

COUNSELING BY CAREGIVERS, NURSES & MIDWIVES



A Manual Prepared by Kamuzu College of Nursing

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This resource is dedicated to ...

- Naloli Mukiwa

... who was the initiator of this project and who at the time of writing is receiving treatment in Scotland UK.

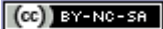
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conditions.



Welcome

Welcome to this resource which has been designed for you, student nurses and midwives [SNM], who on graduation will be caregivers in a variety of settings and working under various conditions. As a caregiver, one of your roles is to conduct counseling sessions that will result in equipping your clients and patients to cope with life's problems and challenges.

The term “caregiver” is not new, because “giving care” as a practice has always been a part of our tradition. Since time immemorial, human beings have lived together. Sharing emotions, including happiness as well as sorrow, has always been a common practice. Giving assistance in times of need, such as sickness, war, and natural disasters, is an act that comes naturally to most human beings.

In traditional societies like Malawi, giving care to those that needed it was a basic function of the family. The needs—whether emotional or physical—of all family members were met within the extended family. The older members counseled the younger ones and the younger ones sought advice from the elders. Sharing thoughts and activities with a large family was the accepted norm.

In recent times, social and economic changes have brought changes in the structure of the family. More people have left their communities to seek employment, making extended families less common. More children than ever before are orphans, having lost one or both parents to war, sickness, accidents, or poverty and are more vulnerable than those with one or all parents. Therefore as a health worker, you play a key role in counseling for various conditions.

This resource is the first in a series that is designed to help you, acquire the necessary skills, knowledge, and understanding to effectively counsel clients and patients especially the young people. These resources are aimed at equipping you with knowledge and skills related to counseling. The resources will also offer techniques on how a Counselor can help a client understand his/her problem, keep his or her determination to change, learn new skills, and access needed community support. The knowledge and skills that you learn through these resources will not replace those that professionally qualified counselors have. Instead the skills and knowledge in these resources are meant to give you a basis for counseling.

These resources should therefore be viewed as blueprints that will guide you in counseling clients and patients. They are not a substitute for training and supervision nor appropriate for all clients or clinical programs. Each unit has been developed as stand-alone, self-instructional material. But you will build on from the previous unit in accordance to your stage of program.

You may find it helpful to use the resource/s with a group of your peers, discussing the issues and case studies raised, and comparing these with real-life cases that you and your colleagues have encountered during your training as nurses and midwives. You can

also learn from one another and from the experiences that you have had during your clinical experiences.

Basis of this Resource: These resources are based on a number of OER resources from various repositories that were used and modified to fit the Malawi context.

Who Should Use This Resource?

The resources will be used to assist student nurses and midwives undergoing a generic degree to effectively counsel clients and patients on various issues. However, any health care provider can use it.

Structure

This booklet has four units as follows:

1. Overview On Counseling
2. Theories Of Counseling
3. Characteristics of Effective Counseling
4. Dealing With Substance Abuse

As you work through the materials, you will notice symbols in the left margin of some pages. These “icons” will guide you through the content and are used to note the following:



Overview of the resource and items to note



Stories, examples, and case studies to illustrate the content of the unit



Self-assessment activities designed to test your knowledge of the material you have learned.



Summary of key points to remember from the unit



Group activities designed to give you practice in working as a team through application your knowledge and encourage you to reflect on your own experiences



Suggested answers to the self-assessment activities



References cited in the unit, suggested resources for further reading, and a glossary of key terms used in the unit



Objectives of the unit and sub-units



Related video content on CD



Unit 1: Overview on Counseling

The ever growing complexity of society, coupled with social problems and the rapid development of science and technology, place heavy demands on education. The school, as an important social institution, is required to adapt quickly to changing patterns, and help prepare citizens for tomorrow's challenges. Counseling helps clients and patients develop their capacities to the full. These include intellectual, social, physical and moral capacities.

However, it is difficult to think of a single definition of counseling. This is because definitions of counseling depend on theoretical orientation.



Learning Outcomes

By the end of this unit you should be able to

1. Describe the role of community counseling
2. Define counseling
3. Explain types of counseling
4. Discuss principles of counseling
5. Explain the importance of counseling
6. Describe the Qualities of a good counselor
7. Explain common counseling skills
8. Describe the counseling process
9. Explain barriers to effective counseling
10. Demonstrate by counseling a patient/client
11. Identify IEC Messages for specific conditions that can be used for counseling

Introduction

¹Most sub-Saharan African societies have, in the past, been held together by elements unique to the region. The most outstanding of these elements were:

1. The extended family system, including the clan and the tribe
2. Chieftaincy
3. Taboos
4. Various forms of initiation
5. Close links with ancestors and elders

The Role of Community

Basically, traditional chiefs had multiple roles which included serving as a symbol of authority and as a regulator. Since these roles were accepted and respected by all, they acted as a clear direction in the day-to-day affairs of the society. The elders and the chief were a valuable source for guidance and counseling for the community members. In most cases, the chiefs were regarded as a vital link between ancestors and the present generation. This link was strengthened by the rituals, ceremonies and taboos attached

¹ Adapted from Guez, W. & Allen, J. (eds). (2000). *Counselling*. UNESCO (Zambia). P7

to them. Because of such a set up, it was easy to guide and counsel the young, since the rituals or ceremonies were also aimed at preparation for adult roles in society. On the other hand the extended family, the clan, and the village made society to be supportive resulting in no individual regarding him/herself as alien. Counsel was therefore readily sought and provided. While each one of these elements is important, only a few are used to illustrate the role of counseling in present-day sub-Saharan African societies.

At present, sub-Saharan African countries experience many changes, which have resulted in the weakening of the structures of the society. The most outstanding examples are:

1. A gradual shift from the extended to the nuclear family unit, or single parent family unit.
2. A heavy reliance on a cash economy in poor countries.
3. Political demands and expectations.
4. A rapid rate of urbanization with a high unemployment rate compounded by a high illiteracy rate.
5. A high population growth rate.
6. The infiltration of foreign culture through films, television, videos, live performances, and magazines, which are counter-productive.
7. Wars, political instability and epidemics, leading to increased numbers of orphans and refugees; resulting in moral decay due to elements from within and outside the nations that has been noted in most communities.

Forms of Counseling in Traditional African Societies

In traditional African societies, counsel was given in various forms, the most common of which were giving advice and sharing wisdom. Giving advice has been a common way of providing help for other people. The advice offered was frequently instrumental in helping people to consider their future. In many instances, the extended family was the main source of advice for family/clan members. There was usually no shortage of people willing to share their wisdom with others. Therefore giving advice often promoted the dependence of the young persons on the advice given which was largely subjective and did not promote the personal development of young people.



Source: 2010 Midwifery Community Experience UPG Group.
A student midwife is getting advice from a traditional birth attendant

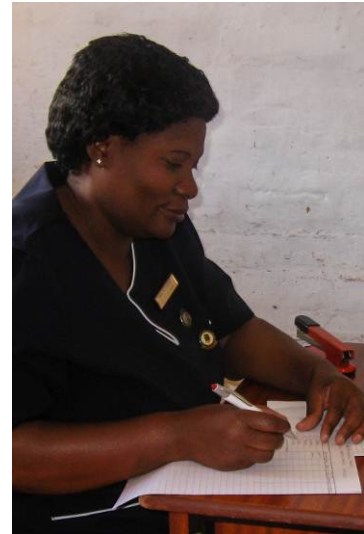
Wisdom generally refers to experience and knowledge about life and using them judiciously. In African societies, it was considered the responsibility of elders to provide

wisdom or counsel to young boys and girls. The wisdom provided by elderly men and women was part of the counseling function of the family or society for boys and girls. Another aspect of wisdom is sharing proverbs or folk stories. A well-known African proverb is, 'When elephants fight, the grass suffers.' Folk stories about the 'hare' are also told in many parts of Africa.

However, let us consider the fact that counseling is not giving advice nor is it providing wisdom per se. So what is counseling?

Definition of Counseling

Counseling is a learning-oriented process, which occurs usually in an interactive relationship, with the aim of helping a person learn more about the self, and to use such understanding to enable the person to become an effective member of society. Because of this it can also be said that counseling is a process by means of which the helper expresses care and concern towards the person with a problem, and facilitates that person's personal growth and brings about change through self-knowledge. It can also be regarded as a relationship between a concerned person and a person with a need. This relationship is usually person-to-person, although sometimes it may involve more than two people. It is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices, and through the resolution of emotional or interpersonal problems. It can be seen from these definitions that counseling can have different meanings.



Counseling is provided under a variety of labels. For example, there are instances where counseling is offered when a relationship is primarily focused on other, non-counseling concerns. A student may use a teacher as a person with whom it is safe to share worries. In such a situation, the teacher uses counseling skills, but does not engage in an actual counseling relationship. In schools, if the collaboration between teachers and students is good, students learn in a practical way. Young people develop degrees of freedom in their lives as they become aware of options and take advantage of them. The teacher therefore can counsel but is not a counselor. This entails that **helping** should enable people to manage life situations effectively.

Counseling therefore is a concept that has existed for a long time globally and in most communities. There has been a deeply embedded conviction that, under proper conditions, people can help others with their problems or help others find ways of dealing with, solving, or transcending problems.

The changing social economic environment has, changed the ways in which people manage their lives, hence the need for counseling has become paramount in order to

promote the well-being of clients and patients and more especially the adolescents to improve the self-image and facilitates in achieving life tasks.

Effective counseling should benefit clients and patients if assisted by a nurse/midwife who has the skills of counseling. Counseling therefore in this context can be defined as the professional advice and guidance given to a person by a trained person (usually counselor), in order to assist the client to explore, discover and clarify ways of living more positively, satisfactorily and resourcefully in society.

Aims of Counseling

The aims of counseling are broad. They may depend on the situation and the environment, and on training. The basic aims of counseling include the following:

1. To help clients and patients gain an insight into the origins and development of emotional difficulties, leading to an increased capacity to take rational control over feelings and actions.
2. To alter maladjusted behaviour.
3. To assist clients and patients to move in the direction of fulfilling their potential, or achieve an integration of conflicting elements within themselves.
4. To provide clients and patients with the skills, awareness and knowledge, which will enable them to confront social inadequacy.



Due to various factors individuals and especially young people face many difficulties and problems which may be expressed through: withdrawal, unhappiness, annoyance, anger, anxiety and hyperactivity; and inability to meet needs, get required knowledge, partial or total failure; inability to realize aspirations.

Added to these is the problem of substance abuse for which a great deal of psychological support may be required for young people. Since young people are a large segment of the population, counseling is important at this stage, because this is when young people develop interests to substances due to peer pressure.



Activity 1: Group Activity

Before continuing do Activity 1 as a group exercise. It should take you 10 minutes to complete. Using the picture below as a starting point, discuss broadly what you all understand by the term 'counseling'.



*Counseling Patient/Client. (© 2003
Germain Passamang Tabati Courtesy of Photoshare)*



Activity Feedback:

We hope your list included the following important information about counseling, which should be part of your messages to the client.

- Counseling is the professional advice and guidance
- Counseling is a concept that has existed for a long time globally
- It is given to a person by a trained person to assist the client to explore, discover and clarify ways of living more positively, satisfactorily and resourcefully in society
- Counseling should benefit clients and patients if assisted by a nurse/midwife who has the skills of counseling



Activity 2: Individual Task

Before you read on do Activity 2 on your own. It should take you about 5 minutes to complete. State three reasons why you think counseling is important in managing various conditions

1. _____

2. _____

3. _____



Activity Feedback

Counseling is important for a number of reasons:

1. It is a psychological therapy because it enables patients/clients to release their stress and anxieties for a particular situation
2. Patients/clients are empowered and able to understand and solve their own problems relating to the treatment and prevention of a situation.
3. It enables patients/clients to use available resources and experience to develop positive ways of coping with situations/problems;
4. It acts as a preventive measure since it encourages adoption of healthy behaviour in combating a condition, situation and or behaviour.
5. It ensures that patients/clients are adequately informed about their medication.

Fields of Counseling

Educational Counseling

This term was first coined by Truman Kelley in 1914 (Makinde, 1988). Educational counseling is a process of rendering services to pupils who need assistance in making decisions about important aspects of their education, such as the choice of courses and

studies, decisions regarding interests and ability, and choices of college and high school. Educational counseling increases a pupil's knowledge of educational opportunities.

Personal/Social Counseling

Personal counseling deals with emotional distress and behavioural difficulties, which arises when individuals struggle to deal with developmental stages and tasks. Any aspect of development can be turned into an adjustment problem, and it is inevitable like lingering anger over an interpersonal conflict, insecurities about getting older, depressive feelings when bored with work, excessive guilt about a serious mistake, lack of assertion and confidence, grief over the loss of a loved one and disillusionment and loneliness after parents' divorce.

Vocational Counseling

Vocational counseling is defined as individual contacts with those counseled, in order to facilitate career development. This definition and category encompasses counseling situations such as:

1. Helping students become aware of the many occupations
2. Interpreting an occupational interest inventory to a student
3. Assisting a teenager to decide what to do after school
4. Helping a student apply to a college or university
5. Role-playing a job interview in preparation for the real thing



Summary

People have provided help to one another from time immemorial. Much of this help has been in the form of giving advice or wisdom. In school, counseling helps young people learn to deal with the problems they encounter in their daily lives and equip them to become adults. Counseling aims to give individuals an opportunity to explore, discover, and clarify ways of living that are more satisfying and resourceful. People's concerns or difficulties are mainly social and personal. It is here that men and women, young people, require counseling.

Evaluation

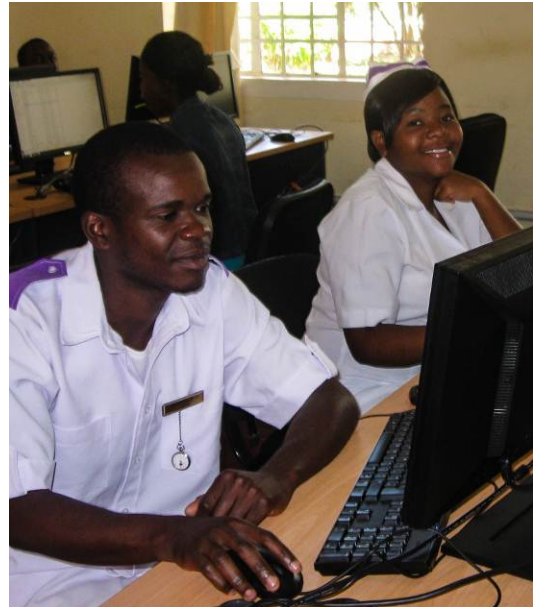
1. Define counseling.
2. Explain the purpose of personal and social counseling.
3. Discuss the role of advice in families and communities.
4. Discuss how traditional African ways of helping young people can still be used.
5. Identify areas where counseling must be provided for young people.
6. How can you assist the achievement of girls through the provision of guidance and counseling?
7. Identify an institution in your area which may be providing 'counseling' And describe the counseling which it offers at that institution.



Unit 2: Theories of Counseling²

How do counselors counsel? What do they say, think, and do? and how do their actions influence the person being counseled? The 'hows' of counseling are many. This unit will only give you the basis or starter pack.

Each approach is one (or more) helper's attempt to construct a set of procedures and methods based on a personality theory, or a set of hypotheses about human functioning, which is effective and different from earlier approaches. Some major counseling/psychotherapy approaches have been selected for presentation in order to illustrate and explain the 'hows' of counseling.



Learning Outcomes

By the end of the unit, you should be able to:

1. Explain a list of theoretical terms and concepts routinely used in talking about counseling
2. Explain the different theories of counseling
3. Describe how to translate theory into counseling practices
4. Develop a personal theory of counseling

A] Client-Centered or Person-Centered Theory

The name of Carl Rogers is associated with client-centered counseling, for he was its founder and leader, having devoted his entire professional life to the practice, teaching, research, and refinement of the approach. It is still one of the most important approaches to counseling. The core of the theory is that humans have an inherent self-actualizing tendency, a movement towards developing capacities in ways which serve to maintain and enhance the individual. By following this innate drive, people can meet their needs, develop a view of themselves, and interact in society in a beneficial way. This may not occur without distress or 'growing pains', but theoretically, if humans can be helped to follow their nature, they will move towards a state of relative happiness, contentment, and general psychological adjustment (Patterson, 1980).

Problems in the personality development process arise when significant people in our lives, (for example, parents, teachers, peers), place a condition of worth upon us, rather than accept us unconditionally. They value us only if we meet certain conditions and expectations. Because humans need the regard of others in order to have self-respect, we strive to meet the expectations of others, though this often requires us to suppress,

² Adapted from Guez, W. & Allen, J. (Eds). (2000). *Counselling*. UNESCO (Zambia). P15.

or ignore, our self-actualizing tendency and the opportunity to accept and value ourselves unconditionally. A false self-image is created, based on meeting the conditions of worth, and we then distort and deny reality, in the quest to confirm our maladjustment.

The key to healthy personality development and self-generated rehabilitation of psychological problems lies in the 'necessary and sufficient conditions of personality change' (Rogers, 1957). When clients interact with counselors who behave in this manner, they begin to share their experience; the self-actualization tendency is activated; they question and cast off conditions of worth, and move towards unconditional acceptance and respect.



Case Example

A Phiri is 27 years old and is employed as a carpenter. His wife, Anachisale, is a full-time house wife with three children. When A Phiri and Anachisale were first married, they both had jobs, but for the last three years of their marriage A Phiri has provided the sole income. Rising inflation, increasing family expenses, and a wage that cannot be raised, have placed A Phiri and Anachisale in financial difficulties. Worse is the strain on their marriage that has arisen from their practical problems. These concerns are related by A Phiri in part of an initial interview with a professional counselor.

Excerpt from First Session

- A Phiri:** The bills are just killing us. It seems, as the children get older, they need more and more. I don't know how other families do it!
- Counselor:** Yes, it is hard to see how others make ends meet when your salary doesn't go far enough.
- A Phiri:** I work harder than most people, and still there's not enough money to meet expenses. It just is not fair. And now Anachisale is pushing me to enter a partnership with my father. He is a small contractor here in the city, but I don't want to leave carpentry. It's my work!
- Counselor:** You'd like to be a carpenter, but it just doesn't seem to pay enough, and now you feel as though you are being pushed into something you don't want.
- A Phiri:** Yes... but if I don't get a better paid job ... (shakes head back and forth). I just don't know what to do.
- Counselor:** It seems you can't win either way...
- A Phiri:** Yes (sigh).
- Counselor:** How does Anachisale react to the situation? You did say she was pushing you towards the partnership...
- A Phiri:** Oh, she thinks the partnership would be a solution to all our problems, and my father wants it too.
- Counselor:** So they both want you to do it ... but ... you'd have to give up something you love ... a kind
- A Phiri:** I am one of the best carpenters around here. Lots of people say so!
- Counselor:** And you don't want to lose that skill, something which you do so well.
- A Phiri:** Yes, and damn it, I shouldn't have to give it up. They don't understand!
- Counselor:** Anachisale and your father don't understand how much carpentry means to you. Yet, you feel that they are pressuring you to give it up? Is that how it is?
- A Phiri:** Yes. My work, what I want to do, doesn't seem to matter.
- Counselor:** How have they told you or shown you that they don't care about your interest in carpentry?
- A Phiri:** Well, I've been at the job for over five years. They ought to know by now how much I love it.
- Counselor:** They ought to know, but do they? Have you talked this over with Anachisale?
- A Phiri:** She wouldn't understand, anyway!
- Counselor:** You don't think she would understand your feelings.

A Phiri: I don't know, maybe ... but I hate to cry on her shoulder!

Counselor: That's what it would seem like to you?

A Phiri: And besides, I don't want to burden her.

Counselor: If she knew how you feel, she'd be burdened?

A Phiri: Yes, she'd worry.

Counselor: I think you're right. If she cares for you, she might be concerned about your unhappiness.

A Phiri's financial problems were not solved in the first counseling session. Indeed, the counselor chose to respond more to A Phiri's feelings and attitudes than address his practical problems. Not surprisingly, after the first session, A Phiri expressed his feelings to Anachisale and a healthier line of communication was established. A Phiri related this experience to the counselor in the second session, and another aspect of A Phiri's financial problems was revealed.

Application to the Case Example

Client-centered counseling attempts to enact Rogers' facilitative conditions. The counselor genuinely accepts the person counseled, whatever his thoughts, feelings and behaviour. An unconditional respect is transmitted through the counselor's words and non-verbal behaviour, and deep empathetic understanding is communicated through reflective responses.

In terms of skill or technique, the client-centered counselor is a master at listening and reflecting on the intra-personal and experiential domain. When clients receive such counseling, they explore themselves and describe experiences, feelings and attitudes which they denied, and of which they became aware. A re-organization of the self takes place and a more authentic person emerges, free of previous defenses, disturbed emotions and disordered behaviour.

In the case example, an excerpt from the first counseling session demonstrated client centered techniques. Most of the counselor's responses were reflective, attempting to mirror feelings and meanings, and convey acceptance, respect and honesty. From this feedback, the client would gain self-awareness and self-acceptance, perhaps leading him to clarify the pressures and conflicts he felt, to realize that he had not talked over his concerns with Anachisale, and that she could not be expected to understand his innermost feelings unless he expressed them. It is also likely that the first session helped A Phiri accept his feelings, rather than feel guilt for not wanting to enter a partnership with his father.



Video Example: Counseling Using the Client-Centered Theory³



Access from the CD the video file *Counseling Using the Client-Centered Theory*



Activity 3: Group Discussion on Video

After viewing the video discuss ...

1. In what ways did the counselor try to use the Client Centered approach in this scenario?
2. Identify specific ways he tried to apply the theory.
3. Do you think he was effective?
4. Discuss both his strong and weak points.

B] Rational-Emotive Theory

Rational-emotive theory was developed by Albert Ellis, a clinical psychologist. Underlying the practice of rational-emotive theory and its applications to counseling is a set of theoretical hypotheses about the emotional-behavioural functioning of humans and how it can be changed (Ellis, 1977). At the centre of these hypotheses is the concept that events do not force people to have emotional behavioural reactions. It is rather their interpretation or thoughts about events that precipitate emotion and behaviour. Therefore, the target for change in psychotherapy is those thoughts, attitudes, beliefs and meanings that create emotional-behavioural disturbance. Ellis theorizes that humans have the capacity to interpret reality in a clear, logical and objective fashion, and avoid unnecessary emotional-behavioural upsets, but also says that humans are predisposed to irrational interpretations. They are susceptible to crooked thinking, draw illogical conclusions which are not objective, and are cognitive distortions of reality. An irrational interpretation of reality, such as the foregoing, usually has two or three standard characteristics (Ellis, 1979): (1) it demands something unrealistic of the world, other people, or yourself; (2) it exaggerates the awfulness of something you dislike; (3) it

³ Kamuzu College of Nursing. (2012). *Counseling using the Client Centred Approach*.

concludes that you cannot tolerate the thing you dislike; and (4) it condemns the world, other people, or yourself. These characteristics are expressed in specific irrational ideas and beliefs, such as the following:

1. I must be loved or approved by everyone I consider significant.
2. I must be thoroughly competent and adequate in everything I do. I should not be satisfied unless I am the best.
3. Some people are inherently and totally bad, wicked and evil. They should be severely blamed and punished.
4. There is something that is not to my liking, and it's awful! I can't stand it!
5. My happiness is caused by events and other people. One's fate determines one's happiness. I have little ability to control my sorrow and upsets.
6. There are dangers and calamities just around the corner, and I must constantly look out for them and stay on guard in case they happen.
7. There are difficulties and responsibilities that are best avoided, because it would require too much discomfort and effort to deal with them.
8. It's best to do what others want, let them have their way, so that I can depend and lean on them to help me out.
9. Because of the earlier influences in my life, I am what I am, and I will always be this way.
10. I can't change.
11. There is a proper and perfect solution to all problems, and I must find it in order to be happy and solve my problems.

For example, an irrational interpretation occurs when (a) parents scold a child because of spilt milk; (b) the child concludes 'I am a bad person' and consequently (c) feels threatened and hurt and withdraws from the scene.



Case Example

Use the same example of A Phiri after he has related his experiences with Anachisale to the counselor in the second session.

Excerpt from Second Session

Counselor: A Phiri, it seems as if you and Anachisale had a really good talk about the situation. And she did understand!

A Phiri: Yes, and we discussed a number of things we could do to improve our financial situation. We ruled out Anachisale going back to work, at least while the children are small. And we ruled out changing jobs. Anachisale wants me to stay with carpentry so long as it is what I want to do.

Counselor: Talking cleared the air then between the two of you.

A Phiri: Yes, but no easy solutions turned up. There was only one thing that made sense, but I want to think it over.

Counselor: What was that?

A Phiri: Well, Anachisale thought maybe I could get a foreman's job with my father's company, you know, overseeing the inside carpentry work for his projects. It would probably pay better than my present job but ... (sigh)

Counselor: I hear hesitancy in your voice ... as if you have reservations?

A Phiri: Well, Dad is bossy and a perfectionist and I've never been able to please him. We've had conflicts.

Counselor: And you've really tried to please him?

- A Phiri:** All my life!
- Counselor:** And when you don't please him, you sometimes feel hurt? Later, maybe angry? (A Phiri nods.) Then a conflict boils up.
- A Phiri:** You've got it! Is this common? You sound as though you know about it.
- Counselor:** Yes, it's not unusual to have conflicts with a parent. In your case the conflict seems to stop you from considering doing business with your father.
- A Phiri:** You know, if I could get along with Dad, it would be a terrific opportunity. And I think he would like to have me as a partner. But getting along with him ... and presenting the partnership idea to him ... I just don't know.
- Counselor:** If you like, we could work out how to improve your interaction. And then you could decide if you want to pursue the idea with your father.
- A Phiri:** OK, but I am warning you, I really get mad at him.
- Counselor:** Let's start right there. In what kind of situation do you get angry with him?
- A Phiri:** When I do something for him, or do something I'm proud of, and he makes a critical comment or doesn't have one good word to say.
- Counselor:** And you think he should say thanks or be complimentary.
- A Phiri:** Well, at least a word or two!
- Counselor:** Why should he give you that word or two?
- A Phiri:** Because any father would do that...
- Counselor:** ... if he truly cared for his son? Is that how it seems?
- A Phiri:** (Silence, head nod, downcast eyes.)
- Counselor:** So, when you look to your father for approval for work well done, and he doesn't give it, you say to yourself, 'He doesn't care for me. If he did he'd show it. He ought to pay me compliments...'
- A Phiri:** Something like that.
- Counselor:** A Phiri, let's think that through. Does your father's lack of praise and his critical comments show conclusively that he has not, and never will, care for you?
- A Phiri:** No, but... it would be nice to have it sometimes.
- Counselor:** Right. It would be nice, but is it a necessity? Must you have praise from Dad to feel OK about yourself, to know you've done a good job, and so on?
- A Phiri:** No, I guess not.
- Counselor:** Why isn't it necessary? How will you know you are a worthwhile person and son, and that your work is of quality?
- A Phiri:** (Long silence) I guess... from other people... and... I can think for myself!
- Counselor:** Let's try out some independent thinking... Suppose you are a foreman, and supervised and helped to complete the interior work on a house... and you did a good solid job. But your father says to you, 'Why didn't you do it differently here and there? It doesn't look like the work my previous foreman did.' How would you ordinarily feel and act?
- A Phiri:** Usually I would be a little miffed. I'd feel like saying, 'Do it yourself!'
- Counselor:** You would feel angry and what thoughts would be behind that anger?
- A Phiri:** Uh... why doesn't he let me do my work?
- Counselor:** Or perhaps, 'He should accept me and my work without comment. He should appreciate a good job and since he doesn't, he's a louse of a father!'
- A Phiri:** (Laughing) Yes, that's close!
- Counselor:** Those attitudes bring on anger and resentful behaviour, but what could you think to keep your cool, to feel only irritated?
- A Phiri:** Uh ... 'That's just the way Dad is, a crank.' And... 'I think it's a good job even if he doesn't.'
- Counselor:** Right! Does this crankiness mean he dislikes you?
- A Phiri:** No, I guess he can care for me and still be cranky... as we said before... there's no rule that he should be complimentary, even though it would be nice.
- Counselor:** How do you feel when thinking about these new attitudes?
- A Phiri:** A lot better, still a little peeved, but OK.

In this second excerpt, the counselor and client have the goal of improving A Phiri's relationship with his father. Specifically, this means decreasing A Phiri's feelings of hurt

and anger towards his father, thus freeing him to deal more effectively with the problem.

The counselor's style has changed and is now more directive and confrontational. The Counselor's responses force A Phiri to examine the thoughts and attitudes that underlie his anger and hurt. Other verbal leads ask A Phiri to examine logically his understanding and dispute what does not make sense. For example, father should give me approval. I am not worthwhile unless Dad says so.

In the last part, A Phiri is helped to establish more acceptable attitudes towards himself and his father. These new attitudes, and a lowering of emotional distress, prepare A Phiri to develop assertive behaviour when interacting with his father.

Application to the Case Example

The process of rational-emotive counseling passes through four stages (Grieger and Boyd, 1979), the first being an exploration of the client's emotive-behavioural difficulties, and an identification / diagnosis of those irrational interpretations that create problems. Next the counselor helps the client to gain insight into his or her irrational ideas, and the ways in which they upset emotions and behaviour. The irrationalities are then challenged and restructured into more rational interpretations, and a re-education process is followed, so that clients use their rational thinking to adapt new life patterns of emotion and behaviour.

In the excerpt from session two in the foregoing example, the rational-emotive approach is evident. The counselor targets A Phiri's demand for his father's approval, helps him see how he bases his own self-worth on his father's praise, and then encourages him to dispute (think through) his irrational ideas. The counselor uses interpretative and confrontational techniques to foster insight and self-responsibility. A Phiri quickly lessens his anger and hurt by thinking more rationally and, with further counseling and work at home, he could make these changes permanent.

Video Example: Counseling Using the Rational-Emotional Approach⁴



Access from the CD the video file *Counseling Using Rational Emotional Theory*



Activity 4: Group Discussion on Video

After viewing the video discuss ...

1. In what ways did the counselor try to use the Rational-Emotional approach in allaying the patient's fears?
2. Identify how he tried to impose logic over the patient's irrational emotions.
3. Do you think he was effective? Discuss.

C] Behavioural Counseling

A general definition of behavioural counseling is that it 'consists of whatever ethical activities a counselor undertakes in an effort to help the client engage in those types of behavior which will lead to a resolution of the client's problems' (Koumboltz, 1965). This definition is perhaps too general to portray fully the character and colour of behavioural counseling, but it highlights two important facts: (1) there is no end to the variety of methods, used in behavioural counseling, and (2) the goals of counseling - to resolve the client's problems - can be stated in behavioural terms.

The methods and procedures of behavioural counseling are based on social-learning theories - theories about how people learn and change their behaviour. Forms of learning, such as operant conditioning, classical conditioning, modeling, and cognitive processes, are used to help persons counseled change unwanted behaviour, and/or develop new, productive behaviour. Some methods and techniques of behavioural counseling can be grouped into these categories:

⁴ Kamuzu College of Nursing. (2012). *Counseling using the Rational Emotional Theory* (v2).

1. Changing and controlling the antecedents of behaviour.
2. Changing and controlling the reinforcement of behaviour.
3. Using models to recognize unwanted behaviour and to learn desirable behaviour.
4. Using imagery to extinguish and/or practice behaviour.
5. Learning social skills.

Stages of Behavioural Counseling

1. The counselor helps the clients to explore their concerns, and a behavioural analysis assessment is conducted through questions and, perhaps, a questionnaire or survey instrument.
2. The two parties set mutually-acceptable goals, stated in behavioural terms.
3. Developing and implementing goal-oriented strategies on learning theory principles (i.e., any set of ethical procedures that helps clients to engage in behaviour that resolves their concerns).
4. Accountability, when client feedback indicates that the strategy was effective in promoting target behaviour and problem resolution.



Case Example

Use the same case example of A Phiri ...

Excerpt from Third Session

- A Phiri:** Our second session helped me see that I can handle a professional interaction with Dad and that I can control my anger, but it's not easy.
- Counselor:** Yes, it's difficult to change attitudes and feelings that have been a part of you for so long. This kind of change takes time and a lot of work. Can you keep working at it?
- A Phiri:** Yes, I'll keep working at it. But - this may sound silly - I am still unsure about how to present this partnership idea, or what to say to him at those times when he is unfairly bossy.
- Counselor:** You're not accustomed to doing that, so it's not surprising that you are unsure. Would it help us to develop some basic assertive methods to get you started?
- A Phiri:** Yes, just some things I could say, so I'm not lost for words.
- Counselor:** After this session I'll recommend some reading that will give you a lot of assertive techniques but, for now, what is one situation we could work on?
- A Phiri:** Asking Dad about entering the business as a foreman.
- Counselor:** OK, let's decide on what you want to say to him, and then we can practice through role playing. (Later in the session.)
- Counselor:** A Phiri, I'll play you and you play your father. So, here we go. 'Dad, I've been doing some thinking about my future in carpentry, and I'd like to explore an idea with you.'
- A Phiri:** What kind of idea?
- Counselor:** Well, I really enjoy interior carpentry, particularly finishing work, and I'd like to stay in it. But I'd also like more responsibility, such as a supervisor's job. I think I could handle a job like that...
- A Phiri:** Yes, yes, but what you really ought to do is go into building as an owner or partner. There is more future in that than being a supervisor.
- Counselor:** I can see why you say that - builders make more money than supervisors, and I suppose there's financial security in owning your own business - but I'm too good at interior carpentry and I want to stay with it - at least for now. I just don't enjoy the management and paper work of a contractor.
- A Phiri:** But don't you see how much better off you'd be?
- Counselor:** Financially better off but unhappy, and maybe not doing a good job. But I don't want to argue. What I want Dad, is to ask if your company has a supervisor's job I could apply for.
- A Phiri:** (Breaking the role-playing.) I'll never remember to say those things.

Counselor: I wasn't outlining a speech for you, A Phiri, just expressing the motives and desires you've said you want to express. When we try role-playing again, why don't you play yourself and try a few assertive statements? Just be spontaneous, and gradually build up how to say what you want to say.

A Phiri: I see, I'm just not in the habit of saying what I want or how I see things. I need to work on this.

For the rest of this third counseling session, A Phiri continued to learn and practice some assertive techniques - the behaviour of standing up for his rights, expressing his desires, stating differences of opinion, making requests, resolving conflicts, and so on. As this new behaviour was developed, A Phiri also assessed his attitudes and emotions, working through obstacles to assertion. With readings in assertive techniques, practice, and effective counseling, A Phiri could reach his goal of improving the interaction with his father, and securing a financially desirable job.

Application to the Case Example

The excerpt from session three of the example is behavioural counseling. A Phiri wanted to improve his communication with his father. He wanted to express himself assuredly and not be 'lost for words.' His behavioural goal was to ask his father for the type of job he wanted. The strategy for reaching this goal was assertion training - that is, learning to communicate assertively with his father. Role-playing was the primary training method because it contains multiple means of learning. The person counseled can play the father's role and gain empathy for his position. He can observe and model the counselor's assertion techniques, criticize the roleplaying and make it realistic, perform assertive techniques in a life-like situation, receive constructive feedback and reinforcement from the counselor, and practice assertive behavior until it is proficient and comfortable.



Activity 5: Group work - Theories of Counseling

1. Which counselor sounded like the type of counselor you want to be? Why? What did you value in that counselor's performance?
2. Which counselor would you choose to help you with a problem? What is there in that approach that you want when you have a problem?
3. What was the 'real concern' of the person counseled?
4. What was the outcome of each approach? Which one was most effective?
5. How would an RET or behavioural counselor have handled the first session



Video Examples: Coaching using Behavioral Theory (v1)⁵ & (Chichewa)⁶



Access from the CD the video files *Coaching using Behavioural Theory* and *Coaching using Behavioural Theory (Chichewa)*



Activity 6: Group Discussion on Video

After viewing the video discuss ...

1. In what ways did the counselor try to coach the patient scenario?
2. Identify specific ways he tried to apply the Behavioural theory.
3. Do you think he was effective?

Three Stages of the Helping Model

⁷ Clara Hill's (2004) three-stage model of helping skills encourages counselors to emphasize skills from different theories during different stages of helping. Hill's model might be considered a combination of theoretical integration and technical eclecticism. Hill's model is called the Three Stage Model. The first stage is the exploration stage. This is based on client-centered therapy. The second stage is entitled insight. Interventions used in this stage are based on psychoanalytic therapy. The last stage, the action stage, is based on behavioral therapy.

⁸The Present Scenario

a) *Help clients to tell their stories.*

In telling the story, clients reveal and discuss their problems and missed opportunities. Some clients are articulate while others may be mute. Some will be reluctant to reveal everything that is bothering them, while others do so easily. The story needs to be told

⁵ Kamuzu College of Nursing. (2012). *Coaching using Behavioural Theory (v1)*.

⁶ Kamuzu College of Nursing. (2012). *Coaching using Behavioural Theory (Chichewa)*.

⁷ Adapted from Wikipedia. (2012). *Integrative Psychotherapy*.

⁸ Adapted from Guez, W. & Allen, J. (eds). (2000). *Counselling*. UNESCO (Zambia)

either at the beginning of the helping process, or in bits and pieces. For this to happen, counselors need to develop an effective helpful relationship with clients. They need to assess rather than judge their clients. They need to assess such things as the nature and severity of the problem, other problems that are not discussed, and the impact of the clients' environment on problems, the personal and interpersonal resources available to clients.

b) Help clients become aware of, and overcome their blind spots and develop new perspectives about themselves and their problems.

Many people fail to deal with problems, or fail to exploit opportunities because they do not see them from new perspectives. They lock themselves in self-defeating patterns of thinking and behaviour. Using imagination and brainstorming as a means of problem management and opportunity development is one way in which counselors can empower clients. Challenging blind spots is not the same as telling them that what they are doing is wrong. It is helping them to see themselves, others, and the world around them in a more creative way.

c) Help clients search for leverage.

Clients should be helped to identify and work on problems, issues, concerns or opportunities that make a difference. Leverage includes three related activities. First, the cost of the problem has to be considered in terms of the effort and time spent on it. Secondly, if clients, when telling stories, reveal a number of problems at the same time or if the problem is complex, then criteria are needed to determine which concern is to be dealt with first. Lastly, the problem, issue, and concerns, need to be clarified in terms of specific experiences, behaviour and affects (feelings, emotions).

The Preferred Scenario

a) Help clients develop a range of future possibilities.

If a client's state of affairs is problematic and unacceptable, then he/she needs to be helped to imagine, conceptualize, or picture, a new state of affairs that is more acceptable. Ask future-oriented questions like:

1. 'What would this problem look like if I managed it better?'
2. 'What changes in my present life style would make sense?'
3. 'What would it look like if it were better?'
4. Clients should be helped to find appropriate and realistic models. Another way could be to review better times or become involved in new experiences. The use of writing fantasy and guided imagery has also proved beneficial for many client

b) Help clients to translate possibilities into viable agendas

The variety of possibilities constitutes the possible desired outcomes of the helping process. The client is helped to choose the possibilities that make the most sense, and turn them into an agenda, i.e. a set of goals that need to be accomplished.

c) Help clients identify the kinds of incentives that enable them to commit themselves to the agendas they prepare.

Ideally the agendas a client chooses are appealing. If not, then the incentives for commitment need to be discovered. The goals that are set in the agenda need to be

accepted and appeal to the client. It is better if they are chosen from among a number of options. The focus should be on those that reduce crisis or pain. Challenging goals should not be avoided. The counselor can help clients see ways of managing the obstacles that stand in the way of goal attainment. Contracts can help clients to commit themselves to choices, and the client needs to be helped to identify strategies for accomplishing goals.

Strategies (Getting There)

a) Help clients brainstorm various strategies for implementing their agenda.

Clients are helped to ask themselves questions like, 'How can I get where I want to go?' Strategies tend to be more effective when chosen from among a number of possibilities. A strategy is the action needed to achieve a goal.

If the strategy is complex, then it needs to be divided into a number of interrelated outcomes or accomplishments. Each of these sub-goals then has its own set of strategies. This divide and conquer process can lead to the achievement of what once seemed impossible. One reason why people fail to achieve goals is that they do not explore the different ways by which a goal can be reached. Brain storming plays a role by suspending judgment, producing as many ideas as possible, using one idea leading to others, removing constraints to thinking, and producing more ideas by clarifying items on the list.

b) Help clients choose a set of strategies that best fits their environment and resources. 'Best' here means one strategy, or a combination of strategies, that best fits the clients' needs, preferences, and resources, and that is least likely to be blocked by the factors present in the client's environment. They should be clear and specific, tied to the desired goal, realistic, effective, accepted by the client, and in keeping with his or her values.

c) Help clients formulate a plan, a step-by-step procedure for reaching each goal.

A plan has strategies for reaching goals, divides them into workable bits, puts the bits in order, and prepares a time-table. Formulating plans helps clients find useful ways of reaching goals, that is, even better strategies. Plans provide an opportunity to evaluate the realism and adequacy of goals. They tell clients something about their strategies. Clients are also helped to discover obstacles to the reaching of goals.



Summary

Though similar to helpful conversation and psychotherapy, counseling has its own identity. It helps individuals with developmental, career, and personal adjustment problems, and where there are no problems, counseling can foster healthy human development by increasing self-awareness and resourcefulness.

How is counseling done? Through many different approaches, methods and techniques. The three approaches reviewed focused on the affective domain (client-centered), the cognitive or ideational realm (RET), and the behaviour (the behavioural approach) of the person counseled. There are numerous other approaches and methods that influence these three realms of human functioning, and aspiring counselors have many to choose from. Ultimately, one's 'how' in counseling consists of a unique and idiosyncratic

manner of helping others, combined with the skill and knowledge acquired from approaches such as the three reviewed. Having learnt the importance of counseling, let us now turn to the qualities of a good counselor.



Unit 3: Characteristics of Effective Counseling⁹

Neither the client nor the counselor is free of ethical views of life. Effective counseling deals with ethical understanding, legal responsibilities and moral realities. Counseling does not take place in a fantasy world, but in a world of reality where people are required to make ethical choices and decisions. Adherence to professional ethical standards protects both the public and the counselor.



Learning Outcomes

By the end of the unit, you should be able to:

1. describe unethical behaviour;
2. discuss ethical codes.

This unit includes unethical behaviour and ethical codes.

Unethical Behaviour & Ethical Codes

First let us consider what would constitute unethical behaviour from a counselor.

Consider this list.

1. Incompetence, that is, inadequate knowledge and the absence of skills necessary for professional behaviour.
2. Lack of integrity, moral commitment and sound professional judgment to adhere to acceptable standards of right and wrong action.
3. Violating confidences. Information presented in a counseling relationship is confidential.
4. Exceeding the level of professional competence. Counselors must recognize their strengths and limitations in serving their clients in the most competent manner - or refer them to other experts.
5. Imposing values on clients. It is a responsibility of counselors to be aware of his/her values and of their impact on others.
6. Creating dependence on the part of the clients to meet the counselor's own needs, e.g., sexual relations and social interactions.
7. Improper advertising, especially advertising that presents the counselor as one who has the skills, competence and/or credentials, that he, or she, does not actually possess.
8. Charging fees for private counseling to those who are entitled to free services through the counselor's employing institution, and/or using one's job to recruit clients for a private practice.

⁹ Adapted from Guez, W. & Allen, J. (Eds). (2000). *Counselling*. UNESCO (Zambia). P53.



Video Examples: Poor Counseling Technique¹⁰. Watch this video that tries to illustrate how not to counsel a patient



Access from the CD the video files *Poor Counseling Technique* and *Poor Counseling Technique (Chichewa)*¹¹



Activity 7: Group Discussion on Video

After viewing the video discuss

1. How many poor habits or practices was the counselor guilty of?
2. What could she have done differently?

Ethical Codes

Ethical codes, or standards, are designed to provide guidelines for behaviour.

Ethical codes serve several purposes:

1. They protect members from practices that may result in public condemnation.
2. They provide a measure of self-regulation, thus giving members a certain freedom and autonomy.
3. They provide clients a degree of protection from cheats and the incompetent.
4. They help to protect counselors from the public if they are sued for malpractice.

The following ethical codes of behavior are necessary for you to know them, because they are going to help you to do conduct counseling professionally. Adherence to these codes of conduct is of paramount importance and a foundation of successful practice:

¹⁰ Kamuzu College of Nursing. (2012). *Poor Counseling Technique*.

¹¹ Kamuzu College of Nursing. (2012). *Poor Counseling Technique (Chichewa)*.

Confidentiality

You are mandated to maintain all matters arising during any counseling of a client confidential. All advice given should not in any way be disclosed nor discussed with another person.

Tolerance

It is important that you practice tolerance with your client, and unnecessary duress on the client is totally unacceptable. Request for counseling is voluntary and therefore is improper to force the services on a client.

Objectivity

The need to be objective in counseling relationship is important. You need to be impersonal in your dealing with the client, and be objective with your view, offer options that are clear and understood by the client, merits and demerits spelt out very clearly, so that the client is very clear of the kinds of decisions he/she is going to make. Counselor's views should to be imposed on the client.



Activity 8: Group work - Ethics and the Counselor

Questions for discussion:

1. Were ethical standards devised to restrain, or aid you, in your professional development?
2. Have you accepted the standards because they were always there, or because you decided that they are consonant with your own value system?
3. What would you be willing to do for money? For example, would you continue a client relationship when you are aware you can no longer be of any help? Or what are the rewards and payments you obtain from your work as a counselor?
4. Under what circumstances would you lie to a client?
5. To what extent would you attempt to provide services for which you are not properly trained or experienced?
6. When would you find it necessary to divulge confidential information?
7. How tolerant are you of the unethical practices of your colleagues? Under what circumstances would you take action against an unethical act?
8. How often do you use the counselor/client relationship to satisfy your own needs?
9. How do you evaluate your effectiveness?

Qualities of a Good Counselor

What qualities or attributes should you possess as a counselor in order to pass on effective messages and communication to your patient/clients?

Counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or



systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology. Thus counseling focuses on helping people make changes unlike guidance that focuses on helping individuals choose what they value most. Therefore a counselor is a person who gives counsel or advice.

Counselors work in diverse community settings designed to provide a variety of counseling, rehabilitation, and support services. Their duties vary greatly, depending on their specialty, which is determined by the setting in which they work and the population they serve. Although the specific setting may have an implied scope of practice, counselors frequently are challenged with children, adolescents, adults, or families that have multiple issues, such as mental health disorders and addiction, disability and employment needs, school problem or career counseling needs, and trauma. Counselors must recognize these issues in order to provide their clients with appropriate counseling and support.

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

Patience:

You need to be very patient. Go to the next step of explanation only when the patient/client has clearly understood the content of the information you are giving. Thus you need to have ample time for the client/patient.

Good Listening:

You need to be a good listener. Never interrupt what the patient/client has /is to say. Give your inputs only when the client / patient has finished talking.

Observant:

You need to be very observant and able to interpret non-verbal communication e.g. if the patient/client looks angry, find out the cause of his/her anger first.

Warm:

Provide non-possessive warmth in a counseling environment. Smile and show concern and acceptance to the patient/client.

Knowledgeable:

You should have good knowledge on the topic /problem e.g. compliance to medication. Some people do not take medication for one reason or the other, while others demand drugs/medication. For example, Muslims do not take oral medication when they are fasting while Jehovah's witnesses do not take blood transfusion. Understanding the factors why people may not do certain activities at specific time will assist to assist them better.

Having empathy with the patient/client:

Try to understand the feelings the patient/client is having in the counseling process. In other words put yourself in his/her position.

Maintaining a therapeutic relationship with a patient:

Give the patient/client the opportunity to make his/her own decision from your message.

Confidentiality:

Although confidentiality is important in health matters it does not apply very much to all situations e.g. most people will openly say what they feel/ the problem they are having. However, ensure that you maintain confidentiality on what the patient/client tells you. The patient/client would feel greatly offended if you disclose any information about him or her to other people. This means that counseling must be done individually and privately.

Personal integrity:

Maintain a high degree of personal integrity, credibility and mutual trust as a counselor.

Counseling Skills

Effective counseling occurs only when there is a mutual understanding between the health worker and the patient/client which is brought about by information sharing and exchange of ideas. The qualities of a good counselor go hand in hand with good counseling skills. In this section you shall learn about some counseling skills.



Activity 9: Counseling Skills

Before you read on, do this activity on your own. It should take you 5 minutes to complete.

List five skills you need in counseling

1.
2.
3.
4.
5.

The following are some of the skills that you need as a counselor:

Active Listening

As a health worker, you should listen to what your patient/client says. Show the patient/client that you are paying attention. For example, rather than looking through papers on your desk as the patient/client is talking to you, you should look at his/her face as you listen.

Attending Behaviour

You should greet your patient/client politely and make him/her feel comfortable and relaxed. With facial expression, eye contact, gestures, and posture, show him/her that you are interested in what he/she is telling you.

Interviewing/Asking Questions

As a good counselor, you should ask open-ended questions as opposed to close-ended questions. You should also ask probing questions.

We have used three expressions i.e. close ended, open-ended and probing questions. Before we proceed to learn about the other skills, let's explain what they are.

- *What is a closed ended question?*

A closed ended question is a question that invites a “Yes” or “No” response. For example, “Are you happy with the drug you are taking?” This is a bad question because it does not provide the client with an opportunity to express his or her feelings.

- *What is an open-ended question?*
An open-ended question is a question that leaves room for a patient/client to give a detailed and complete answer. For example, “tell me about your experience so far with the drug you are taking”.
- *What is a probing question?*
A probing question is a question that asks for more details for example, “And what else can you tell me?” or “What happened after that?” “Is there anything else you would like to add?” And so on.

NOTE: You should avoid asking why questions because they may elicit feelings or actions that can be complex and embarrassing.

A good counselor asks open-ended questions and probing questions because they encourage the patient/client to explore and express his/her feelings. Next time you counsel a patient/client try to use both the open ended and probing questions.

Reflecting Feelings

By observing and listening, you can imagine how a patient/client feels. You can then tell the patient/client what you think. When a patient/client gives a vague answer, you can point this out by saying “You seem not to be clear on this”. This serves three purposes:

- The patient/client thinks about how he or she feels and why;
- You the health worker can find out whether the patient/client is confused;
- If there is confusion you can clear it up through discussion.

Praise appropriate practices

You should praise a patient/client for any good practice he/she may mention.

Giving Information and negotiating changes

After the patient/client has told you his/her problem, you should give her/him relevant information and negotiate changes. You should use words that the patient/client understands. Check whether the patient/client understands you by asking him/her to repeat the information and instructions you have given. If the feedback shows that the patient/client did not understand the information or cannot remember, explain again.

Use of local language

Whenever possible use a local language that the client understands best. It is important for both you and the patient to understand each other very well.

Remain neutral and non-Judgemental

Whenever possible give advice but do not judge.

Be consistent in giving advice

If you are sure of the facts be consistent.

Summarising and Paraphrasing

By re-stating in your own words what the patient/client says, you show that you are listening and that you have understood what the patient/client has said. For example, "What you are saying is that you have no problem with the drug so far..."

It is important to develop skills in counseling so that you can effectively help your patients/clients. Having discussed skills in counseling, let us now discuss the counseling process.

The Counseling Process

When counseling patients/clients, we progress through a series of interconnected and overlapping stages to help patients/clients make informed decisions. Both you and the patients/clients actively participate. You exchange information and discuss the patients'/client's feelings and attitudes about the disease and drugs. Through this interaction the patient/client makes a decision, acts and evaluates his/her actions.



Activity 10: Counseling Stages - GATHER

Before you continue reading, do Activity 5 on your own. It should take you 10 minutes to complete. The stages of the counseling process can be abbreviated by the word GATHER. Do you know what each letter in the word GATHER stands for? Fill in what each letter stands for.

- G
- A
- T
- H
- E
- R



Activity Feedback

Confirm your answer as you read the following discussion.

There are six elements to the counseling process. They are easy to remember with the memory aid **GATHER**. Each letter in the word **GATHER** stands for an action or step that a counselor is expected to take when counseling a patient/client. What does each letter stand for?

- G** Greet the patient/client.
- A** Ask patient/client about herself/himself.
- T** Tell patient/client about proper use of drugs.
- H** Help patient/client to understand the instructions
- E** Explain how to use the drugs.
- R** Return for follow-up.

In order to have a successful counseling session you must do the following:

1. Give the patient/client the right to make his or her own decisions;
2. Keep patient's/client's problems confidential;
3. Be truthful to the patient/client;
4. Give correct information;
5. Recognise your own limitations in counseling in regard to specific problems.



Video Example: GATHER Technique¹². Watch this video that tries to illustrate how to 'GATHER'



Access from the CD the video files *Counseling using GATHER*



Activity 11: Group Discussion on Video

After viewing the video discuss ...

1. In what ways did the counselor try to use various aspects of the GATHER technique?
2. Identify specific examples of when she tried to apply GATHER.
3. Do you think she was effective? What did she leave out? How might she have done better?

Note: Self-introduction when you meet the patient/client and the initial questions which address the purpose of the visit or nature of the problem, are useful activities to encourage the patient/client to talk.

Barriers to Effective Counseling

To a great extent, the counseling process is concerned with effective communication. Therefore, many of the barriers to effective counseling are those related to communication.

¹² Kamuzu College of Nursing. (2012). *Counseling using GATHER*.

Often barriers interfere with the counseling process because they prevent the patient/client from being able to make free and informed decisions about the course of treatment, how to act on them and to continue using them. When there are barriers the patient/client will not disclose her/his feelings and concerns fully enough for you to be able to give the necessary assistance and guidance.



Activity 12: Barriers

Before you continue reading this section do Activity 7 as a group exercise, it should take you 5 minutes to complete.

Imagine you receive a patient/client in your Health Unit, what would you consider as barriers to effective counseling of this patient/client.

1.
2.
3.
4.
5.



Activity Feedback

The answers you have written should include the following barriers to effective counseling:

1. Physical barriers
2. Differences in social and cultural background
3. Psychological barriers
4. Inappropriate non-verbal behaviour by you the health worker
5. Barriers caused by patient/client
6. Language and level of education

Let us now discuss each of these barriers one by one.

Physical Barriers

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

- A counseling room which does not offer privacy;
- Poor lighting;
- Dirty and untidy room;
- Distracting noise;
- Extreme temperatures;
- Uncomfortable seating arrangement;
- Distractions in the room such as equipment and visual aids;
- Objects and chemicals which are dangerous to the patient/client.

If the room where you serve patients/clients at your health unit has any of these barriers you should do something to improve it.

Differences in Social and Cultural background

When a patient/client is from a different nationality, race or ethnic group, it may be difficult for you to know the patient/client's beliefs, taboos and cultural practices. The

patient/client may not be able to take action because perhaps the information you give him/her does not tally with his/her beliefs, taboos etc. As a good counselor you should endeavour to know a patient's/clients' cultural background before you start a counseling session.

Non-Verbal Communication

Non-verbal communication involves all the little things you do while you talk to a patient/client. It includes:

- Gesturing
- Frowning
- Showing signs of boredom or humour
- Showing signs of disgust
- Displaying signs of despise towards a client
- Nodding the head
- Shaking the head

Some non-verbal communications are negative while others are positive. Nodding the head is a positive non-verbal communication. Gesturing can be both positive and negative non-verbal communication. Therefore, try to make good gestures which will demonstrate your interest, concern and understanding of the patient's/client's expressions. These may be a smile or occasional nodding in appreciation of what a patient/client tells you.

Barriers caused by patient/client

Let us now look at some of the barriers that may be caused by a patient/client. These are:

- Lack of interest in being counselled
- Patient's/client's appearance to you (impression)
- Patient/client's emotions

It is important that you motivate your patients/clients and arouse their interest as soon as you start the counseling session. Use of visual aids helps arouse patients'/clients' interest. It also stimulates active thinking and learning while providing a shared experience. Lack of interest makes a patient/client inattentive and biased in thinking. If there is something disturbing a patient/client, such as a family or social problem, you should be able to identify it. If you think the patient/client is so disturbed that they cannot benefit from the session, you should postpone it to another day. If you fail to handle your patient/clients problem they may never come to back to see you again. We hope you are now well prepared to counsel malaria patients/clients. Next, let us consider the IEC messages you should give on malaria prevention and control.

Summary



We have come to the end of this unit on Counseling. In this unit we defined counseling as a face-to-face communication between a counselor and a patient/client which aims at helping the patient/client understand their problems and make informed decisions for change. We said that counseling is psychological therapy and should be given to all patients suffering from malaria. We also discussed the qualities of a good counselor and

the skills in counseling. Finally, we explained the barriers to effective counseling, which included physical barriers, differences in social and cultural background, non-verbal communication, and barriers caused by patients/clients.

You should now review the learning objectives at the beginning of this unit to check whether you are up-to-date with basic knowledge about counseling and health promotion in Malaria. If you are not sure about any of the objectives go back to the relevant section and read it again. If you feel confident that you have achieved all the objectives, complete the attached Tutor Marked Assignment attached before you proceed to the next unit. Remember to also do the practical assignment given below.



Unit 4: Dealing With Substance Abuse

Substance abuse is a problem in our society today. Many young people abuse alcohol, cocaine, heroin, prescription drugs, and other substances. People abuse substances for a variety of reasons; for example, to forget and escape from problems such as unemployment. Such abuse is especially common in situations where there is little chance of improving one's life.



You are probably aware that helping young people avoid substance abuse is vitally important to ensure they do

not get addicted to drugs, alcohol, or other substances in the future. You may have encountered young people that have already abused or are currently abusing substances. This unit will help you work with them by giving you some ideas about preventing further abuse and helping them overcome current habits.

This unit is divided into sections/subunits as follows:

1. Change in Behaviour
2. Effects of Substance Abuse on Physical & Emotional Health of Young People
3. The Effects of Substance Abuse on our Community and Society
4. How to tell if young people are abusing substances
5. Guiding young people's attitudes towards substance abuse
 - a. Be a Good Role Model
 - b. Talking with Young People about Substance Abuse
 - c. Planning to Prevent Substance Abuse
 - d. Planning Activities for Young People



Lesson Outcomes

By the end of this unit, you should be able to:

1. Describe substance abuse.
2. Identify substances that are abused.
3. Describe signs and symptoms of substance abuse.
4. Explain the consequences of substance abuse.
5. Identify strategies that support young people who abuse substances.
6. Organise a program for the prevention of substance abuse.
7. Identify available referral networks for substance abuse.

Change in Behaviour

We will begin this section by observing a case study



Case Study

Mwayi has been caring for her niece, Chikondi, since Chikondi's mother died when she was 6 years old. Chikondi is now 13. She was very upset after her mother died, but soon settled into Mwayi's household where she was pleasant and helpful. She was a very good student and had several good friends in school. At the beginning of the term, Chikondi moved to a different school where she didn't know the other students. Mwayi noticed that Chikondi was unhappy but she knew it would take time for her to adjust. Instead, Chikondi has started skipping school and her grades have dropped. She has become moody and often lashes out at Mwayi and others in the family. Mwayi wonders what has caused this change.



Activity 13: Behaviour Change

As a group discuss what you think might be the causes of Chikondi's change in behaviour?



Activity Feedback:

Your discussion should include:

There are several possible explanations for Chikondi's behaviour, and one of these is substance abuse. Use of substances—drugs, alcohol, or inhalants—can produce many of the changes that Mwayi has noted in her niece's behaviour. To understand what substance abuse means, let us look at the meaning of the words use, misuse, and abuse. "Use" is the application of a substance correctly or for its intended purpose. "Misuse" is the application or utilisation of an item or objects wrongly, or for a purpose for which it is not intended, where such use has a tendency to cause harm. Substance "abuse" can be described as the misuse of substances which have legitimate uses, but which can cause harm when misused. For example, certain drugs are useful as medicine, but may be harmful when taken for non-medical purposes. Adults often have a drink of alcohol on social occasions, but it is harmful and may be addictive when used habitually or excessively. Glue is useful to fasten things together, but very harmful when it is inhaled.

Substance abuse can also refer to the use of illegal substances, including "hard" drugs such as heroin and cocaine. Substances which are commonly abused include:

- Glue
- Petrol
- Paint thinner
- Alcohol (Kachasu, ntonjani, kadansana)
- Marijuana (Chamba, dagga, weed, hashish etc.)

- Cocaine
- Heroin
- Valium - Diazepam

The kinds of harm that can result from substance abuse include:

- Family problems-divorce, malnutrition, poor upbringing of children
- Problems in the community - poverty, theft, violence
- Problems in school - absenteeism and poor performance
- Legal problems - arrest for possession and use
- Financial problems - stealing to get money to purchase the abused substance.
- Health problems - chest problems, mental instability, unprotected sex which may lead to unplanned



Activity 14: Group Work

1. What is the difference between substance use and substance abuse?
2. What substances are commonly abused by young people in your community?

Effects of Substance Abuse on Physical & Emotional Health of Young People

Why should we be Concerned about Substance Abuse?

There are two main reasons why we should be concerned about substance abuse. Firstly, substance abuse by young people can alter their lives permanently, destroying their health, productivity, and relationships with others. Secondly, use of substances is widespread among young people and it affects people around the abuser and the society in which they live.

The abuse of substances can cause many physical and emotional problems in the young people. Inhalants such as glue, paint thinner and petrol, when used even once, can cause suffocation, visual hallucinations, and severe mood swings. When used over a period of time, the results can include hepatitis, nausea, nosebleeds, irreversible brain damage, nervous system damage, and death. The long-term effects of alcohol abuse may include stomach ailments, skin problems, liver damage, memory loss, and heart and central nervous system damage.

Over time, chamba use can increase the risk of cancer and diminish sexual capacity. Appendix A, at the end of this unit, includes a more complete list of short and long-term effects of inhalants, marijuana, and alcohol.

The use of these substances is often addictive. This means that people who use the substances develop a greater and greater need for them, and it becomes very difficult for them to break their habit. Unfortunately, young people seem to become dependent on substances more quickly than adults do. They are at risk to develop serious dependency problems if:

- There is a family history of substance abuse. Children may inherit a biological predisposition toward substance dependency. Apart from that, children who grow

up in an environment where there is substance abuse have poor role modeling and are more likely to be exposed to violence, abuse, etc

- They are depressed
- They have low self-esteem
- They feel like they don't fit in

Recent research on brain development has shown us that the human brain is not completely developed until the late teens or early twenties. Because of this, young people may be less able to see the long-term consequences of their actions and to make decisions accordingly. Young people also lack life experience on which to base their decision-making. Substance abuse eventually causes problems for individuals in their dealings with their family, community, and school. Because of this, young people may be less able to see the long-term consequences of their actions and to make decisions accordingly. Young people also lack life experience on which to base their decision-making.

Substance abuse eventually causes problems for individuals in their dealings with their family, community, and school. They may have difficulties with the law when they resort to illegal actions to get money to feed their addiction. Under the influence of substances, they may have unprotected sex, which may lead to unplanned pregnancies, sexually transmitted diseases, HIV/AIDS, and/or babies being born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE).

The Effects of Substance Abuse on our Community and Society

Young people who drink alcohol and/or use and sell drugs create an atmosphere that is dangerous and unsafe for other members of society. Also, they can be disruptive and violent when they are under the influence. They are less likely to become productive members of society because they are at risk of dropping out of school and often lack motivation and self-discipline. The consequences of substance abuse, such as health problems and young people born to parents who are unable to care for them, places stress on the resources of the community.



Activity 15: Individual Reflection Task

1. Think of a young people you know who abuses substances such as drugs or alcohol. What effect has substance abuse had on that person's life?
2. Why do you think this person has not stopped substance abuse?



Activity 16: Group Discussion

Why do you think young people abuse alcohol or drugs? List several reasons



Activity Feedback:

Your list should include the following since all these are common reasons young people may abuse substances:

- To reduce stress and forget about problems.
- To feel good.
- Out of boredom, to give them something to do.
- Because they are curious.

- To feel more grown up.
- To fit in.



Activity 17: Group Work

Look again at the story of Chikondi, at the beginning of the unit. What are some of the reasons that Chikondi might be particularly vulnerable to substance abuse?

Substance abuse is more likely to occur when young people live with the stress of an unstable home or social environment, or where there are limited employment and recreational opportunities.

How To Tell if Young People are Abusing Substances

As an introduction we want you to do the following activity.



Activity 18: Individual Reflection Activity

1. How can you tell if the young people you are working with is abusing substances?
2. Write as many signs and symptoms as possible



Activity Feedback:

Did your list contain many of these items? Below is a checklist of some warning signs and symptoms of substance abuse that you should look out for.

1. Smell of alcohol, smoke, or other chemicals (for example, glue) on the young people's breath or clothing
2. Obvious drunkenness, dizziness, or strange behaviour
3. Change in dress, appearance, and grooming
4. Radical change in choice of friends
5. Frequent arguments, sudden mood changes, and unexplained violent actions
6. Change in eating and sleeping patterns
7. Skipping school
8. Failing grades
9. Runaway and delinquent behaviour
10. Suicide attempts
11. Abrupt changes—lower levels of self-discipline.
12. Unusual flare-ups or outbreaks of temper.
13. Withdrawal from responsibility.
14. General changes in overall attitude.
15. Deterioration of physical appearance and grooming.
16. Wearing of sunglasses at inappropriate times.
17. Continual wearing of long-sleeved garments (particularly in hot weather) or reluctance to wear short-sleeved attire when appropriate.
18. Association with known substance abusers.
19. Unusual borrowing of money from friends.
20. Stealing small items from home or school.
21. Secretive behaviour regarding actions and possessions. Poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, restroom, basement, etc.

22. Difficulty focusing, glazed appearance of the eyes.
23. Loss of memory (blackouts).
24. Availability and consumption of abused substance becomes the focus.
25. Changes in peer-group associations and friendships.
26. Impaired interpersonal relationships (unexplainable termination of deep relationships and/or alienation from close family members).

It is important to remember that just because a young people you know is displaying one or two of the signs or symptoms in the checklist it does not necessarily mean that they are abusing substances - they could have other problems. The checklist only helps you to become more keenly aware about the young people in your care so that you can notice any drastic changes in their behaviour patterns early.

Note: Appendix B contains a quiz to help teenagers decide if they have an alcohol problem. You may wish to use this quiz with young people that you suspect of having a drinking problem. It may help them to become aware of the problem.

Guiding young people’s attitudes towards substance abuse

As a caregiver, you are probably asking yourself what you can do to help young people under your care not to be tempted to abuse substances. The following are some ways to guide young people’s thoughts and attitudes about substance abuse.

Be a Good Role Model

Caregivers, like parents, are the most important role models in young people’s lives. What they say and do about substance abuse has a significant impact on the choices young people make. Your own habits and attitudes about tobacco, alcohol, and other substances speak louder than words. Take a few minutes to answer the following questions about your feelings and attitudes towards tobacco, alcohol, and other substances (circle Yes/No as appropriate).

Do You ...		
Usually offer alcoholic drinks to friends and family when they come to your home?	Yes	No
Frequently take medicine for minor aches and pains or if you are feeling sad or nervous?	Yes	No
Take sleeping pills to fall asleep?	Yes	No
Use alcohol or any other substance in a way you would not want your young people to when he/she is an adult?	Yes	No
Smoke cigarettes?	Yes	No
Are you proud about how much you can drink?	Yes	No
Make jokes about getting drunk or using drugs?	Yes	No
You go to parties that involve a lot of drinking?	Yes	No
Have your young people ever seen you drunk?	Yes	No
Let minors drink alcohol in your home?	Yes	No

Below are some strategies to model good behaviour but also tap into the thoughts and values of young people.

Really listen to each young people

Really listen to what each young people has to say. Stop what you are doing and make eye contact. Encourage the young people to share questions and concerns about alcohol tobacco and other substances. Do not do all the talking or give long lectures.

Talk with young people honestly

In today's complex and busy world, it is interesting how few chances there are for parents or guardians to have conversations about substance abuse with young people. One way to talk to young people about substances is to take advantage of everyday "teachable moments." For example, if you and a young people see a group of teenagers sniffing glue and hanging out, talk about the possible negative effects of their actions.

Watch TV with young people and ask them what they think

Whenever you see an anti-substance abuse commercial on TV, use it as an opening to talk with the young people about substance abuse. Ask them what they think about the commercial.

Discuss a newspaper article or local event (perhaps an accident) in which substance abuse was a factor.

Make discussions about tobacco, alcohol, & other substances part of your daily conversation

Young people who don't know the facts about tobacco, alcohol, and other substances are at a greater risk of trying them. Be sure that you know the facts about substance abuse and how it can harm people. Clear up any wrong information, such as "everybody drinks" or "Chamba won't hurt you." Talk to them about the dangers of substance use and abuse! It is important to let young people know that substance abuse will damage their bodies. Emphasise the health problems associated with substance abuse, such as: malnutrition, stomach ailments, increased risk of cancer, heart attacks, brain damage, nausea and vomiting, hepatitis or HIV/AIDS transmitted through shared needles.



Activity 19: Group Work

Discuss how the need for peer-group acceptance can lead to substance abuse.

Help young people develop strong values

Young people who decide not to use alcohol or other substances often make this decision because they have strong convictions against the use of these substances - convictions based on a value system. Be clear about your own values and explain to the young people why you choose a particular course of action and how that choice reflects your values.

Be Clear about Rules

Young people want you to talk to them about substances. State your position clearly. If you're not clear, they may be tempted to use them. Tell young people that you don't want them to use alcohol, tobacco, and other substances because you love them. Make it clear that this rule holds true even at other people's houses.

Also discuss the consequences of breaking the rules—what the punishment will be and how it will be carried out. Consequences must go hand-in-hand with limits so that young

people understand that there are predictable outcomes to their choosing a particular course of action.

The consequences you select should be reasonable and related to the violation. For example, if you catch young people smoking, you might “ground” them, restricting their social activities for two weeks. You could then use this time to show them how concerned you are about the serious health consequences of smoking, and about the possibility of becoming addicted.

Teach them how to say “No”

Help to prepare all young people for an occasion when peers or adults offer them drugs, alcohol, cigarettes, or other substances by helping them practice what they might say when confronted by this situation. For example, they might:

- Ask questions: “What is it?” “Where did you get it?”
- Say no firmly.
- Give reasons: “No thanks, I’m not into that.”
- Suggest other things to do (play a game).
- Leave (go home, go to class and join other friends).

Help the child develop a strong sense of self-worth. Look for all the good things in a child—and then tell the child how proud you are. Praise the child’s efforts as well as successes. Emphasize the things children do right, instead of focusing on what’s wrong. Making a few mistakes is a normal part of growing up, so try not to be too critical when a child makes a mistake. Gradually allow children to make more decisions on their own. Ask for their opinions sometimes.



Activity 20: Group Discussion

Discuss the importance of being an individual and the meaning of real friendships. Help children understand that they do not have to do something wrong just to feel accepted. A strong sense of self-worth will help children to say no to tobacco, alcohol, and other substances.

Teach coping skills

Respect a young people’s feelings. Pay attention, and be helpful during periods of loneliness or doubt. Offer advice about handling strong emotions and feelings. Help young people cope with emotions by letting them know that feelings will change. Explain that mood swings are not really bad, and they won’t last forever. Model how to control mental pain or tension without the use of tobacco, alcohol, or other substances.

Get to know them

Get to know young people. Find out how their day was, what happened in school, or with their friends. Know where they are at all times. Go to their events; for example, sports games, plays, school shows. Play games with them. Know who their friends are. Young people won’t always be ready to talk just because you are ready to listen. To provide opportunities for young people to open up to you, you need to spend time with them. When they have concerns, you need to really listen and try to understand what things are like for them.

Encourage healthy, creative activities

Look for ways to get young people involved in athletics, hobbies, school clubs, and other activities that reduce boredom and excess free time. Encourage positive friendships and interests. Look for activities that you and the young people can do together.

Parents/Guardians Work with young people's parents/guardians to build an anti-substance abuse environment for young people. When parents/guardians join together against substance abuse, they are much more effective than when they act alone. One way is to form a parent group with the parents of a young people's friends. The best way to stop a young people from abusing substances is to stop his/her friends from using them too.

Encourage peer support

Young people and young people can encourage one another to lead substance-free lives. Encourage them to talk with one another about the dangers of substance abuse and to help one another find healthy ways to deal with the pressures in their lives.

Know what to do if young people abuse substances

Realise that young people may abuse substances. Learn the signs of substance abuse. Take seriously any concerns you hear from friends, teachers, or other kids about a young people's possible substance abuse. Trust your instincts. If you truly feel that something is wrong with a young people, it probably is. If there's a problem, seek professional help.

Personal exploration

Many of the children and young people that you work with may already have experimented with various substances. Whether they come to you for help or you find out about their activities in another way, you will need to be prepared to work with them in a constructive way.

We know that one of the keys to being an effective counselor is to know ourselves. When we understand the experiences and beliefs that we take with us into a counseling situation, we are better able to set them aside and really pay attention to the young person we are counseling.

Almost all of us either know someone who has an addiction or have struggled with one ourselves. This means we take a lot of "baggage" into a counseling situation. If we have an addiction that we haven't recognised, we might tell ourselves that a young person really doesn't have a problem. If we have managed to overcome an addiction, we may be impatient with others who are less successful. If we have a dear relative whose life was ruined by drugs or alcohol, we may overreact to a young person's substance abuse.



Activity 21: Individual Task

Answer the questions in the following activity as honestly as possible

1. Name someone you know quite well who abuses substances. What substances are they?
2. What are some of the types of behaviour that tell you this person is abusing substances?

3. What impact has the substance abuse had on this person's life?
4. How has it affected his or her family or other people close to this person?
5. Is this person aware that he or she has a substance abuse problem? How do you know?
6. Has this person ever tried to quit abusing substances? What was that like? Was he/she successful?
7. Do you use, or have you used, alcohol or drugs? If so, have you ever abused these substances? What are your reasons for saying that you have abused, rather than just used, these substances?
8. What thoughts and feelings do you have about substance abusers and their lifestyle?
9. What thoughts and feelings do you have about substance abusers and their lifestyle?
10. What do your own reactions tell you about the values and beliefs you have about substance abuse?
11. What are some things that, because of your own history and beliefs, you need to remember when you are counseling a young people who may have a substance abuse problem?

Talking with Young people about Substance Abuse



Remember Chikondi, the 13 year old we met at the beginning of this unit? Chikondi was a good student who was pleasant and helpful around the house. Now she is moody, skipping school, and her grades have dropped. Her aunt, Mwayi, worries about this change in her niece.

Now Mwayi's friend mentions that she has seen Chikondi with a group of young people who are known to use alcohol and marijuana. Around the same time, Mwayi notices that small amounts of money are missing from her purse. Although she finds it hard to believe, she begins to wonder if Chikondi might also be abusing substances. She doesn't want to ask Chikondi until she has more evidence. How could she know if this is true? What can she do if it is true?

Mwayi decides that she will talk to her niece, Chikondi, about her suspicion that Chikondi has been smoking marijuana and drinking alcohol. She plans carefully how she will do this, as she wants to be able to talk openly with Chikondi without her becoming defensive.

Mwayi chooses a time when they are alone together in the kitchen after dinner. She asks Chikondi if she would have a few minutes to talk about something important. Chikondi scowls, but agrees. Mwayi invites Chikondi to sit at the table with her. Mwayi's manner is calm, caring, and attentive.

Mwayi says, "I've noticed that you have been acting differently lately. You don't seem to care as much about your appearance and you've missed school 5 times this month."

Chikondi protests that school is boring and she's not learning anything new.

Mwayi continues, “We seem to be arguing a lot of the time and I wish we could enjoy being together the way we used to.”

Chikondi looks down at the table and doesn’t respond.

“I know that you were unhappy about leaving your friends from your last school.”

Chikondi replies, “I have new friends now.”

“So you’re not feeling as lonely now?” Mwayi responds.

“I am ok” Chikondi says sullenly.

“I’ve been concerned about you,”

Mwayi says, “Because of what’s happening at school and also because I’ve noticed that several times there has been money missing from my purse.”

Chikondi looks startled and defensive. “That wasn’t me,” she says quickly

“It sounds like you know who it was,” Mwayi replies calmly

Chikondi is agitated. “I didn’t say that,” she shouts. “I said I didn’t do it.” Then she dissolves into tears, puts her head down on the table and sobs.

Mwayi moves closer to her and says gently, “You seem very sad, Chikondi. Would you like to tell me what’s happening?”

Chikondi sobs out her story: she was shunned as the “new girl” in her new school. Finally two girls, Tsala and Tinyade, befriended her. They would miss school to spend time with some older boys and the group would drink alcohol and do drugs. Finally the group told her that she needed to contribute if she was going to drink with them, so she stole money from Mwayi’s purse to buy alcohol. Mwayi listens attentively. To encourage Chikondi to continue talking and to ensure she understands, she asks questions that check on feelings:

“It sounds like you were happy to have some friends. Am I right?” or clarify content, “So you would wait with Tsala at the corner while Tinyade went with the boys to buy alcohol?”

As Chikondi talks and Mwayi listens, it becomes clear that Chikondi is becoming increasingly uncomfortable with the group and their activities. She would like to end her involvement with them but is afraid of repercussions from the group and of once again having no friends at school.

Mwayi does not hurry Chikondi to a solution, but listens and asks questions like “What do you think might happen if you told Tsala and Tinyade that you didn’t want to be friends with them?” and “Are you worried they might try to hurt you?” She wants to gain as clear a picture as possible of the situation Chikondi finds herself in and how Chikondi is feeling.

Once they have discussed the situation thoroughly, Mwayi summarises the problem and asks Chikondi if she has understood correctly.

She asks, “Do you have any ideas about how you would like to handle this?” and “Is there something I can do to help you?” Together they come up with a plan, which includes spending time with her friends from her former school and some strategies for making other friends at her new school. She practices what she will say to Tsala and Tinyade when they ask her to come out with them. Mwayi and Chikondi agree to keep

talking about what is happening, and Mwayi assures Chikondi that she will help her in any way she can.



Activity 22: Group Activity

In this counseling what are some of the things that Mwayi does to help Chikondi talk with her about what is happening?



Activity Feedback

Your answers might include:

- She chooses a time to talk with Chikondi when they are alone and unhurried.
- She checks with Chikondi that it is a good time to talk.
- She remains calm.
- She states what she has seen and heard.
- She listens attentively and caringly.
- She does not make judgments about Chikondi's behaviour or that of her new friends. In later conversations, she will make sure that Chikondi is aware of the possible consequences of substance abuse.
- She asks questions that help her understand Chikondi's feelings, such as "I wonder if you were worried when that happened?"
- She is careful to clarify what Chikondi is saying: "Do you mean that...?"
- She does not rush to a solution. She first ensures that she understands the situation fully and that Chikondi has had enough time to be ready for help in finding a solution.
- She understands that Chikondi is the one who will need to solve the problem and her role will be to support her.
- These are some ways Mwayi makes it possible for Chikondi to talk with her about what is happening in her life. Chikondi can trust that Mwayi will try to understand her and will support her.



Activity 23: Individual Task

Can you imagine how the discussion would be different if Mwayi, instead of listening and supporting, made one of these responses?

1. "If you had not gone with those girls in the first place you would not have this problem now." (Blaming)

a. *What Chikondi might have felt:* _____
b. *Chikondi might have responded:* _____

2. "You need to get your act together because if you do not finish school you will not have any kind of a future." (Lecturing)

a. *What Chikondi might have felt:* _____
b. *Chikondi might have responded:* _____

3. "How could you be so dumb as to get involved with something like this?" (Name-calling)

- a. *What Chikondi might have felt:* _____
- b. *Chikondi might have responded:* _____

4. “If you do that again I’m going to ask your uncle to give you a whipping.”
(Threatening)

- a. *What Chikondi might have felt:* _____
- b. *Chikondi might have responded:* _____

5. “I’m sure it will all turn out just fine.” (Reassuring)

- a. *What Chikondi might have felt:* _____
- b. *Chikondi might have responded:* _____

6. What you need to do is...” (Advice-giving)

- a. *What Chikondi might have felt:* _____
- b. *Chikondi might have responded:* _____

When counseling young people about substance abuse or any other issue, we need to approach them from an attitude of genuine caring and listening. We want to find out what things are like for them and why they are making the decisions they are making. If they feel that we really care about them, they may be able to admit that their decisions aren’t working out very well and be willing to accept our help in figuring out how to do things differently.

We want to help young people draw on their inner resources in order to change their lives, and in order to do that we need to let them know that we have confidence in them. If we approach young people by blaming, threatening, name-calling, lecturing, or giving advice we are attacking their already shaky self-esteem by giving them the message that they aren’t competent enough to make their own decisions.

Reassuring young people that a bad situation will work out in the end can simply tell them that we don’t really understand the nature and difficulty of the problem. Even when young people ask for our advice, it is better to ask them, “What ideas do you have?” than to give them your ideas right away. This tells them that you have confidence in their ideas, and helps them to think about which ideas might work best. Of course, sometimes young people will need your help to deal with their abuse or help them find treatment. Then it will be important that you understand their situation clearly and know what resources are available.

Fortunately, Mwayi’s intervention with Chikondi occurred early on in Chikondi’s experience of substance abuse. As we know, her continued involvement with this group of friends could have disastrous results including addiction, pregnancy, and crime. Many young people do experiment with illegal substances, and fortunately many are able to stop with the help of supportive friends, relatives, and caregivers/counselors.

Planning to prevent substance abuse

There are no guarantees that young people will not abuse substances, but as a caregiver or parents, you can influence them by:

- Not abusing substances yourself.
- Providing guidance and clear rules about substance abuse.
- Spending time with young people, sharing the good and the bad times.
- Encouraging young people to support one another in leading healthy lifestyles.

All of these may help young people grow up free from the problems of substance abuse. The routines you create and the activities you plan for young people can help to provide an environment that is secure, stimulating and fun—one where young people have better things to do than engage in substance abuse. To ensure that you have regular get-togethers with young people, you might try scheduling meetings. Rituals like having meals together, playing games, or going to school, can be opportunities for establishing better communication that is essential to help young people not to abuse substances. Encourage young people to have fun and do worthwhile things outside the home. Avoid turning too much of young people’s leisure time into chores.

Planning activities for young people

Young people who are busy with interesting activities are much less likely to be drawn into substance abuse. As a caregiver working with young people, you need to be active and very creative. Young people have a lot of energy and they want to be occupied.



Activity 24: Individual Task

In this counseling what are some of the things that Mwayi does to help Chikondi talk with her about what is happening?



Activity Feedback

Your answers might include:

- She chooses a time to talk with Chikondi when they are alone and unhurried.
- She checks with Chikondi that it is a good time to talk.
- She remains calm.
- She states what she has seen and heard.
- She listens attentively and caringly.
- She does not make judgments about Chikondi’s behaviour or that of her new friends. In later conversations, she will make sure that Chikondi is aware of the possible consequences of substance abuse.
- She asks questions that help her understand Chikondi’s feelings, such as “I wonder if you were worried when that happened?”
- She is careful to clarify what Chikondi is saying: “Do you mean that...?”
- She does not rush to a solution. She first ensures that she understands the situation fully and that Chikondi has had enough time to be ready for help in finding a solution.

- She understands that Chikondi is the one who will need to solve the problem and her role will be to support her.
- These are some ways Mwayi makes it possible for Chikondi to talk with her about what is happening in her life. Chikondi can trust that Mwayi will try to understand her and will support her.



Activity 25: Individual Task and later discuss as a group

The children/young people you are working with have probably abused or have been exposed to substance abuse. How can you help them stay safe while having a good time?

Your ideas might have included:

- Sports events
- Extra-curricular activities
- Religious activities
- Athletic clubs
- Volunteer work



Activity 26: Group Task

1. List some activities you could organise to keep children occupied
2. What are some of the issues you need to consider when organizing an outing with children/young people to ensure that it is free of opportunities to abuse substances?



Activity Feedback:

Your answers might include:

When organising outings, parties, camping trips, or field trips for young people you should consider the following guidelines:

- Plan in advance.
- Go over party plans with the young people.
- Encourage them to plan some organized group activities or games.
- Visit venue.
- Make sure you go to the proposed venue for the event to become familiar with it.
- If you feel it is not appropriate change the venue.
- Arrange for supervision.
- Ensure there are an adequate number of adults to supervise the young people
- At least one adult should take care of 10 to 15 young people.
- If you have both young people, ensure the adults are both male and female.
- Develop a participants' list.
- Together with the young people, prepare a list using set criteria that have been agreed upon (for example, consider attendance, age, sex, and discipline).
- Only those whose names are on the list may attend the party, trip, or workshop.
- This will help avoid an "open party" situation.
- Set a time limit. Set starting and ending times for the event.
- If it is an all-day event, ensure it ends early enough.
- Set event "rules."
- Discuss them with the young people before the event.

- Rules should include the following:
- No glue, cigarettes, alcohol, or other drugs.
- No one can leave the venue of the event and then return.
- If indoors, lights are left on at all times.
- Certain areas of the venue may be off-limits unless accompanied by an adult.
- Know your responsibilities.
- Remember, you are legally responsible for anything that happens to a minor who has been served alcohol or taken drugs when in your care or under your supervision.
- Help the young people feel responsible for this as well.
- Young people who bring cigarettes, alcohol, or other drugs to the party should be asked to leave.
- Be there.
- Make your presence felt—walk around and let the children/young people know you are there.

Resources to help substance-addicted young people

If a young person is addicted to a substance, the problem may be too much for you to handle alone. Don't hesitate to seek professional help, such as a health worker, counselor, support group, or treatment program.



Activity 27: Group Work

What are some individuals and organisations in your community that could be helpful in dealing with substance abuse? Think of as many as you can.



Activity Feedback:

Your answers might include the list below:

- Alcoholics Anonymous
- Student Christian Organisation of Malawi (SCOM)
- Young Christian Society (YCS)
- CARE International
- World Vision
- Banja La Mtsogolo
- Save the Young people Alliance
- Victims Support Unit
- Catholic AIDS
- Community/church groups
- Family Health International
- Social Welfare Department
- Young People departments in ministries



Summary

1. Substance abuse refers to the use of substances in ways other than the use for which they were intended and in a way that could cause harm. Substances most

commonly abused include drugs, inhalants, and alcohol. Substance abuse also refers to the use of illegal drugs, such as cocaine and marijuana.

2. Substance abuse can harm individuals physically and emotionally. The behaviour of substance abusers is harmful to families and society.
3. Children and young people may abuse substances for a number of reasons: to reduce stress, to feel good, to satisfy their curiosity, to feel they are grown up, and to fit in. Young people who live in stressful circumstances or have limited opportunities may be more vulnerable to substance abuse.
4. There are a number of types of behaviour that could indicate substance abuse. It is important to notice any drastic changes in behaviour early.
5. There are a number of ways that we can guide in a positive direction child's thoughts and attitudes toward substance abuse.
6. One of the most important ways to help children not to abuse substances is to set a good example.
7. It is important that we are aware of our own experiences, beliefs, and values regarding substance abuse if we are going to be effective in counseling children and young people.
8. Children and young people who are busy with interesting activities are less likely to be drawn into substance abuse. When you are planning events for them, there are steps you can take to make sure the events are free of drugs and alcohol.
9. If a young person is addicted to a substance, the problem may be too much for you to handle alone. It is important to know the resources that exist in your community for help with substance abuse.



Self-assessment exercise

Question 1

What do we mean by substance abuse?

Question 2

List at least three long-term effects of using inhalants such as glue, paint thinner, and petrol.

Question 3

One of the young people you are working with has become very moody and unpredictable. He has also started neglecting his appearance. You wonder if he might be abusing substances. List at least five other signs that could indicate that he is engaged in substance abuse.

Question 4

Your sister (or daughter) has just had her first baby, a little boy. She comes to you to ask for advice about how to raise a child who will not become involved in substance abuse. What will you tell her?

Question 5

You have considerable evidence that a child you know has been abusing alcohol. You decide to talk with her. You know that you will need to stay calm, tell her what you have noticed that makes you suspect alcohol abuse, and listen to what she has to say. What types of behaviour should you avoid while you are talking with her?

Question 6

You decide to plan an event for the young people in your group and you want to ensure that it is substance-free. List at least three things you will need to remember to do.

Assessment Feedback

Model answers to self-assessment exercise:

Question 1

Substance abuse is the misuse of substances such as inhalants, alcohol, or drugs or the use of illegal drugs such as cocaine.

Question 2

Any of the following can result from long-term use of inhalants:

- Careless behaviour in potentially dangerous settings.
- Headaches.
- Muscle weakness.
- Abdominal pain.
- Decrease or loss of sense of smell.
- Nausea and nosebleeds.
- Hepatitis.
- Violent behaviour.
- Irregular heartbeat.
- Liver, lung, and kidney impairment.
- Irreversible brain damage.
- Nervous system damage.
- Death.

Question 3

Any of the following types of behaviour could be associated with substance abuse:

- Smell of alcohol, smoke, or other chemicals (for example, glue) on the child's breath or clothing.
- Obvious drunkenness, dizziness, or strange behaviour.
- Change in dress, appearance, and grooming.
- Frequent arguments and unexplained violent actions.
- Change in eating and sleeping patterns.
- Skipping school.
- Failing grades.
- Runaway and delinquent behaviour.
- Suicide attempts.
- Abrupt changes—lowered levels of discipline.
- Unusual flare-ups or outbreaks of temper.
- Withdrawal from responsibility.
- General changes in overall attitude.
- Wearing of sunglasses at inappropriate times.
- Continual wearing of long-sleeved garments (particularly in hot weather) or reluctance to wear short-sleeved attire when appropriate.
- Association with known substance abusers.
- Unusual borrowing of money from friends.
- Stealing small items from home or school.
- Secretive behaviour regarding actions and possessions.



- Poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, restroom, basement, etc.
- Difficulty focusing. Glazed appearance of the eyes.
- Loss of memory (blackouts).
- Availability and consumption of abused substance becomes the focus.
- Changes in peer-group associations and friendships.
- Impaired interpersonal relationships (unexplainable termination of deep relationships and/or alienation from close family members).

Question 4

There is no way to guarantee that a child will not abuse substances. However, there are many things you can do to guide children's thoughts and behaviour about substance abuse. These include:

- Being a good role model, not abusing substances yourself.
- Talking honestly about substances with the child.
- Really listening to the child and showing that you value his/her ideas and opinions.
- Giving the child lots of encouragement.
- Helping the child develop strong values.
- Setting a good example.
- Helping the child deal with peer pressure and need for acceptance.
- Making rules that help the child say "no."
- Encouraging healthy, creative activities.
- Knowing what to do if you suspect the child of abusing substances.
- Taking part in the child's life by going to sports, community, and school events together, playing games together, knowing what he/she is doing in school, who his/her friends are, and where he/she is.
- Encouraging children to support one another to lead healthy lifestyles.

Question 5

Some types of behaviour you will want to avoid when talking to the child are:

- Blaming
- Lecturing
- Name-calling
- Threatening
- Reassuring
- Advice-giving

Question 6

To help make sure that an event is substance-free, you can:

- Plan in advance.
- Visit the venue.
- Arrange for supervision.
- Prepare a participant's list.
- Set starting and ending times.
- Set the rules for the event.
- Know that you are responsible.
- Make your presence felt.

Glossary



Addiction: A compulsive physiological and psychological need for a habit-forming substance.

Hallucination: The perception that one sees an object that is not there.

Inhalants: Substances that are sniffed to intoxicate the user immediately, such as petrol, glue, and paint thinner.

Substance abuse: The misuse of substances that may have legitimate uses but can cause harm when misused; for example, drugs, alcohol, or glue.

¹³Appendix A: Straight Facts about Inhalants, Drugs and Alcohol

Inhalants (Glue, Paint Thinner & Petrol)

Inhalants are substances that are sniffed to intoxicate the user immediately. Commonly used inhalants include glue, petrol, and paint thinner. Inhalant use can cause a number of physical and emotional problems; and sometimes may result in death.

Using inhalants even one time can put you at risk for:

- Sudden death.
- Suffocation.
- Visual hallucinations and severe mood swings.
- Numbness and tingling of the hands and feet.

Prolonged use of inhalants may also result in:

- Careless behaviour in potentially dangerous settings.
- Headaches.
- Muscle weakness.
- Abdominal pain.
- Decrease or loss of sense of smell.
- Nausea and nosebleeds.
- Hepatitis.
- Violent behaviour.
- Irregular heartbeat.
- Liver, lung, and kidney impairment.
- Irreversible brain damage.
- Nervous system damage.

Chamba (Marijuana, Bhang, Weed or Hashish)

Short-term effects may include:

- Sleepiness.
- Reduced ability to perform tasks requiring concentration and coordination.
- Lack of judgment in potentially dangerous situations.
- Bloodshot eyes.
- Dry mouth and throat.
- Decreased social inhibitions.
- Paranoia and hallucinations.
- Increased heart rate.

Long-term effects may include:

- Enhanced cancer risk.
- Psychological dependence.

¹³ Adapted from, Commonwealth of Learning. (2007). Counselling for Caregivers. P247

- Diminished or extinguished sexual pleasure. Marijuana blocks the messages to the brain and alters perceptions, emotions, vision, hearing, and coordination. You may also notice changes in the behaviour of the child/young people. They may display the following symptoms:
- Restlessness.
- Drowsiness.
- Slow reflexes.
- Slow and incoherent speech.
- Violent behaviour.
- Confusion.
- Decreased appetite.
- Tremors.
- Decreased social inhibitions.
- Lack of coordination.

Alcohol

Short-term effects may include:

- Distorted vision, hearing, speech, and coordination.
- Altered perceptions and emotions.
- Impaired judgment and reduced inhibitions.
- Slower thought processes, impaired short-term memory, and confusion.
- Bad breath.
- Hangovers.
- Respiratory paralysis and death (if blood alcohol level is .60 or more).

Long-term effects may include:

- Loss of appetite.
- Vitamin deficiency.
- Stomach ailments.
- Skin problems.
- Liver damage (alcoholic hepatitis, cirrhosis of liver, liver cancer).
- Nerve and muscle damage.
- Cerebrovascular disease (stroke etc.).
- Memory loss.
- Cancers of the oral cavity and pharynx, esophagus, larynx, breast, liver, colon, and rectum.
- Heart and central nervous system damage.
- Chronic pancreatitis.

Excessive drinking of alcoholic beverages increases the risks of:

- Motor vehicle accidents.
- Falls, drowning, and other accidents.
- Suicide and homicide.
- Risky sexual behaviour, unplanned or unwanted pregnancy, and sexually transmitted diseases.
- Fetal alcohol syndrome if a pregnant woman drinks.

- Alcoholism or alcohol dependence.

Appendix B: Drinking Habits Quiz¹⁴

A simple quiz to help you decide if you need help with your drinking habits: Circle “Yes” or “No”.

Do you ...		
drink because you have problems? To relax?	Yes	No
drink when you get mad at other people, your friends or parents?	Yes	No
prefer to drink alone, rather than with others?	Yes	No
Are your grades starting to slip? Are you goofing off on your job?	Yes	No
Did you ever try to stop drinking or drink less and fail?	Yes	No
Have you begun to drink in the morning, before school or work?	Yes	No
gulp your drinks?	Yes	No
ever have loss of memory due to your drinking?	Yes	No
lie about your drinking?	Yes	No
ever get into trouble when you’re drinking?	Yes	No
get drunk when you drink, even when you don’t mean to	Yes	No
think it’s cool to be able to hold your liquor?	Yes	No

If you can answer “Yes” to any one of these questions, maybe it’s time you took a serious look at what your drinking might be doing to you.

¹⁴ Alcoholics Anonymous. Retrieved on October 20, 2004 from: <http://www.soberrecovery.com/forums/showthread-27428.html>



Referenced Works

1. Cullins VE. (ed.) (nd). **Communicating with Patients: A quick Reference Guide for Clinicians**. Assoc. of Reproductive Health Professionals. Available online at <http://osbhc.org/files/Patient%20Communication.pdf>
2. Greenwood, A. (2002). Counselling for staff in health service settings - a guide for employers and managers. Royal College of Nursing. Available online at http://www.rcn.org.uk/_data/assets/pdf_file/0003/78537/001759.pdf
3. Hill, CE. (2009). **Helping Skills in Practice: A Three-Stage Model**.
4. Hornby, G. (1994). **Counselling in Child Disability: Skills for Working with Parents**. London: Chapman and Hall.
5. Kubler-Ross, E. (1997). **Questions and Answers on Death and Dying**. New York: Macmillan.
6. Salk, L. (1983). **A Guide to Raising Your Child**. New York: The New American Library of Canada Limited.
7. U.S. Department Of Health And Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. (2006). **Counsellor's Treatment Resource**. Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders- Rockville, MD 20857
8. Wipfler, P. (1999). **Listening Effectively to Children**. Seattle: Rational Island Publishers



Open Licensed Materials

1. Commonwealth of Learning. (2007). **Counselling for Caregivers**. Available online at http://www.col.org/SiteCollectionDocuments/CFC_Unit_1.pdf Accessed 28 June 2012. (CC BY SA)
2. Grotberg, E. (1995). **A Guide to Promoting Resilience in Children: Strengthening the Human Spirit**. Retrieved 28 June 2012 from <http://resilnet.uiuc.edu/library/grotb95b.html> (© Free to use and distribute but Non Commercial Right Reserved)
3. Guenther, M. (2009). **Patient Communication Skills**. University of Michigan. Available online at <http://open.umich.edu/education/dent/patient-comm-skills/2007> Accessed 13 July 2012 (CC BY)
4. Guez, W. & Allen, J. (Eds). (2000). **Module 2: Counselling**. UNESCO (Zambia) part of the Guidance, Counselling and Youth Development for Africa Programme. Available at http://www.unesco.org/education/mebam/module_2.pdf (© but free to use and distribute)
5. Guez, W. & Allen, J. (Eds). (2000). **Module 3: Social Work**. UNESCO (Swaziland) part of the Guidance, Counselling and Youth Development for Africa Programme. Available at http://www.unesco.org/education/mebam/module_3.pdf (© but free to use and distribute)
6. Open University. (2005). **Interview with a Support Worker**. Open University Learning Space Audio Transcript. Available online at

http://openlearn.open.ac.uk/file.php/4513!/via/oucontent/course/10564/k114_1_002s.pdf Accessed 13 July 2012. (CC BY NC SA)

7. Steinberg, K.L.; Roffman, R.A.; Carroll, K.M.; McRee, B.; Babor, T.F.; Miller, M.; Kadden, R.; Duresky, D.; and Stephens, R. (2005). ***Brief Counseling for Marijuana Dependence: A Manual for Treating Adults***. DHHS Publication No. (SMA) 05-4022. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Available online at <http://store.samhsa.gov/product/Brief-Counseling-for-Marijuana-Dependence-A-Manual-for-Treating-Adults/SMA09-4211> (Public Domain with Non Commercial rights reserved)
8. Wikipedia. (2012). ***Integrative Psychotherapy***. Available at http://en.wikipedia.org/wiki/Integrative_pschotherapy Accessed 27 June 2012. (CC BY SA)



Open Licensed Videos

1. Kamuzu College of Nursing. (2012). *Counseling Using the Client-Centered Theory*. Available online at <http://blip.tv/oerafrica/episode-6192650> (CC BY SA)
2. Kamuzu College of Nursing. (2012). *Counseling using Rational Emotional Theory (Version 2)*. Available online at <http://blip.tv/oerafrica/episode-6192700> (CC BY SA)
3. Kamuzu College of Nursing. (2012). *Coaching using Behavioural Theory (Chichewa)*. Available online at <http://blip.tv/oerafrica/coaching-using-behavioral-theory-chichewa-6192779> (CC BY SA)
4. Kamuzu College of Nursing. (2012). *Coaching using Behavioural Theory (v1)*. Available online at <http://blip.tv/oerafrica/counseling-using-client-centred-theory-6192650> (CC BY SA)
5. Kamuzu College of Nursing. (2012). *Counseling using GATHER*. Available online at <http://blip.tv/oerafrica/counseling-using-gather-version-2-6192589> (CC BY SA)
6. Kamuzu College of Nursing. (2012). *Poor Counseling Technique*. Available online at <http://blip.tv/oerafrica/poor-counseling-technique-6192615> (CC BY SA)
7. Kamuzu College of Nursing. (2012). *Poor Counseling Technique (Chichewa)*. Available online at <http://blip.tv/oerafrica/poor-counseling-technique-chichewa-6192614> (CC BY SA)

