and Tasks of Counseling Supervision*. Parts 1 and 2. London: Cascade.
9. Loganbill, C., E. Hardy and U. Delworth. Supervision: A Conceptual Model. *Journal of Counseling Psychology*. 1982 (10): 3-42.
10. Nelson Jones, R. 1997. *Practical Counseling and Helping Skills*. U.K.: Redwood Books.
11. UNAIDS. 2000. *Tools For Evaluating Voluntary Counseling and Testing*. Best Practice Collection. Geneva: UNAIDS.
12. UNAIDS. 2000. *The Impact of Voluntary Counseling and Testing: A Global Review of the Benefits and Challenges*. Best Practice Collection. Geneva: UNAIDS.
13. Practice Collection. Geneva: UNAIDS.

### **Websites**

Australian Psychological Society. For articles, code of ethics, training manuals.  
Website: <http://www.bhs.mq.edu.au/aps/publications/>

British Association of Counselors. 1990. For information on international training courses and links to relevant publications.  
Website: [www.bacp.co.uk](http://www.bacp.co.uk)

Family Health International. For technical documents on VCT and care and support. Website: [www.fhi.org](http://www.fhi.org)  
Sage Publications. Books on counseling supervision. Website: [www.sagepub.com](http://www.sagepub.com)





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