

# MODULE 4:

## Communication and Counseling Skills



**DURATION:** 210 minutes (3 hours, 30 minutes)



### LEARNING OBJECTIVES:

By the end of this Module, participants will be able to:

- Reflect on their own attitudes, values and beliefs and discuss how these may affect communication with others
- Describe the importance of effective communication and counseling skills in PMTCT and HIV care and treatment settings
- Discuss the basic principles of counseling and challenges to implementing these principles
- Discuss what is meant by shared confidentiality and why it is important
- Demonstrate the 7 key counseling and communication skills
- Know how to communicate effectively in front of a group



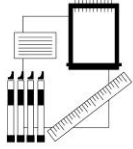
### CONTENT:

- Session 4.1: Introduction: Our Own Values and Attitudes
- Session 4.2: What Is Counseling?
- Session 4.3: Key Counseling Skills for Peer Educators
- Session 4.4: Communicating to Groups
- Session 4.5: Classroom Counseling Practicum
- Session 4.6: Module Summary



### METHODOLOGIES:

- Large group discussion
- Interactive trainer presentation
- Role-play
- Small group work



### **MATERIALS NEEDED:**

- Flip chart
  - Markers
  - Tape or Bostik
  - Case study cards for *Session 4.5*
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### **WORK FOR THE TRAINER TO DO IN ADVANCE:**

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
  - Practice the role-plays in *Session 4.3* with co-trainers, or with participants who volunteer to help with this session.
  - Prepare case study cards for *Session 4.5*.
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## SESSION 4.1: Introduction: Our Own Attitudes and Values (15 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

- Step 1:** Review the Module learning objectives.
- Step 2:** Ask participants to describe a situation in which they could see a health care provider, counselor or Peer Educator's negative attitudes and values. For example, a nurse may have made you feel like you were to blame for having HIV or a counselor made a pregnant woman with HIV feel like she was a bad mother.
- Step 3:** Ask participants what some of their own values, attitudes and prejudices are about HIV and PLHIV. Use the content below to explain these terms.
- Step 4:** Remind participants that even though everyone is entitled to his or her own opinions, it is important to be respectful and non-judgmental when working as a Peer Educator and communicating with clients and other community members.

### KEY INFORMATION

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#### Key terms:

- **Attitudes and values** are feelings, beliefs and emotions about a fact, thing, behavior or person. For example, some people believe that having multiple sexual partners is okay as long as you **practice** safer sex, while other people believe that this is wrong.
- **Prejudices** are negative opinions or judgments made about a person or group of people before knowing the facts. For example, assuming that a person with HIV must be promiscuous or that truck drivers sleep around are both prejudices.
- **Being self-aware** means knowing yourself, how other people view you and how you affect other people.

#### Peer Educators should always:

- Think about the issues related to their own attitudes, values and prejudices and how they affect their ability to help provide effective counseling and support services to clients and community members
- Be sensitive to the culture, values and attitudes of their clients, even if they are different from their own
- Learn some of the main culture, values and attitudes of the people with whom they are working at the facility and in the community
- Examine their own values and beliefs in order to avoid prejudice and bias. Make all people feel comfortable and that it is “safe” to talk with them openly and honestly

**Remember: Prejudice, stigma and negative attitudes drive the HIV epidemic, so Peer Educators should avoid them!**

## SESSION 4.2: What Is Counseling? (30 minutes)

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### TRAINER INSTRUCTIONS

#### Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants to describe a time when they received good counseling from someone (a doctor, nurse, friend, family member, Peer Educator, spiritual leader, etc.) Ask participants what made the counseling good. Why was the counseling helpful?
- Step 2:** Ask participants to now describe a time when they received bad counseling from someone. Ask participants what made the counseling bad.
- Step 3:** Facilitate a discussion on the purpose of counseling, and what counseling is and is not, using the content below. Be sure to talk about times when Peer Educators should refer clients to a trained counselor or other member of the multidisciplinary team.
- Step 4:** Ask participants why it is important to keep counseling sessions confidential and what is meant by the phrase “shared confidentiality.” Ask participants to discuss the importance of privacy (both visual and auditory) during counseling. Use the content below to fill in, as needed.
- Step 5:** Remind participants that this Module and others are meant to prepare them to be great communicators and counselors.

## KEY INFORMATION

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### What is counseling?

- Counseling is a two-way communication process that helps people look at their personal issues, make decisions and plan how to take action.
- The aim of counseling is not to solve every problem but to improve the client’s coping skills.
- Counseling helps people talk about, explore and understand their thoughts and feelings.
- Counseling helps people work out what they want to do and how they will do it.

### Counseling includes:

- Establishing supportive relationships
- Having conversations with a purpose (not just chatting)
- Listening attentively
- Helping people tell their stories without fear of stigma or judgment
- Giving correct and appropriate information
- Helping people to make informed decisions
- Exploring options and alternatives
- Helping people to recognize and build on their strengths
- Helping people to develop a positive attitude toward life
- Respecting everyone’s needs, values, culture, religion and lifestyle

**Counseling does not include:**

- Solving someone's problems
- Telling someone what to do
- Making decisions for another person
- Blaming the person
- Interrogating or questioning the person
- Judging the person
- Preaching or lecturing to a person
- Making promises that cannot be kept
- Imposing one's own beliefs on another person

**Remember: Some clients may need professional counseling services that are beyond what Peer Educators are trained to do.** Peer Educators should always talk with other members of the multidisciplinary team if they have a difficult case or are unsure what to do.

**Peer Educators should refer clients to a trained counselor right away if:**

- They are very depressed
- They are very anxious
- They are thinking about suicide
- Things are not getting better after counseling sessions
- The Peer Educator is unsure what to do

**Shared confidentiality:**

In order for clients to trust Peer Educators with their feelings and problems, it is important for them to know that this information will be kept confidential. This means that Peer Educators and other members of the multidisciplinary care team will not tell other people what the client says, that the client is HIV-positive or any other information about the client. Confidentiality is especially important in HIV programs because of the stigma surrounding HIV and discrimination against PLHIV in the home, at work, at school and in the community.

Because multidisciplinary teams take care of clients, sometimes they need to discuss a client's needs and health status with one another to provide the best care possible.

**Shared Confidentiality**

Shared confidentiality means that information about a client is disclosed to another person involved in the client's care – a member of the multidisciplinary team, a community health worker, a treatment supporter, etc. – *with the client's consent.*

Peer Educators will come from the same community as the recipients of their services. This might make some people who know them uneasy, especially in the beginning. Peer Educators need to assure clients that they will not discuss their concerns, health or problems with people in the community.

**Privacy:**

**PRIVACY is a very important part of quality counseling.** Even though space is a challenge in most HIV prevention, care and treatment programs, it is important that the multidisciplinary team works together to create private areas where counseling can take place. It is important that other people cannot see or hear a private counseling session and that there are no interruptions while counseling is taking place.

## SESSION 4.3: Key Counseling Skills for Peer Educators (75 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Role-Play, Interactive Trainer Presentation**

**Step 1:** Tell participants that in this session, we will learn and practice the 7 most important skills to being good counselors and communicators.

**Note:** There are a number of role-plays included in the content below. These should be performed by 2 of the trainers. With adequate preparation, one of the participants could also perform part of the role-play (although they are not included in the Participant Manual, so this would require extra preparation).

**Step 2:** Start by asking participants to turn to their neighbor. One person should talk about the best day of her or his life, while the other person listens – and does not say anything at all. Switch roles so the other person has a chance to talk while the other person just listens. Ask participants how it felt to be the speaker and the listener. Use this experience to discuss the importance of **non-verbal communication**, using the content and demonstration role-plays below.

**Step 3:** Next, introduce the importance of using **open-ended questions** to start and continue a counseling session, using the content below. Ask participants to change closed-ended questions into open-ended questions, using the examples below. Perform the demonstration role-plays and discuss as a large group.

**Step 4:** Continue working through each of the 7 counseling and communication skills, using the content and demonstration role-plays below. For each, describe and discuss the skill and why it is important for quality counseling. Then, with a co-trainer (or a participant), role-play the demonstrations given under each skill and discuss what was good and bad about each as a large group. If time allows, ask participants to turn to their neighbor to practice some of these skills.

**Step 5** Remind participants that they will be using the skills learned in this Module throughout the training and every day in their work as a Peer Educator.

### KEY INFORMATION

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There are 7 essential skills that Peer Educators should practice and use in their work:

Skill 1: Use helpful non-verbal communication.

Skill 2: Ask open-ended questions.

Skill 3: Actively listen and show interest in your client.

Skill 4: Reflect back what your client is saying.

Skill 5: Show empathy, not sympathy.

Skill 6: Avoid judging words.

Skill 7: Help your client set goals and summarize each counseling session.

## Skill 1: Use helpful non-verbal communication

- Make eye contact.
- Face the person.
- Be relaxed and open with your posture.
- Sit next to the person you are counseling. Do not sit behind a desk!
- Dress neatly and respectfully.
- Use good body language – nod your head and lean forward.
- Smile.
- Do not look at your watch, the clock or anything other than the person you are talking with.
- Try not to write during a counseling session, unless you are recording key information for the client to take home or for your records. Turn your mobile phone off and never take calls during a counseling session.

### Role-play: Non-verbal communication

What not to do Non-verbal communication	What to do Helpful non-verbal communication
Client walks in	Client walks in
Peer Educator: Hello. My name is _____ (name). (Peer Educator is filling in the register from behind a desk)	Peer Educator: Hello. My name is _____ (name). (Peer Educator keeps filling in the register)
Client: I have some questions about my risk of HIV.	Client: I have some questions about my risk of HIV.
Peer Educator: Please sit down (speaking in a hurried fashion). What were your questions? (Peer Educator still looking at the register)	Peer Educator: (Looks at client, stops writing in the register, and moves chair so that it is not behind the desk) Please sit down. What were your questions? (Leans forward, not crossing legs)
Client: Well, I think my husband might be infected.	Client: Well, I think my husband might be infected.
Peer Educator: (No response and still filling in the register)	Peer Educator: (Looks warmly, yet with concern, at client. Optional: demonstrate appropriate touch)
Client: (Clears throat to get Peer Educator's attention)	----
Peer Educator: Oh sorry (she finally stops writing and looks at watch). Yes, go ahead, you said that you are concerned that your sister might be infected? (Peer Educator's hands are folded, legs crossed and facing away from client, looking across the room with expression suggesting disinterest)	Peer Educator: You look concerned, why do you think he might be infected? (PE looks at client, leaning forward and not crossing legs)
Client: Well no, actually it was my hus..., actually it's okay. Don't worry, sorry to have bothered you.	Client: (Proceeds to tell her story)

## Skill 2: Ask open-ended questions

### Closed-ended questions:

Closed-ended questions can be answered with a one-word or short answer. Examples of closed-ended questions are, “How old are you?” “What is your CD4 count?” and “Do you have children?”

Closed-ended questions are good for gathering basic information at the start of a counseling or group education session. They should not be used too much because they can make it seem that the Peer Educator is being too direct. They are not helpful in getting at how the client is really feeling.

### Open-ended questions:

Open-ended questions cannot be answered in one word. People answer open-ended questions with more of an explanation. Examples of open-ended questions are, “Can you tell me more about your relationship with your partner?” or “How does that make you feel?”

Open-ended questions are the best kind to ask during counseling and group education sessions. They help clients explain their feelings and concerns and also help Peer Educators get the information they need to help clients make decisions.

### Examples of closed- and open-ended questions

Closed-ended question	Open-ended question
Do you have safer sex?	How do you negotiate safer sex with your partner?
Do you have more than one sex partner?	There are a lot of ways to reduce risk for HIV – like not having sex, being faithful to each other and using condoms. Which would work best for you based on your situation?
Do you use condoms?	What challenges do you have using condoms with your partner?
Do you drink alcohol when you are upset?	What are some of the ways you relieve stress or anger?
Did your partner get tested?	How would you feel about asking your partner to get tested so you can both be as healthy as possible?
Do you want to have children in the future?	How do you feel about having a bigger family? What concerns do you have?
Do you have someone you can talk with about taking your medicines the right way?	Tell me more about the people you have disclosed to and how they could help you remember to take your medicines.
Do you know how to prevent transmission of HIV to your baby?	I want to make sure that I have explained everything well to you – can you tell me what you understand about ways you can protect your baby from HIV?
Do you exclusively breastfeed your baby?	Can you tell me more about how you feed your baby?

**Role-play: Open-ended questions**

<p style="text-align: center;"><b>What not to do</b> <b>Closed-ended questions</b></p>	<p style="text-align: center;"><b>What to do</b> <b>Open-ended questions</b></p>
<p>Client walks in</p>	<p>Client walks in</p>
<p>Peer Educator: Hi, how are you? I'm _____ (name). I am a Peer Educator. Today, as part of your ANC visit, I will be discussing with you HIV, HIV testing and ways you can protect your health, the health of your baby and your family.</p>	<p>Peer Educator: Hi, how are you? I'm _____ (name). I am a Peer Educator. Today, as part of your ANC visit, I will be discussing with you HIV, HIV testing and ways you can protect your health, the health of your baby and your family.</p>
<p>Client: OK</p>	<p>Client: OK</p>
<p>Peer Educator: Do you know how HIV is transmitted?</p>	<p>Peer Educator: Tell me, how do you think HIV is transmitted?</p>
<p>Client: Yes, I think so.</p>	<p>Client: Well, I'm not sure, but I think you can get it from sex.</p>
<p>Peer Educator: OK, great. And do you know how HIV is passed from mother to baby?</p>	<p>Peer Educator: Yes, that's right. How else is do you think it is transmitted?</p>
<p>Client: Um, yes, I guess so.</p>	<p>Client: By kissing and blood transfusions.</p>
	<p>Peer Educator: You are correct in stating that HIV is transmitted by blood transfusions if the blood is not screened. However, blood is screened, so the chance of HIV transmission through transfusions is very, very low.</p> <p>But, HIV isn't actually transmitted by kissing. The reason is.....</p>
	<p>Client: Hmm. That's very interesting.</p>
	<p>Peer Educator: What have you heard about mother-to-child-transmission of HIV?</p>
	<p>Client: Well, I've heard that HIV is transmitted from mom to baby. So I guess if I'm HIV-positive, that means that my baby will be positive too, right?</p>
	<p>Peer Educator: Not necessarily. A mother with HIV can pass HIV to her baby during pregnancy, labor and delivery, and breastfeeding. But not all women who have HIV will pass it to their babies. It is important that you and your baby get care and treatment here at this clinic to stay healthy and lower the chances that your baby will get HIV.</p>

### Skill 3: Actively listen and show interest in your client

#### Active listening skills:

- Listen in a way that shows respect, interest and empathy.
- Show the person you are listening by saying “okay” or “mmm hmm.”
- Use a calm tone of voice – not directive.
- Listen to the content of what the person is saying – are there themes?
- Listen to how they are saying it – do they seem worried, angry, etc.?
- Allow the person to express her or his emotions. For example, if she is crying, allow her time for this.
- Never judge a person or impose your own values.
- Keep distractions to a minimum and try to find a private place to talk.
- Do not do other tasks while talking to a person.
- Do not interrupt the person.
- Ask questions or gently probe if you need more information.
- Use open-ended questions that can’t be answered with “yes” or “no.” For example, “Can you tell me a bit more about that?”

#### Role-play: Active listening

What to do
<b>Gestures and responses that show interest</b>
Peer Educator: How do you think your partner will react if you invite him to come to the clinic for an HIV test?
Client: Actually, I’m really very worried about it. I was hoping you wouldn’t ask, to tell you the truth.
Peer Educator: Mmm hmm (nods sympathetically).
Client: I think my husband will accuse me of being HIV-infected if I’ve been tested, even if I don’t even have my result yet.
Peer Educator: He’ll accuse you of being infected?
Client: Well, mostly because he’ll be angry that I went ahead and agreed to be tested without telling him first.
Peer Educator: Mmm hmm.
Client: Last time I was sick and went to the clinic without asking him, he got angry with me for spending the money to see the doctor and get some tests done. I think he’s going to react the same way.
Peer Educator: So, really, it seems like it’s not that he minds you getting an HIV test, it’s that he minds that you did so without consulting with him first. So, would you prefer not to get the HIV test today and instead wait until the next visit?

## Skill 4: Reflect back what your client is saying

### Reflecting skills:

The Peer Educator repeats back to the person the main themes and feelings that the person communicated to him/her.

Reflecting also:

- Provides feedback to the person and enables the person to confirm that she or he has been listened to, understood and accepted
- Helps promote discussion
- Shows understanding of the person's story
- Helps Peer Educators check the clarity of their understanding
- Provides a good alternative to always responding with questions
- Can reflect the content of what is being said as well as the feelings the person has about the situation
- For example, after the person talks for awhile about his/her feelings and situation, the Peer Educator can say, "So I sense that you feel \_\_\_\_\_ because \_\_\_\_\_." Or, "I'm hearing that when \_\_\_\_\_ happened, you didn't know what to do."

### Role-play: Reflecting skills

#### What to do Reflecting back

Peer Educator: What do you think about telling your partner about your HIV-status? Maybe he could be your treatment supporter?

Client: Well, I honestly don't think I could ever bring up the subject to him. I really think he'd have a fit and say that I have been sleeping around.

Peer Educator: It sounds like disclosing to your husband is something that you would actually be hesitant, maybe even afraid, to do right now.

Client: Yes, that's right.....

## Skill 5: Show empathy, not sympathy

Empathy or empathizing is a skill used in response to an emotional statement.

- Empathy shows an understanding of how the client feels and encourages the client to discuss the issue further.
- Empathy is different than sympathy. When you sympathize, you feel sorry for a person and look at her or him from your own point of view.
- For example, if the client says, “My baby wants to feed very often and it makes me feel so tired,” the Peer Educator could respond by saying, “You are feeling very tired all the time then?” If the Peer Educator responds by saying, “I know how you feel. My baby also wanted to feed often and I was exhausted!” this is sympathizing because attention is on the Peer Educator and her experiences rather than on the client.

### Role-play: Showing empathy vs. sympathy

What not to do Sympathizing	What to do Empathizing
Peer Educator: What do you think about asking your partner to use condoms?	Peer Educator: What do you think about asking your partner to use condoms?
Client: I'd really be afraid that he might hit me, or even worse.	Client: I'd really be afraid that he might hit me, or even worse.
Peer Educator: Yes, I know what you mean, that happened to my sister. She actually did ask her husband to use condoms and you know what? He hit her then he made her leave the house. He didn't let her come back for two full days.	Peer Educator: It sounds like you're afraid of your husband's response.
Client: So did your sister go back?	Client: You're right, I am. It's not just about asking him to use condoms. I'm also fearful that he'll be upset if dinner is late, if the house isn't tidy, if the children aren't behaving properly, or for a lot of other reasons.

## Skill 6: Avoid judging words

- Judging words are words such as “right,” “wrong,” “well,” “badly” and “properly.” Using the words “these people” or “those people” to describe people living with HIV is also judgmental.
- If a Peer Educator uses these words when asking questions, the client may feel that she or he is wrong, or that there is something wrong with her or his actions or feelings.
- However, sometimes Peer Educators need to use the “good” judging words to build a client's confidence.

### Role Play: Avoiding judging words

What not to do Using judging words	What to do Avoid words that sound judging
Peer Educator: What do you think about asking your partner to use condoms?	Peer Educator: What do you think about asking your partner to use condoms?
Client: Honestly I don't feel comfortable with it.	Client: Honestly I don't feel comfortable with it.
Peer Educator: (Surprised) Really? That's the wrong way to feel! Have you had a good conversation about condoms?	Peer Educator: Mmm hmm.
Client: No, not really.	Client: It came up once many years ago before we got married. He said that condoms were uncomfortable and will give him kidney problems.
Peer Educator: He's stupid isn't he? I hope you are a good girl and have a good conversation about condoms and how condoms prevent HIV, STIs and pregnancy.	Peer Educator: I've heard other women say that as well. Have you ever had a talk with him about using condoms to protect the baby's and your health? Also, condoms definitely won't cause any kidney problems – that is a myth.
Client: Yes, I will.	Client: That's a good idea, maybe I'll try that.

## **Skill 7: Help your client set goals and summarize each counseling session**

### **Goal-setting skills:**

Towards the end of a counseling session, the Peer Educator works with the person to come up with “next steps” to solve their issues in the short and long term.

Next steps and goals:

- Should be developed jointly by the Peer Educator and the person receiving counseling
- Can empower people to achieve what they want by agreeing to realistic short- and long-term goals and actions
- Provide direction and must be results-oriented
- Must be clear enough to help people measure their own progress (people feel good when they achieve something they have set out to do)
- To start, the Peer Educator could say, “Okay, now let’s think about the things you will do this week based on what we talked about.”

### **Summarizing skills:**

The Peer Educator summarizes what has been communicated during a counseling session and clarifies the major ideas and next steps.

Summarizing:

- Can be useful in an ongoing counseling session or in making sure you are clear on important issues raised during a counseling session
- Is best when both the Peer Educator and client participate and agree with the summary
- Provides an opportunity for the Peer Educator to encourage clients to examine their feelings about the session
- The Peer Educator could say, “I think we’ve talked about a lot of important things today. (List main points.) We agreed that the best next steps are to \_\_\_\_\_.  
Does that sound right? Let’s plan a time to talk again soon.”

## SESSION 4.4: Communicating to Groups (20 minutes)



### TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

- Step 1:** Ask if any of the participants have ever spoken to a group of people before. Ask them to share their experiences. What was helpful when speaking? What could have made it better? What did you take away from your speaking experience?
- Step 2:** Ask if any of the participants have ever participated in a group education session. Ask them to share their experiences. What was helpful about the session? What could have made it better?
- Step 3:** Remind participants that, as Peer Educators, they will be speaking with individuals, couples, family members and large groups. They will work with the multidisciplinary team to conduct group education sessions with clients.
- Step 4:** Review the major differences between one-on-one counseling and group education below, and go over the key points. Remind participants that they will be able to practice speaking in front of a group later in the training. *Module 8* includes information on leading group education sessions at the clinic and *Advanced Module 19* includes information about leading support group meetings.

### KEY INFORMATION

Peer Educators will be asked to conduct one-on-one counseling as well as lead group education sessions in their work at clinics and in the community. While many of the good practices used in counseling can also be used in group education sessions, there are a few differences Peer Educators should be aware of.

**In general, these are the major differences between counseling and group education:**

One-on-one counseling	Group education
Confidential (or shared confidentiality)	Not usually confidential within the group
Usually one-on-one or with couples	With small or large groups of people who may not know each other
Based on needs of individual client(s)	Usually has a pre-set curriculum/content areas
Focused on specific actions and feelings of the client(s)	More general and less personalized

**Important points to remember when speaking in front of a group:**

- Be sure to plan the group session ahead of time and practice what you are going to say.
- Do not stand behind a desk or other furniture.
- Encourage participants to sit in a semi-circle to make it more comfortable to talk and less like a classroom. The person leading the session should be part of the semi-circle. Make sure you can make eye contact with everyone and that no one is staring at your back.
- Speak loudly enough so everyone can hear you clearly, but so that you are not shouting.
- Start by explaining the goals and content areas of your topic and ask if there are any questions.
- Lead an introductory activity (have people introduce themselves, or say something about their family) so participants feel more comfortable with one another.
- Interact with participants and engage them by moving around the room, asking questions, and asking people to share personal stories/concerns, etc.
- Acknowledge that the people attending will know something about the topic being discussed. Encourage them to share what they know and use it as an opportunity to identify and correct any misconceptions.
- Make eye contact with all members of the group.
- Check in regularly to make sure participants are engaged and understand the messages.
- Pay attention to people who seem shy or quiet and emphasize that everyone's personal experiences, questions and concerns are important.
- Use visual aids and avoid lecturing.
- Encourage participants to speak with you in private afterward if they have concerns they do not want to share with the group.
- Ask group participants to summarize what they have learned and actions they will take at the end.
- Always leave time for questions and re-explain anything that was not understood completely.

## SESSION 4.5: Classroom Counseling Practicum (60 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Small Group Work, Role-Play, Case Studies**

- Step 1:** Break participants into 5 small groups. Pass out one of the pre-prepared case study cards to each group (the case studies are also included in the Participant Manual). Ask each group to read their case and then to select one person who will play the role of the Peer Educator, another the role of the client, and the others will play the role of observer. Refer participants to *Appendix 4A*, which is a checklist of the key counseling and communication skills practiced in this Module.
- Step 2:** Ask the groups to start their role-play. The client should spend 5-10 minutes talking to the Peer Educator about her or his concerns. The Peer Educator will practice as many of the listening and learning skills as possible in the time given.
- Step 3:** After 5-10 minutes, stop the exercise and ask the observers to provide feedback on each of the skills and techniques observed, using the checklist in *Appendix 4A* as a guide.
- Step 4:** As time allows, repeat this exercise until everyone has had an opportunity to practice the role of Peer Educator.
- Step 5:** Bring the large group back together to debrief the activity. If time allows, ask some of the small groups to perform their role-play for the large group. Close the session by reminding participants that good communication and counseling skills are very important skills when working as a Peer Educator. We should all work hard to improve our own counseling skills and help other Peer Educators improve their skills as well.

### KEY INFORMATION

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#### Case Study 1:

M\_\_\_ is a client you see regularly at the ART clinic. He tells you that he has a male partner that he sees on the weekends. He is very worried that his family and co-workers will find out.

#### Case Study 2:

S\_\_\_ meets with you after testing positive for HIV. He is very angry and tells you the test must be wrong because he has only had sex with 2 people in his whole life and they were very healthy.

#### Case Study 3:

N\_\_\_ is pregnant with her first baby and has found out she has HIV. She says she is so frightened that her husband might find out when he sees these medicines from the hospital.

**Case Study 4:**

L\_\_\_ is enrolled in the care and treatment program and started taking ART about 4 months ago. She starts crying because she was not able to get enough money to pay for the bus to the hospital last month, so she has stopped taking her ARVs.

**Case Study 5:**

B\_\_\_ is living with HIV. She had her second child about 7 weeks ago. She comes to the clinic today and is very frightened that the baby is going to get sick and die.

**Note:** Some of the preceding information in this Module was adapted from the following sources:

WHO & CDC. (2008). *Prevention of Mother-to-Child Transmission of HIV Generic Training Package: Trainer Manual*.

## SESSION 4.6: Module Summary (10 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

## KEY INFORMATION

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### THE KEY POINTS OF THIS MODULE INCLUDE:

- Our own attitudes, values and prejudices should not be a part of communication and counseling with clients and other community members.
- Counseling is a way of working with people to understand how they feel and help them decide what they think is best to do in their situation.
- Peer Educators are not responsible for solving all of the client's problems.
- Peer Educators' role is to support and assist the client's decision-making process.
- There can be many challenges to providing quality counseling in PMTCT and ART clinics, including lack of time and lack of private counseling space.
- It is important for clients to know that what they say will be kept private. Peer Educators should practice shared confidentiality.
- Peer Educators should work with the multidisciplinary care team to ensure that there is private counseling space available and that counseling sessions are not interrupted for any reason.
- These are the 7 key listening and learning skills Peer Educators should always use:
- Use helpful non-verbal communication.
  - Ask open-ended questions.
  - Actively listen and show interest in your client.
  - Reflect back what your client is saying.
  - Show empathy, not sympathy.

**(KEY POINTS, CONTINUED)**

- Avoid judging words.
- Help your client set goals and summarize each counseling session.
- Peer Educators will also be expected to speak with groups and practice good group communication skills.

## APPENDIX 4A: Counseling and Communication Checklist

Counseling and Communication Skills Checklist		
Skill	Specific Strategies, Statements, Behaviors	(√)
<b>Skill 1: Use helpful non-verbal communication</b>	• Make eye contact.	
	• Face the person (sit next to her or him) and be relaxed and open with posture.	
	• Use good body language (nod, lean forward, etc.).	
	• Smile.	
	• Do not look at your watch, the clock or anything other than the client.	
	• Do not write during the session.	
	• Other (specify)	
<b>Skill 2: Ask open-ended questions</b>	• Use open-ended questions to get more information.	
	• Ask questions that show interest, care and concern.	
	• Other (specify)	
<b>Skill 3: Actively listen and show interest in your client</b>	• Nod and smile. Use encouraging responses (such as “yes,” “okay” and “mmm hmm”).	
	• Use a calm tone of voice that is not directive.	
	• Allow the client to express emotions.	
	• Do not interrupt.	
<b>Skill 4: Reflect back what your client is saying</b>	• Other (specify)	
	• Reflect emotional responses back to the client.	
<b>Skill 5: Show empathy, not sympathy</b>	• Demonstrate empathy: show an understanding of how the client feels.	
	• Avoid sympathy.	
	• Other (specify)	
<b>Skill 6: Avoid judging words</b>	• Avoid judging words such as “good,” “bad,” “correct,” “proper,” “right,” “wrong,” etc.	
	• Use words that build confidence and give support (e.g., recognize and praise what a client is doing right).	
	• Other (specify)	
<b>Skill 7: Help your client set goals and summarize each counseling session</b>	• Work with the client to come up with realistic “next steps.”	
	• Summarize the main points of the counseling session.	
	• Other (specify)	

Note: This checklist was adapted from: WHO & CDC. Prevention of Mother-to-Child Transmission of HIV Generic Training Package: Trainer Manual. 2008.