



Liberia Ministry of Health

Interpersonal Communication and
Counseling

Participant Manual

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Introduction

This manual is designed for training facility-based health providers in interpersonal communication and counseling (IPCC) skills. The interactive training manual will give you skills and hands-on practice in interpersonal communication and counseling. This training manual uses experiential learning to teach counseling, communication, empathy, and listening skills.

Interpersonal communication and counseling is the process by which people exchange information, feelings, and meaning through verbal and non-verbal communication. Empathy and rapport building are critical pieces of ensuring high quality care, as they both lead to increased trust and respect. The focus of this training manual is on promoting provider empathy for clients, improving client-provider interaction as well as client experience, and ultimately improving health outcomes.

How to use this manual

This manual is designed to aid your learning during the duration of the IPCC training. For effective use and maximum benefit, this participants' manual should be used as a guide and as instructed by the facilitator. The manual has five sessions: "Introduction to the client-centered approach," "Understanding IPC," "Counseling," "Empathic communication," and "Empathways." Each of the sessions contain exercises and activities that ensure better understanding and practice of the principles.

Goal of IPCC Training

The immediate goal of this training is to enhance the IPCC skills of facility-based providers in Liberia. The ultimate goal is to increase the quality of care being provided in Liberia and increase health outcomes.

Objectives of IPCC Training

- By the end of the training, participants will be able to:
 - Understand the IPCC skills needed during encounters with clients.
 - Recognize barriers and facilitators to high quality IPCC.
 - Identify and apply IPCC techniques they can use to enhance quality of care during interactions with clients.
 - Understand clients' broad perceptions of providers and services.
 - Practice quality interpersonal communication, counseling, and empathic listening to enable clients to make informed health and behavior decisions.
 - Provide empathic care to clients.
 - Understand the importance of considering gender-related factors when providing quality care.
 - Ultimately, provide higher quality services to clients.

List of Icons



Journal: Provides a space for participants to reflect on a prompt.



Information: Provides information to the participant.



Self-Assessment: Provides an opportunity for participant to assess their skills.

Session One: Introduction to the Client-Centered Approach

This session will introduce you to the importance of a client-centered approach. It will also help you recognize and understand the difference between a client-centered and a provider-centered approach.

What is a client-centered approach?



How would you like to be treated when you go to market, video club, coke shop, or other places? Write down your thoughts below.



What happens when providers do not meet your expectations? And how does that make you feel? Write down your thoughts below and get ready to share with the group.

Basic Elements of Client-Centered Approach



What do you think makes a client satisfied with the care they receive? Write down as many answers as you can in the space provided.



Client-Centered Approach

The client-centered approach is a way of thinking and doing things that sees the clients who are using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs.

This means putting the clients and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome. Clients are the experts on their own bodies, needs, and interests. Clients may also have a deep knowledge of factors that are affecting their well-being. Providers can only deliver quality health care when they work closely with clients and family and are able to obtain as much quality information as possible from them.

A client-centered approach is not just about giving clients whatever they want or providing information. It is about listening to the client and considering the client's condition, desires, values, and sociocultural circumstances; seeing the client as an individual; and working together to develop their health care needs.



Basic Elements of the Client-Centered Approach

A client-centered approach describes:

- Providers that are open and friendly, maintain privacy, confidentiality, trustworthy, have strong listening skills, show empathy.
- Providers that do not use a client-centered approach may be taken to be unfriendly, harsh, rude, and impatient. Clients feel they receive poor quality services and so they spread the word around and do not return.

It is important to note that health facility infrastructure and quality also plays a big role in client satisfaction. Health facilities are taking steps to improve the quality of services such as renovating or upgrading health facilities, adhering to clinical protocols, ensuring regular drug and commodities supply, and taking infection control measures. Despite these efforts, clients are often still unsatisfied with the care they receive. Note, though stock-outs and facility status are often beyond the control of the provider, they can improve client satisfaction by showing empathy and being apologetic (e.g., if there is a stock-out).



There are eight elements of a client-centered approach.

Elements of a Client-Centered Approach

1. **Information given to clients:** All clients should be provided information pertinent to their health and treatment.
2. **Technical competence of provider:** Providers should be competent in the health area in which they are practicing.
3. **Interpersonal relations:** Providers should work to build rapport and interpersonal relations with the client.
4. **Mechanism to encourage continuity and follow up:** There should be an established mechanism by which continuity of care and follow up is ensured.
5. **Access to services:** There should be equitable access to services for all Liberians.
6. **Efficiency and timeliness:** Health services should be provided in an efficient and timely manner, while also respecting the amount of time that is needed to provide high quality care and counseling.
7. **Effectiveness:** Providers strive to be effective in their provision of high-quality services.
8. **Positive health facility environment:** A health facility should be well maintained and have a positive and inviting atmosphere.



Rights of Clients

Every client in Liberia has certain rights when they access services.

Liberia Patients' Rights Charter*

A Healthy and Safe Environment

Everyone is entitled to a healthy and safe environment that will ensure their physical and mental health, including adequate and safe water supply, proper sanitation and waste disposal as well as protection from all forms of environmental threats.

Access to Healthcare

1. Every patient shall receive timely emergency care at any healthcare facility that is functional despite his/her ability to pay.
2. The patient has the right to quality essential healthcare (based on the provisions of the EPHS) irrespective of his/her geographical location, in keeping with the principle of equity.
3. The patient is entitled to know of alternative treatment(s) and other equally competent/qualified healthcare providers within the healthcare system if those may contribute to improved health outcomes for the patient.
4. The patient is entitled to all relevant information regarding policies and regulation of the health facilities that he/she attends (both public and private).
5. The patient must be made to understand health services being provided him or her in a language that he or she comprehends fully.

Confidentiality and Privacy

1. The patient has the right to privacy during consultation, examination and treatment. In cases where it is necessary to use the patient or his/her case notes for teaching and conferences, the consent of the patient must be obtained free of coercion.
2. The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent or the person entitled to act on his/her behalf except where such information is required by law or is in the public interest with approval by the NREB (national research and ethics

Informed Consent

The patient is entitled to full information on his/her care, condition and management and the possible risks involved in order for a full consent except in emergency situations when the patient is unable to make a decision and the need for treatment is urgent (truth-telling). Nevertheless, in situations of emergency where applicable, the immediate relative or next of kin would have the same right as the patient.

Participation in Research

1. The patient has the right to consent or decline to participate in a proposed research study that may be linked to any treatment involving him/her after a full explanation has been provided. The patient may withdraw at any stage of the research project that may be linked to his/her treatment.
2. A patient who declines to participate in or withdraws from a research project is entitled to the most effective care available whether or not they were linked.

Knowledge of Cost of Healthcare Services or Medical Aid scheme

1. Hospital charges, mode of payments and all forms of anticipated expenditure shall be explained to the patient prior to treatment and procedures.
2. Exemption facilities, if any, shall be made known to the patient.

Be Referred for Second Opinion

The patient has the right to request referral for second medical opinion from a source of comparable competence if he/she so desires.

Continuity of Care

No individual shall be abandoned by a healthcare professional or facility which initially assumed responsibility for that person's healthcare.

Complain About Health Services

1. Every patient/client is obligated to provide feedback or complain about the healthcare services and have such feedback or complaint investigated with a full

board) of Liberia or other ethics boards within the country.

Refusal of Treatment

Everyone has the right to complete and accurate information about the nature of one's illness(es), diagnostic procedure(s), proposed treatment and the cost in order for one to make a decision that affects anyone of these elements.

Choice of Health Services

The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees, visiting national/international professionals and ancillary workers.

response made available for learning and improvement.

2. Procedures for complaints, disputes and conflict resolution shall be explained to patients or their accredited representatives.

**Draft version. Expected to be validated and disseminated shortly.*

Additionally, all service providers that work in medicine must adhere to the following ethical principles:

- **Autonomy** (self-determination): Provider should provide the truth, including risks and benefits, of any treatments or procedure. Clients should have the full decision-making power in their healthcare.
- **Beneficence** (goodwill): Provide care that is in the best interest of the patient. Decision-making should be a collaborative process between the client and provider and provider should consider the individual circumstances of the client.
- **Non-maleficence** (do no harm): Do no harm. Providers should not kill, not cause pain or suffering, not incapacitate, not cause offense, and not deprive others of the goods of life.
- **Justice** (fairness): Services and treatments should be provided equally to all clients, regardless of race, ethnic group, tribe, income, etc.

Wrap Up



Explain why you think a client-centered approach is important.

Describe what efforts you will make to ensure a more client-centered approach in your practice.

Session Two: Understanding Interpersonal Communication

This session is designed to enhance your interpersonal communication (IPC) skills as an integral part of providing quality services to clients.

Interpersonal communication



What kind of provider do you think you are?

Give some reasons for your previous response.

IPC Self-Check



If you communicated effectively with clients, you should be able to answer “yes” to the following:

1. Your client was comfortable enough to disclose enough information about the illness or health need to lead to an accurate diagnosis.
2. You consulted with the client to select a medically appropriate solution that is also acceptable to the client.
3. Your client understands his or her condition and the prescribed treatment regimen or solution. You and your client have a positive rapport.
4. You and your client both feel committed to fulfilling your responsibilities during treatment and follow-up care.



Key Elements of Effective Interpersonal Communication

There are five elements of effective interpersonal communication:

Creating a Caring Atmosphere

When clients believe that their provider cares about them and is committed to their welfare, they are more likely to communicate effectively and engage in their own health. Using both verbal and nonverbal communication helps the provider convey interest and concern to clients. Appearing busy or distracted makes clients feel insecure, anxious, or fearful of their relationship with the provider.

On the other hand, being attentive, making eye contact, listening, questioning thoughtfully, and demonstrating comprehension and empathy make clients feel important and worthy.

Building Rapport with Clients

Health care occurs through a rapport between provider and client. Even though the provider is the medical expert, both provider and client are responsible for the outcome of their interaction. The client is the expert in their own personal experience. Mutual respect, trust, and joint decision-making increase the likelihood of a positive outcome.

Treatment regimens are more effective when providers and clients make decisions together and clients have an active role in their care and treatment through asking questions and making commitments and relevant changes in their health behaviors.

Bridging of Social Class Distance

Social gaps between clients and providers can arise from differences that exist between them such as differences in education, economic status, gender, age, and many other factors. These differences can hinder IPC substantially and have the potential to impact interactions between clients and providers. Establishing an open dialogue, a feeling of partnership, and an atmosphere of honesty and caring all help to bridge social distances.

Fostering Two-Way Dialogue

Good interpersonal interaction between client and provider is, by definition, a two-way street where both speak and are listened to without interruption; both ask questions, express opinions and exchange information; and both are able to fully understand what the other is trying to say.

Providing Opportunities for Clients to Speak about Their Illness or Needs

Providing ample opportunity for a client to describe their illness or health needs leads to strong IPC. Maintaining confidentiality ensures patients are more willing to speak about their needs with providers. Storytelling has its own healing value in that it provides clients with a release and opportunity for insight and perspective. It may also afford the health provider the insights needed to understand, interpret, and explore the significance of the symptoms and clues the client provides.



IPC Skills Self-Assessment

Take some time to reflect on your IPC skills as a provider. Put a checkmark to reflect your self assessment of each IPC skill.

IPC SKILL	I AM VERY POOR	I AM POOR	I AM SOMETIMES GOOD	I AM USUALLY GOOD	I AM ALWAYS GOOD
INTRODUCING YOURSELF					
Listening—taking in what people say					
Listening—showing interest in the client					
Communicating feelings verbally					
Communicating feelings nonverbally					
Dealing with clients' anger/hostility					
Responding to praise					
Responding to expressions of anxiety					
Responding to negative feedback					
Coping with apathy/ disinterest					
Coping with silences in conversations					
Appreciating other people's feelings					
Giving information					
Advising on emotional issues or difficulties					
Seeking clarification					
Asking open-ended questions					
Waiting for replies					
Changing the direction of the conversation					
Expressing support					
Self-disclosure as appropriate					
Making a conversation more serious					
Making a conversation less serious					
Summarizing what a client has said					
Holding a client's interest and attention					
Finishing conversations in a positive way					
Working with others in a team					

Resolving conflicts					
Total checkmarks:					



What does this self-assessment tell you about your IPC skills?

What do you do well?

Where would you like to make improvements?



Checklist for the Elements of Effective IPC

CARING	PROBLEM SOLVING	COUNSELING
Have you... <ul style="list-style-type: none"> • Greeted the client in an open and appropriate way? • Used nonverbal communication to show that you are listening? • Invited the client to tell you how he/she feel both physically and emotionally? • Shown the client that he/she is respected and valued? • Demonstrated concern and empathy? 	Have you... <ul style="list-style-type: none"> • Listened actively? • Encouraged dialogue using open-ended questions? • Avoided interrupting the client? • Avoided distractions? • Asked the client what he/ she thinks has caused the illness? • Probed the client for more information using phrases like “please go on”? 	Have you... <ul style="list-style-type: none"> • Explored the client’s understanding of his/her illness? • Corrected misunderstandings or misinformation? • Used vocabulary and explanations that the client can understand? • Used visual aids if available? • Recommended concrete behavioral changes? • Collaborated with the client to select an appropriate and feasible treatment?

<ul style="list-style-type: none"> • Echoed the client’s emotions? • Expressed support and rapport? • Given realistic encouragement and reassurance? • Acknowledged any service problems, apologized, and offered a solution? 	<ul style="list-style-type: none"> • Waited until you have all the relevant information to make a diagnosis? 	<ul style="list-style-type: none"> • Motivated the client to comply with the treatment? • Summarized the diagnosis, treatment, and recommended steps in simple terms? • Asked the client to repeat or describe the treatment terms? • Urged the client to ask additional questions? • Confirmed follow-up actions with client?
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Verbal and Non-Verbal Communication Techniques

Verbal Communication

Verbal communication consists of spoken and written words that people use to convey ideas.

Nonverbal Communication

Words express only part of a message being conveyed, while tone, attitude, and gestures convey the rest. Avoiding distractions (e.g., answering the telephone, looking at your cell phone or at a computer screen, jotting notes on other cases), and instead appearing fully attentive, communicates positive messages to clients. Often, simple gestures by the provider, such as a warm greeting, can help put the client at ease and enhance IPC.

The following techniques help providers improve client-provider interactions.

- **Effective questioning** helps obtain useful information from the client. Questioning is a way to determine what service the client wants or how he/she is feeling, what the client already may know, or what problem he/she may have. It is also a way to determine whether the client has understood you.
- **Open-ended questions** encourage the client to freely offer information, concerns, and feelings. For example, “How do you feel today?”
- **Closed-ended questions** help obtain specific information, especially if there is a limited time, such as in an emergency or in taking a medical history. They can be answered in just a few words. For example, “Do you have any allergies?”
- **Probing questions** encourage the respondent to give further information, and to clarify an earlier point. They require tact in wording and tone so as to not be judgmental. Example: “Could you tell me more about that?” This can also be important when discussing possible solutions. For example, rather than just telling the client to do such-and-such, you can explore with them what would be feasible to ensure adherence.
- **Active listening** helps you get the information you need to assist the client with problems and help them to make decisions. Active listening means providing verbal and nonverbal feedback to show that you are listening and paying attention to what is being said. This requires observing nonverbal communication of the client and not allowing yourself to get

distracted or fidget. It may include using actions such as maintaining eye contact, nodding, smiling, mirroring the client's facial expressions, or saying, "Yes," or, "Mmm-hmmm."

- **Reflection/echoing** occurs when a provider observes a client's emotions and reflects them back to him/her. This helps the provider check whether the emotions he/she has observed are correct. Reflective listening also helps to show that the provider has empathy and respect for the client's feelings. For Example, "It looks like you are feeling distressed," or, "You appear to feel happy with the choice you have made."
- **Summarizing and paraphrasing** means repeating back to the client what you heard him/ her say in a short form. It helps to ensure that you have understood correctly and provide an opportunity for clarification. For example, "I hear you saying that you are worried about your daughter's health because she is eating poorly."
- **Praise and encouragement** build a client's sense of confidence and reinforce positive behaviors. This occurs when providers use words and gestures that motivate and ensure client approval. For Example, "You are doing a great thing by getting tested."
- **Giving information clearly and simply** with visual aids helps equip clients with accurate, relevant health information that is based on what the client already knows.



Barriers to High-Quality IPC

1. Physical Barriers

These barriers refer to environmental factors that prevent or reduce opportunities for the communication process to occur. They include:

- Distracting noise
- Poor lighting
- Dirty and untidy room
- Extreme temperatures
- Uncomfortable seating arrangement
- Distractions in the room such as equipment and visual aids
- Objects and chemicals that are dangerous to the client

If the room where you serve clients at your health unit has any of these barriers you should do something to improve it. Easy and inexpensive ways to improve the environment include:

- Clean up any untidy rooms, including removing unused boxes, materials, etc.
- Move out-of-place or distracting items to a new space. This will help clients focus on the consultation.
- Open the windows and let the breeze in.

2. Personal Barriers

Personal barriers may arise due to differences in social or cultural background, or language differences.

Differences in social and cultural background and psychological barriers

When a client is from a different nationality, gender, race, or ethnic group, it may be difficult for you to know their beliefs, taboos, and cultural practices. The client may not be able to take action because perhaps the information you give him/her does not tally with his/her beliefs and taboos.

Language barriers can make communication difficult. Use very simple language and avoid medical jargon. You should endeavor to know a clients' cultural, social, and educational back- ground before you start a communication process.

3. Inappropriate Behavior by the Provider

Negative nonverbal communication includes:

- Gesturing
- Frowning
- Showing signs of boredom or humor
- Showing signs of disgust
- Shaking the head
- Distracted behavior such as checking the time, taking other calls, looking away, or sketching
- Preconceived notions and impressions about the clients

4. Barriers Caused by the Client

These include:

- Client's lack of interest or trust in the process
- Client's impression of the provider
- Client's emotions
- Client's beliefs and perception, myths, and misconceptions

Wrap Up



Write down one or two IPC skills you want to work on.

1. _____
2. _____

Identify one IPC technique you want to put into practice immediately.

1. _____

Why do you want to focus on this IPC technique?

Session Three: Counseling

This session is designed to help you learn the foundations of effective counseling and practice those skills.

What is counseling?



Explain counseling in your own words.

Importance of counseling



Explain why you feel counseling important.



Qualities of a good counselor.

To be a good counselor you must possess the following qualities:

- **Patience:** Go to the next step of explanation only when the client has clearly understood the content of the information you are giving. Have ample time for the client.
- **Clear and concise communication:** Provide clear, short messages to clients. Include the most important points to start and then provide more detail as needed. Avoid using jargon or technical medical terms; however, if you use jargon or complex ideas, take care to properly explain.
- **Good listener:** You need to be a good listener. Never interrupt what the client has to say. Give your input only when the client has finished talking. Use open-ended questions to gain more understanding of a client's situation. Use non-verbal cues, like nodding and eye contact, to show that you are listening.
- **Observant:** You need to be very observant and able to interpret non-verbal communication. If the client looks angry, find out the cause of his/her anger first.
- **Warmth:** Provide warmth in a counseling environment. Smile and show concern and acceptance to the client.
- **Knowledgeable:** You should only provide counseling on what you are knowledgeable on. If something goes beyond your technical competence, you should confer a colleague (with the client's consent) to be able to provide accurate information and effective counseling. Clients

trust providers that are honest and open, even if they do not know everything. For example, you should have good knowledge of rational drug use and drug compliance. Some people do not take medication for one reason or the other, while others demand drugs. For example, adherents to some religions do not take oral medication when they are fasting while some sects do not take blood transfusion. This interferes with drug compliance. Giving clients drugs on demand can cause drug shortage at the health facility or lead to drug abuse (overdose/ underdose).

- **Empathy with the client:** Try to understand the feelings the client is having in the counseling process. In other words, put yourself in the client's position.
- **Maintaining a therapeutic relationship with a client:** Give the client the opportunity to make his/ her own decision from your conversation.
- **Confidentiality:** Ensure that you maintain confidentiality on what the client tells you. The client would feel greatly offended if you disclosed any information about him or her to other people and will be unlikely to trust you again. Counseling must be done individually and privately.
- **Personal integrity:** Maintain a high degree of personal integrity, credibility, and mutual trust as a Counselor.



The counseling process

Using the G-A-T-H-E-R Method

G-A-T-H-E-R is a useful tool that helps providers interact with their clients appropriately and effectively. Each letter of the word stands for an important step in the client-provider interaction.

GREET your clients politely and with a smile.

- Welcome them using local language to make them feel comfortable.
- Introduce yourself and ask how you can help.

ASK your clients about reasons for coming.

- Help them explain how they feel and what they need.
- Ask them about their experience with past ailments, medications, treatments, and about their lifestyles.
- Ask if they have had any medical tests done lately and see if they are willing to share the results with you.
- Listen well, show empathy, and avoid judgments and opinions.

TELL your clients about their choices and proper use of medications.

- Tell them that you will not tell others what they say (confidentiality).
- Tell them about the benefits of further testing, if required.
- Show samples of materials, models, and products if possible.

HELP your clients to understand the instructions and choose treatment options that suit them.

- Help them to understand their available options.

- Find out what they have used before and if they want to switch to another treatment or medication.
- Recommend different choices, but avoid making the client’s decision for them.

EXPLAIN fully how to carry out the behavior or treatment.

- Give clients printed material to take home, with preference given for visual materials, if literacy is an issue.
- Provide all necessary information for adopting a behavior or carrying out treatment.
- Explain what treatment is, how it works, how to use associated products, the potential side effects and how to manage them.
- Tell clients to come back whenever they wish or if side effects bother them.
- Ask clients to repeat instructions and make sure they understand.
- Explain when to come back for routine follow-up or more supplies.
- Provide additional information on how clients can care for themselves, e.g., hygiene, nutrition, rest, or exercise.

RETURN for follow-up and **REFER** your clients to other suitable health facilities.

- Encourage clients to come back for follow-up visits.
- Think about what other services your clients may need, e.g., antenatal care, and tell them where to find them.
- During follow-up visits, ask if clients are satisfied and treat all concerns seriously.



Exercise: Explain

You are HIV+. Your doctor wants to implement the EMTCT protocol to prevent vertical transmission to your baby. Without following the EMTCT protocol, your baby has a 50% chance of contracting HIV throughout pregnancy. Your doctor will need a blood specimen that is tested at a laboratory to test your viral load and CD4 count. Based on these results, the doctor will determine your ongoing ARV treatment to ensure that your ART keeps the virus suppressed.

Your baby will also receive nevirapine syrup as a prophylaxis for its first six weeks to prevent seroconversion. Your baby will be given DBS at 6 weeks and RT 12 months and 24 months to ensure that they are virus free. If your baby seroconverts at any period, s/he will be treated based on the test and treat protocol.

Change the text from the brochure above so that the main messages are clearer and more attractive and the information is provided to the reader in simpler easy-to-understand language.



Self-Reflection Scenarios

Scenario 1

A 15-year-old client comes to the facility.

Adolescent: "I came here to discuss family planning with you."

Health worker: "You should not even be thinking about contraceptives. You are too young!"

Adolescent: "But I want to be able to finish school!"

Health worker: "Then you should behave more responsibly."

Scenario 2

A 38-year-old married man who is HIV+ comes for his drugs.

Health worker: "Did you listen to me and use a condom?"

Client: "Um...yes."

Health worker: "Did you take your medicine properly?"

Client: "I think so."

Health worker: "What do you mean by that? Didn't you understand what I told you about taking your medicine?"

Client: "I don't know, I think so."

Health worker: "Did you do the right thing and talk to your wife about your HIV-status?"

Client: "Well, yes, I tried to talk to her..."

Health worker: "That is not good enough. You are putting her life in danger."

Scenario 3

Health worker: "Hey, you seem sad today. What's going on?"

Adolescent: "It's school, I don't want to go anymore."

Health worker: "Umhummm." (nods understandingly)

Adolescent: "Well, it's not really school, it's the other pupils at school...I don't have any friends."

Health worker: "So, you don't like going to school because you feel like you don't fit in?"

Adolescent: "Yeah, the other children make fun of me. They call me mean names."

Health worker: "Umhummm."

Adolescent: "Yesterday one of the bigger boys even pushed me to the ground and tried to take my pocket money."

Health worker: "That's terrible. It seems to me that the other boys are harassing you. What one thing would you like to change to make this situation better?"



Using Visual Aids

BENEFITS OF USING VISUAL AIDS

- Makes complex information or tasks easier for the provider to explain and for the client to comprehend
- Helps clients to remember
- Generates discussion
- Makes small things big enough to be seen
- Captures client's interest and attention
- Helps to point out similarities and differences
- Can make discussion of sensitive terms and issues easier
- Can save time in counseling session if clients have an opportunity to access information earlier
- Reinforces key points and health messages
- Prompts and reminds providers of important information points
- Take home materials help to disseminate accurate information when materials are shared with others
- Reduces information overload by allowing clients to learn at their own pace and leisure

WHEN TO USE VISUAL AIDS

- Group education sessions (e.g., health facility and community)
- Counseling sessions
- Service areas (e.g., waiting room, exam rooms)
- Community events
- Home visits

TYPES OF VISUAL AIDS AT HEALTH FACILITIES

- Posters
- Flipbooks
- Pamphlets
- Models and samples (e.g., body parts, commodities, devices)
- Cue cards

GENERAL TIPS FOR USING VISUAL AIDS

- Make sure visual aids are available and visible by clients in the facility.
- Explain pictures and point to them as you talk.
- Look mostly at the client, not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold samples or models.
- If possible, give clients pamphlets or instruction sheets to take home.
- These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he/she looks at the print material later.
- Suggest that the client show take-home materials to other people.

Wrap Up



Write one or two specific ways you can use G-A-T-H-E-R as you provide services to clients.

1.

2.

Write down your thoughts on how you can use available SBC to materials to counsel clients.

Session Four: Empathic Communication

Perceptions



Write down five things that came to your mind about the cat.

1. _____
2. _____
3. _____
4. _____
5. _____

Write what comes to your mind about the following words:

Macaroni salad

County health team

Bush

Values



Write down your thoughts about the values clarification exercise.

What surprised you about this activity?

How do you think you are bringing your own values and beliefs into counseling sessions with clients?



Importance of Acknowledging Values

- We all have personal values. Personal values are influenced by gender norms, belief systems of our community, family, faith, and culture. Values guide our actions and act as standards for the decisions we make. Values are often the basis for improving our behavior.
- We must become aware of our personal values and realize they are not shared by everyone. We must avoid imposing our personal values on others which can be interpreted as bias and hinder our ability to offer quality services. We must also meet people where they are at in terms of knowledge and beliefs – and that includes respecting their values and beliefs and providing treatment and services regardless of beliefs. Everybody has different values. Your clients will sometimes have different values than you have, and may take actions that contradict your values. Your clients should make decisions about their health based on their own values, not yours. As a provider, you do not need to agree with the views or values of your clients.
- Provision of unbiased, rights-based, gender-sensitive care is mandated by the Government of Liberia and international professional associations. When you acknowledge your clients' values and communicate in a way that respects those values (even if you do not agree with them), clients will be more likely to trust you and adopt or maintain healthy behaviors.



Empathy

Did any of your responses surprise you? If so, why?

How similar do you think other participants' responses are to yours?



Importance of Adopting Empathy

Empathy is the heart of quality service provision. Providing quality services to all clients despite differences in values or actions requires providers to **seek to understand** clients.



Iceberg

IPCC skills are at the tip of the iceberg. Those skills are important because they help us build good habits. But these skills will not be effective unless they are based on a sincere desire to understand clients. This is why a person’s character and desire to understand are represented by the submerged base of the iceberg. A provider can know all the steps to effective communication and counseling—and even practice them—but if there is not a strong desire to understand clients and develop a relationship with them, that will not matter. The skills (the tip) must stem from sincerity, openness, and a desire to understand (the base).



Our mantra for interacting with clients is, “Seek first to understand!” There are many things that are outside of your control as a provider, but you can always choose to seek first to understand.

Client Stories



Reflect on the following questions related to the client stories exercise.

How did having that information about these people change your perceptions of them?

What word(s) would come to mind now for each image?

How might you treat these people differently now that you have this information?

In a real situation with a client, how might you go about seeking to understand the client better?



Redo Exercise

Think about a recent interaction with a client that was difficult or went poorly (e.g., perhaps a client did not seem to listen, was frustrating, or had not taken the prescribed actions).

Write down how the interaction went from your perspective. Take five minutes to capture your thoughts on the following questions:

What happened during the interaction?

What was said?

How did you feel?

What do you think went wrong?

Now pretend to be the client from that interaction.

Write down how the interaction went from the client's perspective.

How did you (client) feel?

How did you view the provider?

What happened before your interaction with the provider?

What do you think went wrong?



Listening Exercise

Listening Self-Assessment

Respond to the questions below and add up your points for each response.

(source: adapted from Julian Treasure)

TOPIC	YOUR SCORE	SCORE: 2	SCORE: 1	SCORE: 0
When was the last time I encountered silence?		Last 24 hours	A few days ago	I can't even remember!
Is there silence while I sleep?		Almost completely	Sometimes	I can't sleep without noise
How much silence can I expect to find each day?		20+ minutes	Less than 10 minutes	Virtually none
Am I able to find silence at work?		Usually I can find some	Occasionally, but I have to work hard for it	Silence at work is an unachievable dream
Am I able to find silence at home?		Usually I can find some	Occasionally, but I have to work hard for it	Silence at home is an unachievable dream
Total:				

If you scored 7-10, well done! You are cultivating a healthy relationship with silence. Keep up the good work.

If you scored 4-6, keep at it! Making some adjustments to your space and behaviors will help improve your relationship with silence.

If you scored 0-3, you need to seriously think through how you can carve out time and space for silence. Allow your ears to rest and listen.

Redo Exercise



Make a plan for *when* and *how* you will practice silence daily. Use this space below to record your plan.



Levels of Listening

Stephen Covey, a successful businessman, there are five levels of listening:

1. Ignoring another person, which is not really listening at all.
2. Pretending: You go through the motions of listening, but are not really listening. You might use words like, “Yeah, uh-huh. Right.” You may have done this with your talkative children!
3. Selective listening: You only hear certain parts of the conversation. This may happen when somebody is talking for a long time, or you are not very interested in the subject matter.
4. Attentive listening: This is where you pay attention and focus on the words that are being said.
5. Empathic listening: This is the highest level, and one that many do not reach.

Empathic listening is a structured listening and questioning technique that allows you to develop and enhance relationships with a stronger understanding of what is being conveyed, both intellectually and emotionally.

Benefits of Empathic Listening:

1. Builds trust and respect
2. Enables release of emotions
3. Reduces tensions
4. Creates a safe environment that is conducive to collaborative problem solving

There are **four developmental stages to empathic listening** skills:

1. **Mimicking content**: This is the least effective method, but it is a useful first stage as it causes you to listen to what the person is saying. It is often part of “active” listening. Mimicking content involves listening to another person’s words and repeating them back. It does not require analysis or interpretation of what has been said, just a mirror of the words.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "You are sick of this. You think work is horrible."

2. **Rephrasing content:** This is slightly more effective because you put the other person's meaning into your own words. It shows you have thought about the words and done some logical interpretation of them.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "Things are not going well at work."

3. **Reflecting feeling:** This is even more effective because you start paying attention to the emotion of the other person. You are listening to how the person feels about the words.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "You're feeling really frustrated."

4. **Rephrasing the content and reflecting the feeling:** This is the most effective because you combine logic and emotion in your listening. You listen to the content (the words) and the feeling. Since we all communicate using words, emotion, and body language, we have to listen to all those parts as well.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "You're really frustrated about work and how things are going."

Wrap Up



Identify one or two specific steps you will take to feel and express empathy toward clients.

1. _____

2. _____

Session Five: Empathways

Final reflection:

Make a commitment to yourself about what you will do with your increased empathy for clients, and especially young clients. Complete these sentences.

Starting tomorrow, I will...

Within one month, I will...

Manual Wrap-Up

Your Commitment

Today you made the following commitment:

“I promise to seek first to understand my clients. I will listen to my clients’ words, emotions, and body language. I will provide care in a respectful and non-judgmental manner to all clients. I will counsel my clients to enable them to make their own decisions.”

Appendix A: Client-centered approach cards (Session 1)

INFORMATION GIVEN TO CLIENTS	ACCESS TO SERVICES
TECHNICAL COMPETENCE OF PROVIDER	EFFICIENCY AND TIMELINESS
INTERPERSONAL RELATIONS	POSITIVE HEALTH FACILITY ENVIRONMENT
MECHANISM TO ENCOURAGE CONTINUITY AND FOLLOW UP	EFFECTIVENESS

Appendix B: Rehearse for reality (Session 2)

Scenario 1

Client: You are a 35-year-old female client who has just been informed that she has active tuberculosis (TB) that you suspect you contracted from one of your sick cows (bovine TB). Currently, you work with your family on your farm. You are reluctant to go to the hospital as you think that your husband will not be able to take care of both your children and the farm. You also don't agree to direct observation of treatment as you do not want to miss work.

Doctor: You have just received the diagnosis for this client, who has active TB disease. She seems very scared and cries. She needs to go to the hospital for up to two months. The client refuses to go to the hospital and wants to get treatment at home and continue working.

A nurse comes to the room saying that you have a phone call in the neighboring room. Ask participants to write down in their participants' manuals why they think a client-centered approach is important and what efforts they will make to take a more client-centered approach in their practice.

Scenario 3

Client: You are a 20-year-old female client who has just gotten married. You have heard about family planning methods and are interested in trying one so that you can complete university studies. You don't know very much about the methods and feel shy talking to a doctor about family planning. You also do not know whether your husband will be supportive of family planning.

Provider: This client is interested in learning more about family planning methods. She seems very young and nervous.

Scenario 2

Client: You are a 40-year-old male client who has come in suspecting you have malaria. The doctor says she wants to test to see if you have malaria, but you don't want to waste your time with a test. You are frustrated that the doctor won't just provide you with treatment.

Provider: You have just received training on rapid diagnostic testing, and you know you should test clients before prescribing medications. The client is resistant and does not want to receive a test to diagnose malaria.

Scenario 4

Client: You are a 14-year-old girl. You are pregnant and in labor. You have never attended antenatal care. Your mother's friend convinced your mother to take you to the health facility for delivery. You are shouting because you are in so much pain. The nurse insists on conducting a vaginal examination.

Provider: You have been on duty all day. You have taken many deliveries today and had no time to eat anything. It is already the end of your shift and the provider for the next shift is nowhere to be seen.

Appendix C: Practice counseling skills role play (Session 3)

Scenario 1

A 15-year-old client comes to the facility.

Adolescent: "I came here to discuss family planning with you."

Health worker: "You should not even be thinking about contraceptives. You are too young!"

Adolescent: "But I want to be able to finish school!"

Health worker: "Then you should behave more responsibly."

Scenario 2

A 38-year-old married man who is HIV+ comes for his drugs.

Health worker: "Did you listen to me and use a condom?"

Client: "Um...yes."

Health worker: "Did you take your medicine properly?"

Client: "I think so."

Health worker: "What do you mean by that? Didn't you understand what I told you about taking your medicine?"

Client: "I don't know, I think so."

Health worker: "Did you do the right thing and talk to your wife about your HIV-status?"

Client: "Well, yes, I tried to talk to her..."

Health worker: "That is not good enough. You are putting her life in danger."

Scenario 3

Health worker: "Hey, you seem sad today. What's going on?"

Adolescent: "It's school, I don't want to go anymore."

Health worker: "Umhummm." (nods understandingly)

Adolescent: "Well, it's not really school, it's the other pupils at school...I don't have any friends."

Health worker: "So, you don't like going to school because you feel like you don't fit in?"

Adolescent: "Yeah, the other children make fun of me. They call me mean names."

Health worker: "Umhummm."

Adolescent: "Yesterday one of the bigger boys even pushed me to the ground and tried to take my pocket money."

Health worker: "That's terrible. It seems to me that the other boys are harassing you. What one thing would you like to change to make this situation better?"