

VCT TOOLKIT

Trainer's Manual: Counseling Supervision and Training

August 2005

Family Health International





VCT TOOLKIT

Trainer's Manual: Counseling Supervision and Training

August 2005

Family Health International



ACKNOWLEDGMENTS

This training course was developed by Deborah Boswell for Family Health International. Some of the material was drawn or adapted from other sources, including *The Train the Counselor Mentor Facilitators Manual* (Department of Health, Pretoria, South Africa 2000) and *The Art, Craft and Tasks of Counseling Supervision* (Inskipp and Proctor 1994).

The author also developed original material based on her field experience in Australia, Egypt, Eritrea, Jordan, Zambia and Zimbabwe. Special mention must be given to Kara Counseling and Training Trust, for whom some of the primary material was originally developed and piloted. Sister Shirley Mills must be recognized for co-piloting and co-developing some of the initial materials for use with Kara Counseling and for furthering the role of counseling supervision in Zambia.

The FHI “family”—Dr. Gloria Sangiwa, Dr. Eric Van Praag, Scott McGill and Tony Bennett—made these materials a reality by supporting the development of high-quality HIV/AIDS care and support programs, including a program to prevent burnout in care providers.

Dr. David Miller and Kathleen Casey must also be acknowledged for their encouragement and commitment to the field of counselor support and burnout prevention. Thanks also to other reviewers, including Jane Harriet Namwebya, Dr. Margaret Hogan, Dr. Catherine Sozi and Dr. Akiiki Bitalebehoa. Gillian Goodwin prepared the final edition of the manual and added valuable technical additions and editorial revisions that have improved the document immensely. Thanks are also due to Regina Akai-Nettey and colleagues in the FHI/Ghana field office who field-tested the manual and provided invaluable feedback.

These materials are dedicated to the present and future counseling supervisors who will make a significant contribution to caring for our community in the fight against AIDS and to the memory of all those who we have trained and sadly lost, but who made a difference in our lives.

Copyright 2005 Family Health International (FHI). All rights reserved. This book may be freely reviewed, quoted, reproduced or translated, in full or in part, provided the source is acknowledged. This guide was funded by the U.S. Agency for International Development (USAID) through FHI's Implementing AIDS Prevention and Care (IMPACT) Project, Cooperative Agreement HRN-A-00-97-00017-00.

TABLE OF CONTENTS

List of Overhead Transparencies (OHTs)	v
List of Handouts	vi
Acronym List	vii
Introduction to Training Course	2
Module 1: Introduction to Training Course and Other Participants	10
Module 2: Introduction to Counseling Supervision	18
Module 3: You as a Developing Counselor Supervisor	30
Module 4: Review of Counseling Theories	35
Module 5: Starting Out in Counseling Supervision	50
Module 6: Counseling Supervision Methods	60
Module 7: Ethical Issues	81
Module 8: Challenging Issues in Supervising HIV/AIDS Counselors	93
Module 9: Managing Stress and Preventing Burnout	109
Module 10: Assessment and Practicum	120
Post-Training Assessment	128
Resources and Contacts	131
Evaluation and Closing	133
Certificate of Completion Counseling Supervision Training Course	137

LIST OF OVERHEAD TRANSPARENCIES (OHTS)

1.1	Course Aims and Objectives	11
1.2	Course Requirements	12
2.1	Definitions of Counseling Supervision	21
2.2	What Counseling Supervision Is Not	22
2.3	Differences Between Counseling and Counseling Supervision	23
2.4	Differences Between Roles of Counseling Supervisor and Administrative Supervisor	24
2.5	Responsibilities of Counseling Supervisor and Counselor (Supervisee)	25
3.1	Your Stage of Development as a Counselor	33
3.2	Necessary Qualities, Skills and Knowledge for Counseling Supervisors	34
4.1	Psychoanalytic Theory	37
4.2	Behavioral Theory	38
4.3	Humanistic Theory	39
4.4	Eclecticism	40
5.1	Counseling Scenario	54
6.1	Comparing Counseling Supervision Methods	64
6.2	Example Case Presentation Form	67
6.3	Example Supervisee Details Form	68
6.4	Example Supervision Contract	70
6.5	Example Individual Supervision Session Form	71
6.6	Example Counselor Self-Reflection Form	72
6.7	Transcript as a Tool in Supervision	73
6.8	Quality Assurance Tools: Checklist (Pre-Test Counseling)	74
6.9	Quality Assurance Tools: Checklist (Post-Test Counseling)	75
7.1	The Importance of Ethics	91
7.2	Ethical Issues in Voluntary Counseling and Testing	92
9.1	Stress and Burnout	114
9.2	Common Stressors on HIV/AIDS Counselors	115
9.3	How to Reward Counselors	116
10.1	Example Action Plan	125
10.2	Counseling Supervision Training Course Requirements	126

LIST OF HANDOUTS

2.1	Counseling Supervision	27
2.2	Counseling Supervision Overview	28
4.1	Theories of Counseling	41
5.1	Individual and Group Supervision	56
6.1	Example Transcript Format	76
6.2	Self-Monitoring of Counseling	78
6.3	The Supervisee: Preparation for Supervision Session	79
9.1	Your Professional Support	117
9.2	Stress Management	118
10.1	Assessment Essay	127

ACRONYM LIST

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
CTI	Counseling Training Institution
HIV	Human immunodeficiency virus
OHT	Overhead transparency
PMTCT	Prevention of mother-to-child transmission
TB	Tuberculosis
VCT	Voluntary counseling and testing

INTRODUCTION TO TRAINING COURSE

Overview

Supervision in this document refers to how organizations support and oversee their staff members' performance. Counseling supervision is a crucial component of any HIV/AIDS counseling or care and support service. Supervision provides a way to support counselors and to address clients' needs while at the same time upholding the professional practice of counseling around the globe. Counseling supervision is a relatively new area in the developed world, and experiences and concepts from developing countries are only in the interim stages of implementation. Therefore, there is a continuing need, especially in developing countries, for "learning by doing" and for documenting how well different concepts and practices translate across cultures and settings. In relation to an effective response to the AIDS epidemic, all counselors require ongoing support, training and skills development in order to prevent or reduce the impact of burnout, as well as to uphold ethical practices in counseling.

Burnout is the gradual process by which a person, in response to prolonged stress and/or physical, mental and emotional strain, detaches from work and other meaningful relationships. The result is lowered productivity, cynicism, confusion, a feeling of being drained and a sense of having nothing more to give.

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

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

The overall goal of this training course is to create pools of individuals with demonstrated skills and competency to deliver counseling supervision in HIV/AIDS-related workplaces. In particular, this course is designed to meet the needs of organizations involved in national or scaled-up voluntary counseling and testing (VCT) programs as

well as the needs of agencies operating one or more VCT sites (which include nongovernmental and community-based organizations) with associated care and support services.

The training package is generic so that it can be adapted or modified for use in different countries and contexts.

General Course Objectives

The overall aim of the Counseling Supervision Training course is to create pools of counseling supervisors who have the skills necessary to supervise, provide emotional support to and address the professional development of counselors by:

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

Training Methods

The course curriculum emphasizes experiential learning while also presenting frameworks for counseling supervision. Training activities include, but are not limited to, practicum (fieldwork), role-plays, games, presentations by participants, case studies, use of transcripts, action planning, small group discussions, brainstorming and self-awareness exercises. Those taking the course are expected to fully participate in all activities, and all participants must be aware that if they miss a module they must make it up and satisfactorily complete it to meet the course requirements and receive a certificate.

At the beginning of the course, trainers should identify the needs and assess the skill levels of participants and shape the training accordingly. For example, trainers should add activities where they see a need for additional skills development or remove activities that are not necessary or not appropriate for the group of participants. Scheduled breaks and timeframes are flexible and should be determined by the trainer and participants.

The ideal number of participants for the course is 10 to 12, but the course is designed to accommodate a minimum of eight or a maximum of 15. Smaller groups allow for greater participation and more practice of new skills, and also allow trainers to better assess and aid the skill development of participants.

At the end of each day, a reporter should be selected (by the trainer or by the participants) from among the group to recap the lessons learned and to give a brief presentation (about five minutes) the following morning. Participants should also fill out on a daily basis the Daily Evaluation form, which the trainer should hand out every morning.

At the end of each module, there is a take-home task that the trainer can give to participants at his/her discretion. The take-home tasks should be completed overnight and handed in the following morning. The take-home tasks will help the trainer monitor the progress of the trainees, that is, how well they have understood and conceptualized the material in each module.

Daily Evaluation Form

Please complete this form to give us your evaluation of the day's session. It is anonymous and the information it provides will help us to better shape the format and content of the workshop.

Please check one, and feel free to comment on your response.

1. The topics were useful and were presented in a logical sequence.

Agree Disagree

2. The session lasted the right amount of time.

Agree Disagree

3. The session was taught at an appropriate level for all participants.

Agree Disagree

4. The content of the session was relevant to my work.

Agree Disagree

5. The training methods were useful.

Agree Disagree

Please tell us what you think would have made the session more useful, clear or relevant.

Please tell us which topics you felt were more useful than others.

Selection Criteria for Trainers

Selection criteria for trainers include the following:

Essential:

- Experience facilitating experiential training
- Minimum two years of counseling (preferably with diverse clientele)
- Understanding of counseling theory and how it applies to practice
- Strong verbal and written communication skills in the required language

Desirable:

- Have been supervised in counseling practice (past and/or presently)
- Supervise a case load of counselors at present
- Have experience participating in a counselor support group and/or network
- Have one of the following professional backgrounds: psychology, social work, nursing, clinical officer, psychiatry, teaching or theology

Selection Criteria for Participants

Selection criteria for participants include the following:

- Minimum six months of counseling experience with clients from diverse backgrounds
- Counseling qualification (i.e., completion of a minimum of one month of training through a recognized agency/training institution is desirable, although in some countries this may not be possible)
- Strong verbal and written communication skills in the required language
- Support of management or the sending agency to undertake the course (as demonstrated in letter of support)
- In a position to supervise counselors upon course completion (as demonstrated in letter of support)

Recruitment Process for Participants

Individuals can apply to the training institution individually and/or be nominated by a sending agency. Suitability for entry into the course is based on the application form, letter of support and interview.

- Individuals applying or being nominated should complete a standard application form and submit it to the training institution.
- Individuals applying or being nominated must attach to the application form a letter of support from their place of work/sending agency (e.g., in the case of volunteers) demonstrating that the agency supports their attendance and that upon course completion the participant will have supervisory responsibility within the agency.
- Individuals must attend a screening interview at the training institution to determine their suitability for attending the course. The interviews should use a standardized procedure, including general open-ended questions, a values- and attitudes-based question and a hypothetical scenario.

Training Phases

The training can be divided roughly into two phases:

Phase 1: Core Skills Training (approximately 45 hours)

Phase 2: Practicum (approximately 20 hours)

There are 10 modules, as listed below.

Module 1: Introduction to Training Course and Other Participants

Core Skills Training

Module 2: Introduction to Counseling Supervision

Module 3: You as a Developing Counseling Supervisor

Module 4: Review of Counseling Theories

Module 5: Starting Out in Counseling Supervision

Module 6: Counseling Supervision Methods

Module 7: Ethical Issues

Module 8: Challenging Issues in Supervising HIV/AIDS Counselors

Module 9: Managing Stress and Preventing Burnout

Practicum

Module 10: Assessment and Practicum

- Hold supervision sessions with at least two counselors in the field (after training course)
- Have at least one supervision session in the workplace observed by the trainer; if this is not possible, a taped supervision session must be submitted
- Develop and implement an action plan on workplace supervision

Final Assessment and Certification

Upon successful completion of all training objectives, modules and the assessment, participants will be awarded the Certificate of Counselor Supervision Training. The training agency has the responsibility for assessing the participants' overall performance in the course and for issuing (or not issuing) the certification.

Each participant must complete the following requirements satisfactorily to receive the Certificate of Counselor Supervision Training:

Core Skills Training:

1. Attend ALL Core Skills Training module sessions (unless credit/absence is allowed by the trainer before a particular module is presented)
2. Receive a score of 70% or higher on the post-test questionnaire
3. Participate fully in experiential activities in class exercises for the duration of the course

Assessment Tasks:

1. Submit a three-month action plan with strategies for applying supervision practices in the workplace
2. Submit one critiqued transcript (Note: transcript will be graded pass/fail)
3. Submit one 1,000-word essay on counseling practice: Challenges from the Field. The essay may cover any of the following:
 - Workplace issues related to counseling practice or supervision
 - Case study and how it was handled
 - Ethical dilemma and how it was handled
 - Policy issues relating to counseling or counseling supervision
 - Supervision strategies

Practicum:

1. Each participant, following completion of the coursework, must supervise a minimum of two counselors.
2. Each participant must be observed by a training institution representative while supervising a counselor in his/her workplace (if onsite observation is not possible, then

a counseling supervision session must be taped and the tape submitted to the training institution for assessment). The objective of this observation is to assess the degree to which participants have applied their learning to practice. The observation will involve:

- Observing a supervision session
- Discussing the session and providing immediate feedback
- Discussing implementation of the action plan on workplace supervision
- Interviewing a member of management about how the participant has performed since the training

Where any of the above requirements are not met satisfactorily:

1. Participants may be asked to provide a “makeup” task (e.g., additional exercises) or to repeat a subject
OR
2. Participants may be asked to repeat the course
OR
3. Participants may be deemed unsuitable as counseling supervisors and not granted a certificate (even though they may complete the coursework and theory)

In all of the above-mentioned circumstances, the training institution must make it clear to all participants the course expectations and the rights of admission/certification. Participants who do not meet the requirements should also receive clear feedback on their individual performance from the course trainer/coordinator.

Professional Development

Learning is an ongoing process, and completion of this training course should not be viewed as the “end of the road.” The training course provides a basic level of supervisory skills training. Counseling supervisors are encouraged to continue their learning using a variety of methods, including individual and/or peer supervision, reading current texts (via the Internet and/or journals) and attending refresher courses, active involvement in

a local counselor support group/association, ongoing practice of skills by supervising counselors and advanced skills training. (*Note: it may be necessary to attend advanced skills training outside the local area, perhaps in the region or abroad.*)

MODULE LIST

(May be modified according to training needs)

No.	Module Title	Duration
1	Introduction to Training Course and Other Participants	1 hour
	Pre-Training Assessment	1 hour
2	Introduction to Counseling Supervision <ul style="list-style-type: none"> • What do we mean by counseling supervision, and why is it important? • What counseling supervision is and is not • Differences between counseling supervision, counseling and administrative supervision • Roles and responsibilities in supervision • Evaluation and discussion 	3 hours
3	You as a Developing Counseling Supervisor <ul style="list-style-type: none"> • Motivation for becoming a counseling supervisor • Your stage of development as a counselor • Qualities and skills required to be an effective counseling supervisor • Skills you possess and skills you need to develop • Evaluation and discussion 	3 hours
4	Review of Counseling Theories <ul style="list-style-type: none"> • Your existing knowledge and application of counseling theories • Relationship between theory and practice • Psychodynamic, behavioral, humanistic and eclectic models • Evaluation and discussion 	4 hours
5	Starting Out in Counseling Supervision <ul style="list-style-type: none"> • Counseling supervision contexts • Types of supervision models and their applications • Advantages and disadvantages of individual, group and peer supervision models • Establishing a supervisory relationship • Evaluation and discussion 	5 hours 20 minutes
6	Counseling Supervision Methods <ul style="list-style-type: none"> • Strategies for reflecting on and monitoring counseling practice • Presenting and reviewing issues for supervision • Record-keeping formats • Case studies, transcripts, taping sessions, observation, tools (e.g., checklists) • Evaluation and discussion 	11 hours

No.	Module Title	Duration
7	Ethical Issues <ul style="list-style-type: none"> • Ethics and supervision • Guidelines for ethical counseling • Ethical dilemmas in HIV counseling • Evaluation and discussion 	6 hours
8	Challenging Issues in Supervising HIV/AIDS Counselors <ul style="list-style-type: none"> • Common challenges • Applying supervision methods and practices to manage challenging issues • Evaluation and discussion 	5 hours 30 minutes
9	Managing Stress and Preventing Burnout <ul style="list-style-type: none"> • Recognizing stress and burnout in counselors • Strategies to manage stress and prevent burnout • Strategies for supervisors to manage their own stress and prevent burnout • Evaluation and discussion 	4 hours 45 minutes
10	Assessment and Practicum <ul style="list-style-type: none"> • Transcript preparation • Action planning • Assessment and practicum preparation 	2 hours 50 minutes
	Post-Training Assessment	45 minutes
	Evaluation and Closing	1 hour

MODULE 1:

INTRODUCTION TO TRAINING COURSE AND OTHER PARTICIPANTS

Objectives:

During this module participants will:

- Become familiar with the overall aims and objectives of the course
- Become acquainted with each other
- Gain an understanding of group and trainer expectations

Time: 1 hour

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Overhead projector and overhead transparencies:
 - *OHT 1.1: Course Aims and Objectives*
 - *OHT 1.2: Course Requirements*
- Participant's Manual (one for each participant)
- Pens and nametags
- Prepare flipchart outlining course times, format, "housekeeping" (e.g., break times, meals, procedure for telephone calls)

Trainer Notes:

- Introduce yourself and describe your background in counseling, training and supervision.
- Ask participants to introduce themselves and to each share one expectation they have of the course.
- Write each participant's expectation on flipchart paper.
- When all participants have shared an expectation, show OHT 1.1 to the group and discuss the course objectives. Note areas of overlap or discrepancies and discuss them with the group to gain consensus.
- Give each participant a copy of the Participant's Manual, explain that it contains all the exercises, activities and reference materials required and that they must bring it to class each day for the duration of the course.

- Put up a flipchart paper outlining all "housekeeping" items, and invite questions (cover break times, lunch arrangements, toilets, messages and so on).
- Show OHT 1.2, and describe each course requirement. Make sure participants clearly understand assessment tasks, course duration and course phases and that the training institution will determine whether or not the participants satisfactorily meet the course requirements and whether or not they receive their certification. Provide time for participants to ask questions or present concerns.
- Brainstorm with the group to establish rules for the course and document them on flipchart paper. Place the completed "Group Rules" flipchart in a prominent location for the duration of the course. If not mentioned by participants, prompt the group for the following responses: respect, full participation, speaking one at a time, confidentiality, punctuality, mobile telephones turned off, questions are welcome.

COURSE AIMS AND OBJECTIVES

To create pools of counseling supervisors with the skills necessary to supervise, provide emotional support to and address the professional development of counselors by:

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

COURSE REQUIREMENTS

Classroom:

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

Assessment Tasks:

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

Practicum:

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

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

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

PRE-TRAINING ASSESSMENT

Objective:

During this session participants will:

- Take a test to assess their knowledge of counseling supervision before the training

Time: 1 hour

Materials/Preparation:

- Participant's Manual: Pre-Training Assessment Test (see *Trainer's Notes*)
- Pens
- Timer/watch
- Answer Key (see *Trainer's Notes*)

Trainer Notes:

- Inform participants that they will spend the next 40 minutes taking a test to assess their current knowledge of counseling supervision.
- Inform participants that the purpose of this test is simply to help the trainers establish a baseline measure of current knowledge that can be used for comparative purposes with the post-training assessment. Explain that participants are not expected to know all the answers and that the test outcome has no bearing on any aspect of the course.
- Explain that the trainers are interested only in how participants fare on the post-training assessment at the end of the course, where they are required to achieve a score of 70% or higher.
- Inform participants that they are not to talk during the test unless they have a question for the trainer about the test.
- Have participants tear the Pre-Training Assessment Test out of the Participant's Manual and inform them that they are not to refer to their manuals during the test.
- Have participants begin the tests. Inform participants when there are five minutes remaining.
- When time is up, collect the tests. Tests are to be retained by the trainer and scored using the Answer

Key. Scores will not be given to participants at this time. If participants wish to know their Pre-Training Assessment Test scores, tell them they can have them after they have finished the course.

- The trainer may score the tests immediately after the participants finish, if time permits, and the participants may be given a 15-minute break. Alternatively, the trainer may score the tests at a more convenient time.

(Note to trainer: Participants' scores on the Pre-Training Assessment Test are not significant by themselves; however, they are useful to the training institution and/or may be given to the participants to determine their level of knowledge after the training.)

PRE-TRAINING ASSESSMENT TEST

Name: _____

True or False? (Circle correct response)

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

Circle Correct Answer

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

Short Answer/Fill in the Blank/Multiple Choice

14. _____ supervision allows access to other people's work and increases exposure to diverse counseling situations.
 - a. Individual
 - b. Group
15. An *advantage* of using transcripts (verbatim) in supervision is (circle one):
 - a. One can directly observe client non-verbal communication
 - b. They are quick to prepare
 - c. They offer an objective account of the session
 - d. They provide a written account of the content and process of the counseling session

16. When observing a counseling session with a real client, it is important for:
- a. The supervisor to sit in a dominant position
 - b. The supervisor to chat to the client
 - c. The counselor to obtain the client's informed consent for the supervisor to sit in the session
 - d. The counselor to look at the supervisor a lot during the session
17. Which of the following is NOT an example of a record used in supervision?
- a. Client's HIV test result
 - b. Transcript
 - c. Audiocassette of a counseling session
 - d. Videocassette of a counseling session
18. Counselors are part of a professional practice, and as such are bound by codes of _____.
- a. Policies
 - b. Ethics
19. In the following list, circle the two that are important qualities for a counseling supervisor:
- Approachable Authoritative Non-judgmental Blunt Inflexible
20. Which of the following are effective ways to reward counselors for good work? *Circle two responses.*
- Increase their workload Provide time off
- Provide letter of recommendation Send them to meetings

13. a) Counter-transference OR b) Transference
... is a situation in which a client treats the counselor as if he or she were another person in the client's present or past life.

Fill in the Blank/Multiple Choice (One point for each correct answer)

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

MODULE 2:

INTRODUCTION TO COUNSELING SUPERVISION

Objectives:

During this module participants will:

- Gain a clear understanding of the definition, purpose and importance of counseling supervision
- Discuss what counseling supervision is and what it is not
- Identify the differences between counseling supervision, administrative supervision and counseling
- Identify basic roles and responsibilities within counseling supervision

Time: 3 hours

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers

- Overhead projector and overhead transparencies:
 - *OHT 2.1: Definitions of Counseling Supervision*
 - *OHT 2.2: What Counseling Supervision Is Not*
 - *OHT 2.3: Differences Between Counseling and Counseling Supervision*
 - *OHT 2.4: Differences Between Roles of Counseling Supervisor and Administrative Supervisor*
 - *OHT 2.5: Responsibilities of Counseling Supervisor and Counselor (Supervisee)*
 - *Participant's Manual (Activity 2.1; Handouts 2.1 and 2.2)*
- Prepare flipcharts with following titles:
 - "Definitions of Counseling Supervision"
 - "What Counseling Supervision Is Not"
 - "Roles of Counseling Supervisor"
 - "Roles of Counselor (Supervisee) in Supervision"

Trainer's Notes

Exercise 2.1 (30 minutes)

- Group participants into pairs and have each pair prepare a definition of "counseling supervision." (10 minutes)
- Ask each pair to read aloud its definition to the entire group.
- Write each definition on a series of flipcharts.
- After all definitions are recorded, have the entire group identify and discuss words and/or phrases that occur frequently in the definitions. Try to gain a consensus from the group about some of the basic terms and whether or not they apply (e.g., educational, supportive, ethical requirement). (10 minutes)
- Show OHT 2.1, and discuss the definitions. Stress the importance of the terms ethics, support, education, professional development, clients, standards, competency and performance. Note similarities and differences between these definitions and the definitions provided by the pairs. (10 minutes)

Exercise 2.2 (30 minutes)

- Have participants turn to Activity 2.1 in the Participant's Manual.
- Ask participants to fill in the table by placing a check next to each statement that they believe is a goal of counseling supervision. (10 minutes)
- After all participants are finished, facilitate a discussion, and go step-by-step through their responses to each statement.
- Invite discussion as to why they believe each statement is or is not a goal of counseling supervision. Introduce the idea of other forms of supervision, such as administrative supervision, where it applies (e.g., statements 3, 5, 7). (20 minutes)

Activity 2.1 – Goals of Counseling Supervision

Tell participants they have five minutes to complete this activity.

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

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

Exercise 2.3 (20 minutes)

- To reinforce learning to date, brainstorm with the group and list on the flipchart titled "What Counseling Supervision Is Not." This list should now be revised based on participants' understanding of what supervision is.
- After noting and discussing all responses with the group, show OHT 2.2.

SCHEDULED BREAK

Exercise 2.4 (40 minutes)

- Divide the group into four smaller groups.
- Ask two of the groups to work separately on the differences between counseling and counseling supervision and to list these differences on flipchart paper. (15 minutes)
- Ask the other two groups to work on the differences between the roles of a counseling supervisor and administrative supervisor and to list these differences on flipchart paper. (15 minutes)
- After all four groups have completed their lists on their flipcharts, have them present to the group at large. Groups that worked on the same topics can build on the responses of the preceding group. (10 minutes: 5 minutes per group).

- After the counseling and counseling supervision groups have presented their responses and time has been taken for a discussion, show OHT 2.3. (10 minutes)
- After the counseling supervisor and administrative supervisor groups have presented their responses and time has been taken for a discussion, show OHT 2.4. (10 minutes)

Exercise 2.5 (1 hour)

- Have the group break into pairs. One participant in each pair will play the role of counselor and the other will play the role of counselor supervisor. Ask the “counselors” to share with their “counselor supervisors” what they expect from them as their supervisors. Then ask the “counselor supervisors” to communicate to their “counselors” what they expect from them as “supervisees.” (10 minutes, 5 minutes per role)
- After all pairs have communicated their expectations to each other, open the discussion to the broader group. Start by debriefing the “counselors” about how they viewed the roles of their counseling supervisors. List all the key roles/responsibilities mentioned on a flipchart. (10 minutes)
- Then ask all “counseling supervisors” what they expected of their “counselors/supervisees” and list the responses on a flipchart. (10 minutes)
- After completing both lists, place the two flipcharts side by side and ask the group for additional comments. (5 minutes)
- Show OHT 2.5. (15 minutes). In addition, be sure to make the following summary comments:
 - Both the supervisor and the counselor/supervisee have important roles and responsibilities within counseling supervision.
 - Counseling supervision is only as strong as what the counselor brings to it, and both parties must be active participants.
 - Both parties need to prepare for a counseling supervision session.
 - To maximize the working alliance between counseling supervisor and counselor, both parties must provide the other with feedback about how the supervision is progressing.
 - Both parties have a learning role.
 - It is important to create a “good fit” in which both parties feel comfortable with their roles and responsibilities (this will be discussed further in the next module).

Exercise 2.6

Handout 2.1 may be used to provide additional activities during this or other modules, or it may be given as a handout, subject to needs. Handout 2.2 in the Participant’s Manual is a summary that participants can read after completing this module.

Suggested Module 2 Task

From OHT 2.2, select three concepts of what counseling supervision is not and explain why they are not counseling supervision. Illustrate your answers with examples from your experience.

DEFINITIONS OF COUNSELING SUPERVISION

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

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

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

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

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

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

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

WHAT COUNSELING SUPERVISION IS NOT

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

DIFFERENCES BETWEEN COUNSELING AND COUNSELING SUPERVISION

Counseling	Counseling Supervision
<p><i>Aim</i></p> <ul style="list-style-type: none"> • Enables clients to lead more satisfying lives • Increases clients' capacity to live resourcefully by developing their ability to reflect on their own experience 	<p><i>Aim</i></p> <ul style="list-style-type: none"> • Enables the fullest therapeutic use of counseling • Helps counselors develop their counseling skills and their ability to reflect on their skills in the counseling process
<p><i>Presentation</i></p> <ul style="list-style-type: none"> • Material presented verbally by client (sometimes supported by records, photographs and such) 	<p><i>Presentation</i></p> <ul style="list-style-type: none"> • Material presented in various ways: verbal, written, audio/video tape or observed
<p><i>Relationship (Counselor)</i></p> <ul style="list-style-type: none"> • Relates to client at client's emotional level • Models effective self-management 	<p><i>Relationship (Supervisor)</i></p> <ul style="list-style-type: none"> • Relates to counselor at professional level • Models effective role management
<p><i>Expectations</i></p> <ul style="list-style-type: none"> • Client attends, tries to make use of the counseling and is not expected to "prepare" for the session • Pace is determined by client's readiness to adopt a course of action 	<p><i>Expectations</i></p> <ul style="list-style-type: none"> • Counselor attends, prepares for the session and provides the necessary input • Pace is determined (usually by supervisor) by the need to reach some resolution before the next counseling session or the next work-related encounter (if not a client-specific issue)

DIFFERENCES BETWEEN ROLES OF COUNSELING SUPERVISOR AND ADMINISTRATIVE SUPERVISOR

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

RESPONSIBILITIES OF COUNSELING SUPERVISOR AND COUNSELOR (SUPERVISEE)

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

Continued on next page

Counseling Supervisor	Counselor (Supervisee)
<p><i>Mediator/Facilitator</i></p> <ul style="list-style-type: none">• Mediates conflict between counselor and management (in some cases)• Facilitates problem-solving	<p><i>Reflector</i></p> <ul style="list-style-type: none">• Reflects openly on practical issues and skills base, including reflection on feelings experienced during counseling sessions
<p><i>Learner</i></p> <ul style="list-style-type: none">• Requests feedback on own performance• Opens him/herself to new learning• Commits to ongoing upgrading of knowledge and skills in counseling practices and HIV/AIDS	

COUNSELING SUPERVISION

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

COUNSELING SUPERVISION OVERVIEW

Purposes of Supervision

1. Ethical

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

2. Necessary Resource

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

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

Some goals of supervision are to:

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

Supervision provides an opportunity for counselors to:

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

Functions of supervision are:

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

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

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

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

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

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

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

MODULE 3:

YOU AS A DEVELOPING COUNSELOR

Objectives:

During this module participants will:

- Identify their individual motivations for becoming a counseling supervisor
- Identify their developmental stages as counselors
- Understand the importance of self-awareness in relation to supervision
- Identify the qualities and skills required for a counseling supervisor
- Identify their individual areas of strength and growth as potential counseling supervisors

Time: 3 hours

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Overhead projector, markers, overhead transparencies:
 - *OHT 3.1: Your Stage of Development as a Counselor*
 - *OHT 3.2: Necessary Qualities, Skills, and Knowledge for Counseling Supervisors*
- Participant's Manual (Activities 3.1 and 3.2)
- Prepare flipchart entitled: "Qualities and Skills Required to Be a Counseling Supervisor"

Trainer's Notes

Exercise 3.1 (45 minutes)

Motivation for Becoming a Counseling Supervisor

- Have participants turn to Activity 3.1 in the Participant's Manual and complete the table as per the instructions. (10 minutes)
- After they have completed the table, facilitate a discussion on what they noticed about their motivations.
- Ask participants to reflect on their motives and whether these motives are primarily community-serving, self-serving, profession-serving or a combination. Participants should discuss among themselves how their motivations for becoming a counseling supervisor may affect the interests of the counselors they supervise. Participants should also discuss issues arising as a result of their motivations and whether their motivations are realistic and achievable. (35 minutes)

Activity 3.1 – My Motives for Becoming a Counseling Supervisor

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

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

Exercise 3.2 (35 minutes)

- Show OHT 3.1: “Your Stage of Development as a Counselor.” (35 minutes)
- Explain each of the listed stages, and ensure that participants clearly understand the meaning of each.
- Ask participants to reflect on where they view themselves currently as counselors.
- After participants have decided where they fit within the stages, have them take turns using a projector pen to place an “X” next to the appropriate stage on OHT 3.1. Emphasize that this is not a competition; they should not measure themselves against their colleagues. It is to help them gain an understanding and self-awareness of where they see themselves on the learning curve.
- After all participants have marked OHT 3.1, ask the group for comments. What do they notice? For example, do most of them see themselves at similar stages, or is there a wide range within the group? Ask for volunteers to state why they placed themselves at a particular stage, and how they feel about the stage where they are.
- In conclusion, summarize by stating that learning must occur at ALL levels (including the senior counselor stage), and that to become effective supervisors, we all must take steps to further develop our counseling proficiency.

Exercise 3.3 (50 minutes)

- Using the prepared flipchart entitled “Qualities and Skills Required to Be a Counseling Supervisor,” brainstorm with the entire group about the required qualities and skills. Note responses on the flipchart. (15 minutes)
- In summary, show OHT 3.2 and discuss briefly each item on the list. (25 minutes)
- Compare and contrast the participants’ responses on the flipchart with the list shown on OHT 3.2. (10 minutes)

Exercise 3.4 (50 minutes)

- Have participants turn to Activity 3.2 in the Participant’s Manual and complete the activity individually. (15 minutes)
- After all participants are finished, call on volunteers to share their responses and note similarities and differences. (35 minutes) Ask them “trigger” questions such as:
 - What qualities or skills that you already have are you particularly proud of?
 - Which skills or qualities do you think will be most difficult for you to develop and why?
- Ask participants to briefly think about how they will further develop their skills (which will be covered further within their action plans).
- Summarize by stating that every person in the course is present because they bring qualities and skills to this field, and that each also will prosper by fully acknowledging their own unique talents as well as areas that need growth and development. This is also a way of role-modeling for their supervisees.

Activity 3.2 – My Current and Future Skills and Qualities

In the left column, list personal skills and qualities that you believe will make you an effective counseling supervisor. In the right column, list skills and qualities you hope to develop in the future.

Skills and Qualities I Have	Skills and Qualities I Want to Develop

Note: Make sure you list some of the skills and qualities that you wish to develop when you create your action plan.

Suggested Module 3 Task

Following are critical skills and characteristics that a counseling supervisor should have:

- Non-judgmental
- Approachable
- Ability to solve problems

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

YOUR STAGE OF DEVELOPMENT AS A COUNSELOR

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

- **Beginning trainee:** Counselor in training with no experience counseling clients
- **Experienced trainee:** Trainee counselor who has worked with or is working with clients
- **Beginning counselor:** Practicing counselor with limited client experience
- **Experienced counselor:** Counselor with developed range of client experience and experience working with different types of clients
- **Senior counselor:** Counselor with at least two years of diverse counseling experience; recognized by colleagues as able to pass on experience and practical advice to others; may already be applying expertise in the role of supervisor, trainer or consultant on counseling issues

NECESSARY QUALITIES, SKILLS AND KNOWLEDGE FOR COUNSELING SUPERVISORS

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

MODULE 4:

REVIEW OF COUNSELING THEORIES

Objectives:

During this module participants will:

- Gain an understanding of the relationship between theory and practice
- Review their existing knowledge and application of counseling theories
- Gain an understanding of the importance of the concepts of transference and counter-transference in counseling practice

Time: 4 hours (depending on skill level of group)

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Overhead projector and overhead transparencies:
 - OHT 4.1: *Psychoanalytic Theory*
 - OHT 4.2: *Behavioral Theory*
 - OHT 4.3: *Humanistic Theory*
 - OHT 4.4: *Eclecticism*
- Participant's Manual (Handout 4.1)
- Prepare flipchart entitled: "Your Theory and Philosophy of Counseling"

Trainer's Notes

Exercise 4.1 (2 hours)

- Divide participants into small groups of three or four, and have them turn to Activity 4.1 in the Participant's Manual. Tell participants to discuss within their group their responses to the "trigger" questions in Activity 4.1 and to list the key points on a flipchart. (1 hour)
- After all groups are finished, have each group select a spokesperson to present its key points to the larger group. Have all groups first present on question 1, then on question 2, etc.). Groups should not repeat any key points that were mentioned by a previous group. (45 minutes)
- After all groups have presented on all questions, the trainer should call for comments or discussion about what the participants found interesting or helpful about the exercise and what they learned. (15 minutes)

Activity 4.1 – Purpose and Methods of Counseling

Discuss within your group responses to the following "trigger" question. Then list your group's responses on a flipchart.

1. What do you believe is the purpose of counseling?
2. What traditional, cultural, religious and social beliefs or proverbs guide your attitudes toward helping people? For example: "age is wisdom;" "it doesn't matter how long the night is, the sun will always rise;" "charity begins at home;" "do unto others as you would have them do unto you."
3. What do you believe helps clients change? What do you believe prevents clients from changing?
4. What counseling models have you heard of? What do you know about each of these counseling models (be specific)? Which models do you apply in your own work and how?
5. Why is it important to understand the theories or models that affect your counseling practices?
6. What is the role of a counseling supervisor in relation to models and theories of counseling?

Exercise 4.2 (2 hours, depending on level of participants' knowledge)

- Depending on the level of knowledge and the skills of participants, the trainer should review the major counseling theories according to the observed and expressed needs of participants. Use OHTs 4.1 through 4.4, blank flipcharts as required, and encourage participants to read their handouts and/or to do additional reading. (Schedule breaks as required depending on the depth of training for the group.)
- Encourage all participants to ask questions or to raise issues that arise from their reading of the handouts. Stress the importance of gaining competency in the theory that underlies practice in relation to counseling supervision. State that counselors work in different ways depending on their underlying models and theories. It is important for counselors to understand and explain why and how they practice their counseling. It is even more important for counseling supervisors to have knowledge about models and theories and to be able to help their supervisees analyze their practices in relation to models and theories.

Suggested Module 4 Task

Briefly describe why the issue of transference is important. Illustrate your reasoning by giving practical examples.

PSYCHOANALYTIC THEORY

(Adapted from the work of Sigmund Freud)

Psychoanalytic theory states that:

1. Motivation for behavior comes from the unconscious mind.
2. An individual's problems are rooted in early childhood experiences, and these are sexual in character.
3. The therapist is an expert who listens to the "patient" and treats the patient as if he or she is in need of help.
4. Psychoanalysis involves a long period of time and commitment to therapy.

Defense mechanisms are mechanisms through which a person will try to get rid of the thoughts that cause anxiety. The counselor helps clients understand that they are using defense mechanisms and explores the mechanisms with them. Defense mechanisms include: repression, displacement, projection and denial.

- **Repression:** Push thoughts down into the unconscious area of the mind so that one does not have to deal with them. For example, an adult who was raped as a child by an uncle may repress that experience.
- **Displacement:** The ego substitutes something else in place of the basic drive. For example, anger.
- **Projection:** Unpleasant thoughts are projected onto someone else as the ego protects itself from the anxiety caused by the thoughts. For example, avoid thoughts like "I don't like that person" by projecting that "that person does not like me."
- **Denial:** When the result of the basic drive is too unpleasant to face, the mind rationalizes and finds an excuse to deny that it actually exists. For example, a wife denies her husband's infidelity and focuses on the fact that he must travel and work long hours.
- **Transference and counter-transference** (refer to Handout 4.1).

BEHAVIORAL THEORY

- Focuses on **behavior** that is observable and how an individual interacts with his/her environment.
- Is concerned with the **consequences of behavior** rather than with its causes (e.g., focuses on the fact that unprotected sex can lead to HIV rather than on the unprotected sex act itself).
- Strategies focus on **unlearning dysfunctional behaviors** and replacing them with appropriate behaviors.

Techniques include:

- **Visualization** (can be used to empower HIV-positive people to feel they have control over the virus)
- **Feedback** (can help clients gain alternative or added perspectives on their situations)
- **Role-play** (e.g., disclosing HIV serostatus)
- **Desensitization** (e.g., for irrational fear of contagion)
- **Assertiveness training** (e.g., for negotiating condom use)
- **Relaxation training** (e.g., for people infected or affected by HIV/AIDS)

HUMANISTIC THEORY

- Emphasizes the essential elements of being human (that is, the genuineness, worth and dignity of human beings).
- Promotes the idea that people should explore their potential for growth and achievement.

Assumptions:

1. Individuals should have the freedom to explore their subjective experiences.
 2. People should be aware of their inner feelings.
 3. People have the capacity to solve their own problems.
 4. Counselors should be genuine, empathetic and warm.
-
- Suggests a particular counseling process: For example, the Egan Model process is divided among exploration, understanding and action.
 - Is non-directive counseling: Gives the client the opportunity to determine his/her own direction (e.g., theorists Abraham Maslow and Carl Rogers)

ECLECTICISM

- All theoretical approaches have something to offer.
- No one theory provides an overall solution.
- Counselors often take elements and components from different theories and combine them to help in particular situations = eclecticism.
- Most counselors develop their own methods of counseling by selecting techniques that work for them and incorporating them into their practice.
- Most counseling models were developed between 1939 and 1975 in Europe and the United States.
- In developing countries, it is important to develop indigenous models of counseling that take traditional models of helping and community service into consideration.
- There are few documented examples of models developed in developing countries or examples of what models might work best in specific countries or settings.
- Lessons learned in many African and Asian contexts indicate that clients often prefer more directive approaches to counseling. This preference is due to the tradition in these regions that focuses on seeking advice from elders or other individuals viewed as authority figures.

THEORIES OF COUNSELING

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

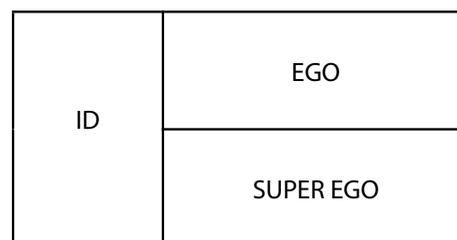
Introduction to Psychoanalytic Theory

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

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

Psychoanalytical Counseling

Freud maintained that personality development is connected with three areas of the mind: the id, the ego, and the super ego. These three areas are in a constant state of interaction and together determine how an individual behaves. These three areas of the mind have different functions, but they are inter-dependent.



ID

The id is the first and most basic part of the mind. It is the only part that an individual is born with; the other two parts develop as the individual ages. The function of the id is to ensure that the individual remains in a comfortable state of physical satisfaction. This drive for physical satisfaction characterizes the id. When a baby is hungry, the id demands that it be fed. When the demand for immediate gratification is met, the baby returns to a comfortable state.

The id is the pleasure-seeking center of personality and contains the drives that motivate people to satisfy their basic instincts.

Continued on next page

Handout 4.1, cont.

Super Ego

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

Ego

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

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

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

Practice of Psychoanalytical Counseling

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

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

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

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

Transference and Counter-Transference

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

Transference

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

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

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

Counter-Transference

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

Continued on next page

Handout 4.1, cont.

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

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

Introduction to Behavioral Theory

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

Behavioral counseling is based on the following themes:

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

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

Visualization

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

Feedback

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

Role-Play

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

Systematic Desensitization

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

Assertiveness Training

Assertiveness training is the process of eliminating the anxiety people feel with interpersonal relationships. The first step is to have the client express the feelings that he/she was experiencing when the anxiety arose. These feelings can then be explored. The goal is to replace the anxious behavior with more assertive behavior, in which the client feels secure in becoming assertive, thereby reducing anxiety. The counselor would then expect the client to be more assertive in that situation in the future.

Continued on next page

Handout 4.1, cont.

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

Relaxation Techniques

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

Introduction to Humanistic Theory

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

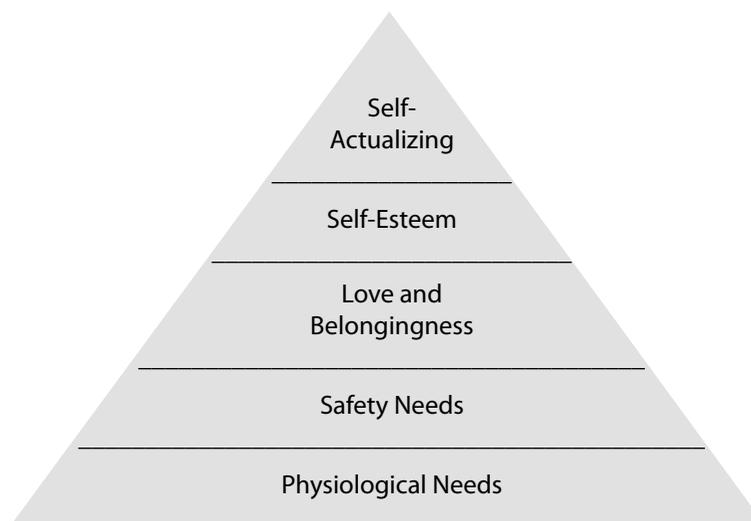
Humanistic counseling is based on the following assumptions:

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

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

Non-Directive Counseling

Non-directive counseling takes the opposite view of directive counseling. In psychoanalytical and behavioral counseling, the counselor takes a directive role, believing that he/she is there to help the client and that the counselor has something to offer to help the client solve a problem. In non-directive counseling, the counselor believes that the client has the capacity to solve his/her own problems and that it is the counselor's job to free this motivational force so the client can achieve his/her own goals. The counselor does not direct, but gives the client the opportunity to determine his/her own direction. The theorists in this field include Maslow and Rogers. Maslow put people at the center of the theoretical system. He considered man's inner self to possess a force for growth and self-determinism. When individuals were denied and subsequently suppressed their emotions, it could give rise to anxiety. Where individuals could develop normally, they progressed through a hierarchy of needs. This hierarchy of needs is presented as a triangle. Basic needs are at the bottom and need to be satisfied first. The higher-level needs at the top result ultimately in self-actualization.



Handout 4.1, cont.

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

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

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

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

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

Introduction to Eclecticism

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

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

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

As the field of counseling continues to emerge, especially in many developing countries, it is becoming more and more important that counselors in these countries develop indigenous models of counseling that take into account traditional models and modes of helping and community service as well as incorporate aspects of existing theories. There are few documented examples of how to develop such new models or of what might work best in certain countries or settings. Lessons learned in many African and Asian contexts seem to indicate that clients often prefer more directive approaches to counseling because traditional methods of problem-solving often involve seeking advice from elders and other authority figures. This situation can present practical dilemmas for counselors who are trained in or adhere to humanistic teaching. This is an issue for exploration in supervision and a topic for further discussion.

MODULE 5:

STARTING OUT IN COUNSELING SUPERVISION

Objectives:

During this module participants will:

- Become familiar with counseling supervision contexts that may apply to their own settings
- Become familiar with the types of supervision models that can be offered and their applications
- Consider the advantages and disadvantages of individual, group and peer supervision models
- Identify issues related to establishing a supervisory relationship

Time: 5 hours 20 minutes

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers

- Overhead projector and overhead transparency:
 - *OHT 5.1: Counseling Scenario*
- Participant's Manual (Activities 5.3 and 5.4; Handout 5.1)
- Prepare flipcharts entitled:
 - "Counseling Supervision Environments"
 - "Types of Counseling Supervision"
 - "Advantages and Disadvantages of Individual Supervision"
 - "Advantages and Disadvantages of Group Supervision"
 - "Advantages and Disadvantages of Peer Supervision vs. Senior/Expert Supervisor"

Trainer's Notes

Exercise 5.1 (20 minutes)

In the large group, ask participants to brainstorm about the environments in which counseling supervision may be applied and the types of supervision arrangements that are present in their own countries and workplaces.

The group should identify some or all of the following contexts:

- Supervision of counselors currently in training
- Supervision of newly certified counselors
- Supervision of practicing counselors within a worksite or organization
- Supervision across a national/provincial program that employs practicing counselors

The group should identify the following types of counseling supervision:

- Individual (by a senior or by a peer, internal or external)
- Group (led by an internal peer, a rotating leader in the group, an external peer or an external individual with a higher skill level)

Both types of counseling supervision may have numerous variations, including informal or formal arrangements, or contractual agreements with specific accountabilities if a person is employed to supervise on behalf of an organization. It is

important for participants to be aware that a combination of types of supervision arrangements can be very effective and that the types of supervision may differ according to local needs and resources. For example, in an ideal world with available resources, many counselors would benefit from opportunities to participate in both group and individual supervision sessions.

Exercise 5.2 (75 minutes)

- Divide participants into three groups, and have them discuss and list on a flipchart the advantages and disadvantages of the following: (30 minutes)
 - Group 1: Individual supervision model
 - Group 2: Group supervision model
 - Group 3: Peer individual supervision model when compared to using senior/higher level supervisors
- After they have finished, have all groups re-form into the larger group for plenary discussion. (45 minutes)
- In summation, encourage participants to read the Module 5 handouts in the Participant's Manual tonight and to bring up questions or comments tomorrow.

Exercise 5.3 (1 hour)

- Divide participants into three groups, and assign each group one of the three case studies under Activity 5.3 in the Participant's Manual. Tell each group to discuss its case study and select a spokesperson to report back to the large group upon completion. (30 minutes)
- After the presentations, have the large group discuss each of the case studies. (30 minutes)

Activity 5.3 – Counseling Supervision Case Study

Discuss your assigned case study within your group and prepare a presentation of the results to the large group.

Case Study 1

A trainee with a counseling training organization contacts you. A friend of a friend has told her that you are a good counselor. She has been accepted for a basic counseling skills course, but she does not have a supervisor. The course offers no placements or lists of supervisors. When you ask her about the course expectations regarding supervision requirements, she just says she is not sure, except that she needs a counselor to supervise her.

- What information do you need to collect?
- Would you take on this supervisee?
- If so, what steps might you want to take?

Case Study 2

You have been employed as an external counseling supervisor on behalf of the national VCT program. You have been holding individual fortnightly sessions with John for three months. John has been a VCT counselor for approximately six months. You are very worried about his abilities and skills. He cannot communicate empathy and is very judgmental in his comments to his clients. He has brought you transcripts of his sessions as well as one taped session. In the taped session, he did not provide support to the newly diagnosed HIV-positive client and actually distressed the client by telling her to “just forgive your husband’s infidelities and move on with life.” John actively participates in supervision, but he does not seem to be gaining insight into where his weaknesses lie or into how to improve his skills. You are obligated under your supervision agreement to ensure quality of care and ethical practices to the program. You also provide the program with monthly feedback via brief reports on the quality of counseling that is occurring.

Continued on next page

- What are the issues?
- What steps would you take to address this situation? (Both with John and with the national VCT program to which you are accountable)
- Make a brief list of issues that might arise in supervising counselors on behalf of an organization.

Case Study 3

You are the most senior counselor in your region. There is no counseling association, and there are no formalized supervision systems in place for counselors in the country. Individual counselors come to you when they “get stuck with difficult cases,” and you provide them with informal support and guidance, either by telephone or in person if they stop by your office. They complain to you that there is a need to form an organized counselor support group or to develop a mechanism that makes it possible to share case presentations with each other and to strengthen their skills. You agree, but you have been helping them only informally and often on your own time. Although your workplace employs you as a full-time counselor, it does not recognize you as having a role to support other counselors, and you are already overburdened with the number of cases you are managing.

- What are the issues?
- What could be done to improve your workplace situation?
- What could be done to meet the urgent needs of counselors in your country and how?

SCHEDULED BREAK

Exercise 5.4 (2 hours)

Break participants into two groups (as much as possible, have participants from the same workplace in the same group). Have participants turn to Activity 5.4 in the Participant’s Manual. Give each group a blank flipchart and marker and tell them that they will be reporting their main outcomes to the larger group. (1 hour)

When each group has finished and each group has given its individual presentation, place the two flipcharts side by side so that all can see. Then facilitate a discussion based on the following “trigger” questions: (1 hour)

- What is common to both groups?
- What differences occur across the groups?
- Which questions were most difficult to gain consensus on and why?
- What did you learn from this exercise?
- What would you now consider if planning or being involved in a supervision group? (1 hour)

Activity 5.4 – Starting a Supervision Group

You are going to establish a counseling supervision group (or improve an existing group if you already have one) at your workplace. With your group, develop a framework for the counseling supervision group by responding to the following “trigger” questions:

- What will be the criteria for membership in the supervision group?
- Would these criteria actually meet your own needs (if you were a member)?
- Which criteria are negotiable and which are not?
- Will you offer a suggested set of ground rules or develop some together?
- Would the group be led by peers or led in another way?
- How big can the group be? How long will meetings be?
- How often will the group meet and where will it meet so that it suits all members?
- What will be the format and methods for the meetings (e.g., lectures, case presentations, theme-based issues, case role-plays, others)?
- How often will members be expected to present their own work? How long will their presentations be?
- How many people can be absent without the group becoming ineffective?
- Determine the time availability. (Many people have spent time forming groups only to discover there are no times during which all members can meet regularly. This is particularly true of nurses/counselors in hospitals and in clinics who work shift work.)
- How committed are potential group members?
- What makes a peer a peer?
- How can members join and leave? Can they be asked to leave?
- What form of external accountability will the group have?

Exercise 5.5 (45 minutes)

Show OHT 5.1 and read the scenario to the group. Ensure that the content is clear to all participants. Then ask them to brainstorm responses to the following “trigger” questions:

- What were the main issues that arose?
- What was the agenda of the training institution?
- What were the agendas of the attendees?
- What problems occurred and why?
- What could have been done to prevent this outcome?
- What have you learned from this scenario?

Suggested Module 5 Task

Imagine you are setting up a supervision contract. One of the issues you discuss will be the supervision model and environment. Describe briefly which model and environment you would prefer, and explain why.

COUNSELING SCENARIO *(Based on an actual event)*

The Counseling Training Institution (CTI), after training many counselors for the country, became aware that there was no one who was able to provide adequate follow-up support. CTI was also not sure that trained counselors were applying their skills to serve their clients effectively. Counselors regularly passed by the training center and complained that they had no support in the workplace and no chance to meet with other counselors to consult about case management and to share experiences and concerns. Most of the counselors seemed to believe that it was CTI's role to help them and to arrange regular meetings. CTI, however, was already taking on multiple roles and functioning beyond its means, and it had already tried, albeit unsuccessfully, to encourage workplace organizations and other agencies to foster leadership in this area.

Due to continued unmet needs, CTI decided to create a counselor support group that would meet the needs of the counselors and be managed and operated by the counselors themselves. CTI was prepared to offer formal meeting space and start-up technical support (if required).

CTI sent out flyers to 30 counselors (those who were known to be actively counseling and to be committed to furthering the profession and representing a broad range of workplaces and contexts) across the country and followed these up where possible with telephone calls. CTI contracted an external facilitator to lead the meeting in an effort to make it clear that the support group was not affiliated with CTI and to encourage objectivity. A three-hour afternoon timeslot was allocated.

Most stakeholders arrived sporadically during the first half hour, and time was taken for informal greetings (some people had traveled long distances and had not seen colleagues for a long time). After 30 minutes of constant interruptions to the formal introduction process, the facilitator showed an overhead outlining the purpose of the meeting:

**To establish a counselor support network
OPERATED BY COUNSELORS FOR COUNSELORS**

The facilitator asked the group to brainstorm until the end of the day on what exactly was needed in the field and on who would do what and how. The facilitator also stated clearly that although CTI was helping to start the process, CTI would not manage or fund the activity, although meeting space could be provided. What followed is described below:

- Two-hour discussion with counselors with many different needs and wants, including the following: skills development, informal experience sharing, opportunities for more training in the region and career recognition
- One-hour discussion about financial incentives

Counselors were unable to come to a consensus about what they needed; many did not have a common vision. About one-third suggested (and then became preoccupied with) holding an election to vote for who might become president, secretary and treasurer of such a group. There was also no consensus on where to meet, how often or how the process could unfold beyond holding elections. When the facilitator asked what had been achieved and where to go from here, counselors responded with the following:

- Name of the group and positions for the group must be confirmed.
- The training institution must invite them all back for another meeting to arrange everything. Please provide tea and coffee and a transport allowance.

INDIVIDUAL AND GROUP SUPERVISION

Individual Supervision

- Agree on the basics. Negotiate the length, frequency (hours of supervision), place, time, cost/payment issues and agreement about missed sessions and holidays.
- A supervisor may have expectations of how he/she wants the supervisee to record client or supervision material, that is, how to present and keep him/her up to date with the case load and working situation. The supervisee also may have expectations and preferences about these matters.
- A supervisor must make clear his/her expectations of ethical and “professional” practice. The supervisor must be aware of what steps he/she would take if there were doubts about a supervisee’s competence or ethics. Usually a supervisor will first raise the issue with the supervisee directly and make clear demands on the supervisee. The supervisor may reserve the right to stop working with a supervisee if he/she fails to comply.
- There may be specific learning agendas that the supervisee brings to supervision. For example, “I find transference difficult to understand and spot and would like help to recognize it.”
- The supervisor must schedule reviews that may or may not include course or agency requirements for evaluation or assessment.
- The supervisor may need to help determine how to balance time:
 - How much help is needed with addressing “professional” practice issues and with shared evaluation of their work?
 - How much focus should be placed on the development of knowledge and skills?
 - To what degree will supervision be a resource for stress management and the release of tension and feelings arising from work (and maybe life)?
- It is the shared responsibility of you and your supervisee to make sure that your clients get enough of “their” supervision time, that they are brought in and thought about sufficiently to enable your best practice, and that issues of your personal maintenance and development do not interfere with supervision. This is also why review mechanisms are so important.

The Working Agreement

Some issues may need to be specifically agreed upon, such as the following (may be useful to document these issues in writing):

- How will the rights and responsibilities of counselors or supervisors be safeguarded?
- What happens if the counselor fails to show up for sessions?
- What agreement does the supervisor have with the training institution that is presenting the course the supervisee is attending?
- How can it be ensured that clients’ rights are upheld?
- What action will the supervisor take if he/she is concerned about the competence of the counselor to work with a client?
- What about adhering to codes of ethics?

Private Supervision

- This is a private arrangement between a counselor and a supervisor.
- The supervisor has responsibility for the counselor’s ethical practices but does not carry organizational responsibility for evaluation and assessment.
- In this arrangement the counselor is free to select his/her supervisor.

External Counseling Supervisor on Behalf of Workplace/Training Institution

You may be accountable to the contracting organization for the quality of counseling and for upholding ethical practices. Your job will be easier if the workplace already has in place the following practices and if the staff and/or trainees are also aware of them:

- Statement of its aims and its philosophy of counseling
- Description of administrative practice (e.g., record-keeping)
- Account of the management arrangements for work implementation (e.g., clear job descriptions, case load, overtime, work boundaries)
- Account of arrangements for supervision, including overall responsibility for the quality of the work with clients
- Reporting requirements and confidentiality practices required by the agency of the supervisor and supervisee
- Performance appraisal system
- Complaints procedures for clients and lines of responsibility in case of complaint
- You will need to be:
 - Confident in managing the relationship with the training body/organization
 - Willing and able to appraise, evaluate or assess the counselor on behalf of such bodies within your agreed role

Trainees and employees may not have selected you and may be required (or believe they are required) to stay with you to comply with the course/organization, so you will need confidence in having power and responsibility that is not negotiable.

Dealing with Resistant Supervisees

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

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

Handout 5.1, cont.

Group Supervision

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

Advantages and Disadvantages of Group Supervision	
Advantages	Disadvantages
Allows access to other people's work. Richness in hearing others' experiences. Increases exposure to diverse situations.	May focus on problems not of common interest to all.
For people working in isolated ways, the group provides interaction with colleagues and a sense of belonging.	At its worst, it is a place where it feels dangerous to be authentic, which invites competition. Less vocal participants can easily "hide."
Efficient use of limited time. Allows more complete feedback and reflection of who you are as a counselor.	Less time for individual presentation.
If safe enough, it is the place to be authentic, take risks, disclose failure or vulnerability and be helped to do something about it.	Family patterns often surface in groups, such as rivalry.
Possible to receive and hear support and to challenge at the same time.	Group dynamics can get "messy."
A place where you can rest as well as be active.	Issues of confidentiality can be tricky regarding client, counselor and agency.
Opportunity to learn to supervise others and to practice.	
Allows for various mediums: guest speakers, viewing of films/videos and so on.	
Trainees may be less resistant to the supervisor's feedback if other group members also acknowledge the value of the supervisor's suggestions.	
Groups provide a different context in which to assess the performance of trainees.	

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

Peer Groups

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

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

Guidelines for Setting Up Peer Supervision Group

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

As supervisor, I take shared responsibility for:

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

As supervisee I take responsibility for:

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

MODULE 6:

COUNSELING SUPERVISION METHODS

Objectives:

During this module participants will:

- Explore strategies for reflecting on and monitoring counseling practice
- Identify ways to present and review issues for supervision
- Gain familiarity with record-keeping formats as applied to supervision
- Gain familiarity with supervision methods (e.g., case studies, transcripts, taping sessions, direct observation, use of checklists as quality assurance tools)

Time: 11 hours

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Overhead projector and overhead transparencies:
 - *OHT 6.1: Comparing Counseling Supervision Methods*

- *OHT 6.2: Example Case Presentation Form*
- *OHT 6.3: Example Supervisee Details Form*
- *OHT 6.4: Example Supervision Contract*
- *OHT 6.5: Example Individual Supervision Session Form*
- *OHT 6.6: Example Counselor Self-Reflection Form*
- *OHT 6.7: Transcript as a Tool in Supervision*
- *OHT 6.8: Quality Assurance Tools: Checklist—Pre-Test Counseling*
- *OHT 6.9: Quality Assurance Tools: Checklist—Post-Test Counseling*
- *Participant's Manual (Activity 6.1; Handouts 6.1, 6.2, & 6.3)*

- Photocopies of OHTs 6.3, 6.4 and 6.6 to hand out to participants (one copy of each per participant)
- Blank notepaper
- Tape recorder and blank cassettes (one cassette per participant)
- VCR, television, video camera (if available), video cassettes (if available, one per participant)
- Prepare flipchart entitled: "Types of Records Used in Counseling"

Trainer's Notes

Exercise 6.1 (1 hour 45 minutes)

Have participants turn to Activity 6.1 in the Participant's Manual. Clarify the meaning of any of the methods if they are unclear, and then have participants complete Activity 6.1. (15 minutes)

After they have completed the activity, facilitate a discussion based on feedback from participants on their responses using the following "trigger" questions:

- Which methods are currently used in your country (if any), and why?
- Does anyone have experience using some of these methods with a peer or a counseling supervisor? (If so, what can you share with the group about your experience?)
- What do you see as the advantages and disadvantages of each method?
- What combinations of these methods might work in your own settings?
- Which methods do you feel you could learn to use and/or promote as a supervisor? (45 minutes)

Show OHT 6.1, focusing on presenting points that were not raised during the activity discussion. (30 minutes)

Encourage the group to ask questions about the methods and clarify as necessary. (15 minutes)

Inform the group that they will have opportunities to practice applying some of these techniques throughout the course and during the practicum. Emphasize that it is important for them to obtain as much experience with these methods as possible and that practice (both during and after the course) is an important part of developing their skills.

Activity 6.1 – Methods for Monitoring and Reflection

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

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

Which combinations of these strategies would work in your current setting?

Which methods do you feel you could learn to use and/or promote if you were a supervisor?

Exercise 6.2 (30 minutes)

- Introduce the record-keeping forms in the Participant’s Manual (show OHTs 6.2, 6.3, 6.4, 6.5 and 6.6).
- Guide the group through the contents and use of each type of form.
- Emphasize that these are example forms and that they can be adapted or modified according to program needs.

Exercise 6.3 (3 hours 30 minutes)

- Divide participants into four groups, and assign one example record form to each group. Tell participants they have 30 minutes to prepare presentations and 45 minutes to present and discuss in front of the larger group. Schedule breaks as required.
- **Group 1** (minimum of two people)—Example Case Presentation Form: OHT 6.2 (in Participant’s Manual). Develop a presentation based on one of their own former clients to share with the entire group and write on flipchart, applying the categories shown on the form.
- **Group 2** (minimum of two people)—Example Supervisee Details Form and Example Supervision Contract. **(Note to trainer: you will need one copy of OHT 6.3 and OHT 6.4 for each participant).**
Tell **Group 2** to prepare the following to present to the entire group. One participant will play the role of supervisor, the other the role of supervisee and the two are meeting for the first time to decide if they will work together. The large group will act as observers and try to apply the record-keeping form (while the supervisor is also doing the same), while also noting if any additional issues or concerns arise that may not be on the forms. After the role-play is complete, the group discusses the process and issues related to documentation as well as practice.
- **Group 3**—Prepare a role-play of a supervisor and supervisee during an individual supervision session to present to the entire group. The supervisor should be prepared to write up the session using the Individual Supervision Session Form (OHT 6.5).
- During the role-play in front of the large group, group members should act as observers and fill out the Individual Supervision Session Form. After the role-play is completed, the large group will have an opportunity for comments and clarifications.
- **Group 4**—Prepare a role-play of a counselor and client undertaking a pre-test counseling session under direct observation from a supervisor. The supervisor should determine where they each sit, how they want to give feedback and what the session should cover. The counselor should be instructed to make sure he/she addresses the issue of client consent regarding the presence of the supervisor during the session. The role-play and supervisor feedback should then be presented to the large group for feedback and discussion.

Exercise 6.4 (1 hour 30 minutes)

- The trainer should give an overview of transcripts using OHT 6.7 and Handout 6.1. It is important to give participants time to ask questions to ensure they understand the purpose and application of a transcript. Remind participants that they will be expected to both write and critique transcripts later in the course.
- Tell participants to read Handouts 6.1, 6.2 and 6.3, and if they have any questions to bring them to class during the next two days of the course.

Exercise 6.5 (1 hour 45 minutes)

- Ask for volunteers or select participants to role-play three supervision sessions between a supervisor and supervisee in front of the entire group. Role-plays should be limited to 15 minutes. (If during the role-play someone who is playing the role of supervisor gets stuck or wants to stop, encourage another participant to step into the role and continue in his/her place). The supervisees should select issues based on their own work experience to address during the session. (45 minutes)
- Following each role-play, invite discussion (20 minutes each) using the following “trigger” questions:
 - To the supervisee: How was the session for you? What did you find helpful? Was there any assistance you required from the supervisor that you did not get? If so, what?
 - To the supervisor: What skills did you use? What do you think you did well? What do you need to improve?

- To the observers: What did you notice? What was useful or what needed improvement? What would you have done differently?

Exercise 6.6 (2 hours)

Step One: (40 minutes) Call for volunteers or select individual participants (focusing on those who have not previously participated) to role-play two pre-test and two post-test counseling sessions between a counselor and client in front of the large group. Limit each role-play to 10 minutes. All additional participants should act as observers and fill out one of the checklists on OHT 6.8 or OHT 6.9.

Note to trainer: Where resources permit, use an audiocassette and/or videotape to record each role-play session. You will need to ensure that equipment is working and is set up well in advance of the exercise.

Step Two: (1 hour 20 minutes) Ask for four volunteers or select four participants to act as supervisors to give feedback to each of the counselors on their role-plays. Each supervisor should be assigned to use a particular feedback method, such as audiocassette or videocassette or the checklists that all observers filled out. Limit feedback sessions to 15 minutes each. Give the participants who are acting as supervisors the following instructions:

- **If using audiocassette and videocassettes:** Decide what to focus on (e.g., one topic, use of counseling skills, a specific issue, the client and his or her needs). Will you use the whole tape or only part of the tape? How will you use the tape (e.g., playing segments and asking questions of the counselor, encouraging the counselor to identify his/her needs for feedback or a combination)? If using a videotape, will you explore counselor and/or client body language or other visual cues? How will you involve the counselor in his/her own self-monitoring?
- **If applying quality assurance tools:** Determine what major issues prevailed during the session, determine how you will involve the counselor in his/her self-assessment, explore his/her own feelings about the session and decide how to share the feedback gained through use of the checklists (e.g., going through point by point as relevant, focusing on use of specific counseling skills or on the steps and process of the session).

Step Three: (15 minutes) Ask for feedback from all additional “observers” in the group to comment on the performances of the “supervisors.” Encourage the observers to give a combination of positive and critical feedback, and to fill in any gaps they think may have been overlooked.

Suggested Module 6 Task

Compare the advantages and disadvantages of direct observation and transcript methods. Which method of the two would you use and why?

COMPARING COUNSELING SUPERVISION METHODS

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

Method	Advantages	Disadvantages	Notes
Direct Observation Using Checklists/Tools	<ul style="list-style-type: none"> • Can provide immediate feedback • Can observe nonverbal clues • Can observe counselor/client dynamics • Can be applied to role-play or to real clients • Provides standard framework to assess counselors and sessions equally • Record can be reviewed 	<ul style="list-style-type: none"> • Requires consent • Counselor may feel anxious • Client may feel inhibited 	<ul style="list-style-type: none"> • Must ensure client understands purpose of supervisor's presence • Must ensure supervisor is seated in unassuming position
Direct Observation Using One-Way Mirror	<ul style="list-style-type: none"> • Can provide immediate feedback • Can observe nonverbal clues • Can observe counselor/client dynamics • Can be applied to real clients • Less inhibiting than direct observation with supervisor present in room 	<ul style="list-style-type: none"> • Requires consent • Requires room with one-way mirror • Unnatural environment • May place supervisor in role of "expert" 	<ul style="list-style-type: none"> • Must ensure client understands purpose of one-way mirror and observation
Use of Transcripts (Verbatims)	<ul style="list-style-type: none"> • Can be used in entirety or in sections • Can monitor transcripts from ongoing sessions for continuity • Can be used in role-plays for discussion purposes • Provides written account of both content and process • Can be reviewed over time 	<ul style="list-style-type: none"> • Time-consuming to prepare • Account is subjective • Account relies on counselor's interpretation and recall of actual events • Best if written up as soon as possible after session to ensure accurate recall • Preparation and critique requires skill from both counselor and supervisor 	<ul style="list-style-type: none"> • Supervision sessions based on transcripts are best used soon after the counseling session while session is still fresh in the mind of the counselor • Requires confidential record-keeping

Continued on next page

OHT 6.1, cont.

Method	Advantages	Disadvantages	Notes
Taped Sessions for Self	<ul style="list-style-type: none"> • Flexibility of time for review • Can replay parts for clarification • Can be used as training tool • Can track improvement in skills over time • May be easier, cheaper and less inhibiting than video recording • Can listen to entire session and focus on counselor, client or process • Can listen to small segments of session and target specific skills, content or process • Copies can be given to clients to take home and review their session 	<ul style="list-style-type: none"> • Requires consent • Requires resources • If equipment is poor or set up incorrectly, may be difficult to hear the recording • May inhibit counselor and/or client • Subjective critique (no external monitor) • Cannot review nonverbal communication 	<ul style="list-style-type: none"> • Care must be taken to erase tapes after use; counselor or supervisor must take responsibility for this and must ensure that client is aware tapes will be erased
Taped Sessions for Colleague or Supervision	<ul style="list-style-type: none"> • All of the above, plus: • Can self-direct or request supervisor to explore, monitor, assess, challenge and provide feedback in a focused manner • Obtain external objective feedback 	<ul style="list-style-type: none"> • As above, plus • Processing of entire tape may be time-consuming or require more than one supervision session 	<ul style="list-style-type: none"> • As above
Videotaped Sessions	<ul style="list-style-type: none"> • Flexibility of time for review • Can be replayed • Can be used as training tool • Can track improvement in skills over time • Can watch entire session and focus on counselor, client, nonverbal cues or process • Can watch small segments and target specific skills, content or process • Can use with a group • Copies can be given to clients to take home and review their session 	<ul style="list-style-type: none"> • Involves consent, expense, time and equipment • If equipment is not accurately set up and/or if the counselor has limited technical skills, difficulties may arise • Requires electricity • May inhibit counselor and/or client; often only possible for role-play rather than with real clients 	<ul style="list-style-type: none"> • As above

Whatever methods are used, it is the quality of the counselor-supervisor relationship and the degree of investment in the process by both parties that determines how effective the process will be.

EXAMPLE CASE PRESENTATION FORM

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

Referral source:

Age/sex:

Religion: (if relevant)

Family status:

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

Education: (if relevant)

Tribe/languages spoken: (if relevant)

Employment/work:

Relationships: (husband/wife/partner/children)

Reason for coming to counseling or VCT:

Previous counseling or associated medical history:

Consent issues: (if any)

Risk practices:

Support system:

Additional information:

Issues arising during counseling:

Approach taken by counselor:

Outcome so far:

Reason for presenting case:

Issues for discussion:

EXAMPLE SUPERVISEE DETAILS FORM

Name:

Address:

Telephone: (work) (home)

Organization: Job title:

Contact details:

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

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

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

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

What type of clients do you see?

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

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

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

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

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

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

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

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

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

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

How do you evaluate your client work at present?

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

Date:

Signatures

Supervisee: _____ Supervisor: _____

Organizational representative (if required): _____

EXAMPLE SUPERVISION CONTRACT

Between _____ (*insert name*) **and** _____ (*insert name*)

Supervisor: (*insert name*)

Supervisee: (*insert name*)

Use of supervision:

To explore and provide feedback on the counseling activities undertaken by
_____ (*insert name*)

To monitor and assess the work performance of _____ (*insert name*)

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

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

Length of supervision: (*one hour*)

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

Review date: (*after completion of 10 supervision sessions*)

Fee agreed (if appropriate): _____ (*insert fee*)

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

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

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

Date:

Signatures

Supervisor: _____ Supervisee: _____

EXAMPLE INDIVIDUAL SUPERVISION SESSION FORM

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

Name:

Session number:

Date:

Length of session:

Use of session:

Issues arising:

Outcomes:

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

Supervisor's comments:

Signatures

Supervisor: _____ Counselor: _____

EXAMPLE COUNSELOR SELF-REFLECTION FORM

Counselor Self-Reflection Form

COUNSELOR CODE:	CLIENT CODE: <i>(optional)</i>
-----------------	-----------------------------------

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

Date: _____

Additional notes for follow-up:

TRANSCRIPT AS A TOOL IN SUPERVISION

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

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

QUALITY ASSURANCE TOOLS: CHECKLIST
(Pre-Test Counseling)

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

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

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

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

QUALITY ASSURANCE TOOLS: CHECKLIST
(*Post-Test Counseling*)

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

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

EXAMPLE TRANSCRIPT FORMAT

This transcript is a confidential document.

Client initials:

Counselor initials:

Length of session:

Session number:

Language used:

Location of session:

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

1. Known Facts

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

2. Preparation

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

3. Background, Observation and Assumptions

Was the person referred by someone else (if so, by whom?) or self-referred/walk-in? How did they present to you? What was the nature and content of the referral? What were you thinking and feeling? Observe the environment and situation. Note the appearance of the client (e.g., posture and gestures, facial expression). As you began the session, did you have any assumptions or hunches about the client or circumstances?

4. Dialogue

After the session is over, make notes. Then when you have time, write up the session as a transcript.

Enter only direct quotations, with each speaker's comment as a separate paragraph, as follows:

(Nonverbal cues can be placed in brackets [])

Counselor's Comments:

On this half of the page, write your thoughts, observations, feelings, intuitions and so on.

Analysis (after counseling session is over)

The client

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

The counselor

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

Meanings/ethical issues

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

Future plans/goals

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

Reason for write-up

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

SELF-MONITORING OF COUNSELING

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

Questions for reflection

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

At end of session

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

Interventions and techniques used

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

Relationship/interaction with client

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

What goes on inside yourself as counselor

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

THE SUPERVISEE: PREPARATION FOR SUPERVISION SESSION

Supervisees need the following skills and abilities:

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

Mini-contracting

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

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

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

Receiving feedback from a supervisor

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

Preparing to present

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

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

What a counselor can bring to supervision:

- What sessions/clients/interventions they were pleased with
- What was difficult

Continued on next page

Handout 6.3, cont.

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

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

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

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

- Number of clients (weekly, bi-weekly and so on)
- Hours of client work each week
- Supervision or training given or received (in hourly or weekly terms) or a typical month's work pattern
- Workplace support
- Clients who are never discussed (Do they need to be discussed?)
- Sharing joys as well as worries

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

Delivering feedback: balancing praise and critique

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

MODULE 7:

ETHICAL ISSUES

Objectives:

During this module participants will:

- Gain an understanding of the importance of addressing ethical issues in supervision
- Become familiar with the issues that arise in relation to ethics and supervision
- Explore guidelines for ethical counseling practices
- Identify ethical dilemmas in HIV counseling and develop strategies to address such dilemmas

Time: 6 hours

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Overhead projector and overhead transparencies:
 - *OHT 7.1: Importance of Ethics*
 - *OHT 7.2: Ethical Issues in Voluntary Counseling and Testing*
- Participant's Manual (Activities 7.3, 7.4 and 7.5)
- Timer/watch
- Prepare flipcharts entitled:
 - "What Are Ethics?"
 - "Why Are Ethics Important in Counseling?"
 - "What Are Ethical Issues in VCT/HIV Counseling?"

Trainer's Notes

Exercise 7.1 (1 hour 30 minutes)

Ask the group to brainstorm and develop responses to the following three questions (list their responses on the three flipcharts):

1. What are ethics?
2. Why are ethics important in counseling?
3. What are ethical issues in VCT/HIV counseling? (Identify an ethical issue or dilemma that has occurred in your experience with VCT or HIV counseling in general.)

After the group has finished responding, show OHT 7.1 and OHT 7.2 and discuss each point, asking for questions and for areas that need clarification.

Exercise 7.2 (35 minutes)

- Using any of the ethical issues that arose as a response to question 3 in Exercise 7.1 or examples from OHT 7.2, have participants work in pairs and role-play a scenario for an individual supervision session.
- One participant in each pair should act as a counselor and bring their ethical issue to the other participant, who will act as supervisor. (20 minutes).
- After the role-play, each pair should discuss how the session went and note issues that arose, what the supervisor did, felt or said and its impact on the counselor. The pair should also discuss what could have been done differently or what additional steps may be helpful if one were a supervisor in each case. (15 minutes)

SCHEDULED BREAK

Exercise 7.3 (45 minutes)

Using the table in Activity 7.3 in the Participant's Manual, ask each participant to work individually and to list policies and procedures (including workplace-specific regulations) that may guide or affect VCT practice in their workplace, region or country. Tell participants to make sure they include any policies or procedures they will need to read and have knowledge of if they are to become an effective supervisor. (20 minutes).

After each participant has finished filling in the table, discuss the following "trigger" questions in the large group (25 minutes):

- What did you learn from this exercise?
- How confident are you at present about your knowledge of the relevant policies and procedures guiding this work?
- Do you have some ideas about how you will update your knowledge as part of your development as a supervisor? (Instruct participants to make a note of these ideas so they can use them in their action plans.)

Activity 7.3 – Policies and Procedures Relevant to VCT

In the following table, place a check next to the policies and procedures (including workplace-specific regulations) that may guide or affect VCT practice in your workplace, region or country. Include any policies or procedures you will need to read and have knowledge of if you are to become an effective supervisor.

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

Exercise 7.4 (1 hour 30 minutes)

Divide participants into four groups and assign each group a section of the Example Code of Ethics shown in Activity 7.4 of the Participant's Manual (see below). Ask them to discuss within their groups any issues that arise for them within the Code of Ethics and to note any gray areas that may apply to their practice. (45 minutes)

Facilitate an open discussion and have each group raise one key issue. (45 minutes)

- Group 1: Client Safety, Client Autonomy, Contracting, Counselor Competence
- Group 2: Responsibility to Self as Counselor, Responsibility to Other Counselors, Responsibility to Colleagues, Members of the Caring Professions and the Community
- Group 3: Counseling Supervision/ Consultative Support, Research
- Group 4: Confidentiality

Activity 7.4 – Example Code of Ethics and Practice for Counselors

The purpose of this Code of Ethics is to:

- Establish and maintain standards for counselors
- Inform and protect members of the public who are seeking and using their services

The Code of Ethics outlines the fundamental values of counseling—integrity, impartiality and respect—and a number of general principles arising from these fundamentals. It addresses such issues as client safety, clear contracting and competence. Counseling is a non-exploitative activity and counselors should maintain the same degree of ethics whether the counseling is paid or voluntary.

Counselor's responsibilities and obligations to the client:

Client Safety

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

Client Autonomy

- Counselors are responsible for working in ways that promote the client's control over his/her own life and respect the client's ability to make decisions and change his/her mind in the light of his/her own beliefs and values.
- Counselors do not normally act on behalf of their clients unless at the express request of the client or in certain exceptional circumstances.
- Counselors are responsible for setting and maintaining boundaries between the counseling relationship and any other kind of relationship and for making this explicitly clear to the client.
- Counselors must not exploit their clients financially, sexually, emotionally or in any other way. Engaging in sexual activity with a client is unethical.
- Clients should be offered privacy for counseling sessions. The client should not be observed by anyone other than their counselor or counselors unless they give informed consent. This also applies to audio/videotaping of counseling sessions.

Contracting

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

Boundaries

- Counselors must establish and maintain appropriate boundaries within the counseling relationship throughout the counseling sessions and must make it clear to clients that counseling is a formal and contractual relationship. Counselors must take into account the effects of any overlapping or pre-existing relationships.
- Counselors must remain accountable for relationships with former clients and must exercise caution about entering into friendships, business relationships, training, supervising or other relationships with clients. Any changes in relationships must be addressed in counseling supervision. The decision about any change in the relationship with a former client should take into account whether the issues and power dynamics presented during the counseling relationship have been resolved.
- Counselors should not terminate a counseling relationship so that they can satisfy their wish to pursue a business, personal or other relationship with their client.

Counselor Competence

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

Responsibility to Self as Counselor

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

Responsibility to Other Counselors

- If a counselor suspects misconduct by another counselor that cannot be resolved or remedied after discussing it with that counselor, the counselor should follow the complaints procedure (if there is one) without unnecessary breaches of confidentiality.

Responsibility to Colleagues, Members of the Caring Professions and the Community

- Counselors should be accountable for their services to colleagues, employers and funding bodies as appropriate. Such accountability should be consistent with respect for their clients' needs.
- No colleague or member of the caring professions should be led to believe that a service is being offered by a counselor when it

Continued on next page

Activity 7.4, con't.

is not being offered, as this might deprive the client from receiving such a service elsewhere.

- Counselors should work within the law and should take all reasonable steps to be aware of all current laws affecting their work.

Counseling Supervision/Consultative Support

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

Research

- The use of personally identifiable material gained from clients or by the observation of counseling should be used only if the client has given consent, usually in writing, and care has been taken to ensure that consent was given freely.

Confidentiality

Confidentiality to Clients, Colleagues and Others

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

Management of Confidentiality

- Counselors should ensure that records of the client's identity are stored separately from case notes.
- Care must be taken to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.
- When case material is used for case studies or reports, the client's identity must be effectively disguised.
- Any discussion about a counselor's counseling work between the counselor and others should be purposeful and not trivializing.
- Counselors must pay particular attention to protecting the identity of clients, including discussions of cases in counseling supervision.

Exercise 7.5 (1 hour 40 minutes)

- Break participants into pairs and select a range of case studies from those listed under Activity 7.5 for each pair to complete. (40 minutes)
- Each pair should identify for their case study the ethical issues and how, as a supervisor, the issues could be managed.
- Select specific pairs to present their outcomes or call for volunteers. (1 hour)

(Note to trainer: Tell participants they will have the opportunity to role-play some of these case studies as part of the next module, if desired. Each case study is presented in the training activities complete with bullets for the trainer to address. [See the sections entitled "Ethical Issues" and "Issues a Supervisor Could Explore with Counselor" in each case study.])

Activity 7.5 – Ethics Case Studies

CASE STUDY 1

A VCT counselor in a rural setting conducts home visits on an individual basis as required. She does this on her own initiative because many of her clients have difficulty finding transportation to the VCT site and some do not return for their test results or post-test counseling. She also conducts home visits for follow-up support. Her workplace has no policy in place for home visits. Management has told her she can do as she pleases, as long as it does not interfere with her being at the site during working hours. She brings this issue to supervision because she is not sure she is doing the right thing, although she has the best interests of her clients at heart.

Ethical Issues:

- Important to set boundaries and limits in the counseling situation
- Counselor burnout is common in such a context.
- Potential to create client dependence on counselor
- Potential for "rescuing" clients versus promoting client autonomy
- Safety of counselor/client
- Privacy/confidentiality
- Boundaries

Issues a Supervisor Could Explore with Counselor:

- Her motivation for undertaking the home visits (provide reassurance and praise for good intentions, dedication and commitment to clients)
- Her reason for bringing the issue to supervision
- Discuss possible consequences of her actions.

Continued on next page

Activity 7.5, con't.

- Explore with her how clients react when she arrives for a home visit. How many are welcoming? How does she address privacy, confidentiality, consent and overstepping her and her clients' boundaries?
- Present various scenarios about coping. For example, if the VCT site became busier or if her personal life required additional time, would she also tell clients where she lives so that they could visit her at her home? What would be the possible consequences of this?
- Explore possibilities regarding management support and policy development.
- What support does she need/want from her supervisor?

CASE STUDY 2

A client complains to his counselor that he overheard another counselor in the waiting area telling one of the nurses that she was about to see an "AIDS patient."

The counselor who has received the complaint has brought the issue to supervision.

He tells you that he is not sure what to do and would like feedback about how he has acted so far. He also feels torn between his commitment to serving his clients and upholding the reputation of the counseling profession, plus his loyalty to his fellow counselor, who is senior to him.

Ethical Issues:

- Confidentiality needs to be respected within counseling sites between colleagues. Client information should be shared between colleagues only on a need-to-know basis and only when it is in the best interest of the client.
- Privacy and professional conduct: Under no circumstance is it appropriate to discuss client information in a public space in the presence of other individuals.

Issues a Supervisor Could Explore with Counselor:

- Provide praise and encouragement to the counselor for bringing the issue to supervision.
- Invite the counselor to summarize the major issues and concerns as he sees them.
- Ask the counselor to identify the steps he has taken so far (in relation to the complainant and/or the counselor in question).
- Provide feedback on his action.
- Explore issues related to complaints procedures in the workplace.
- Explore workplace policy on confidentiality (if any).
- Ask who else he has shared the issue with (if anyone).
- Discuss protocol for future breaches of privacy/confidentiality.
- Explore the counselor's own concerns/fears in relation to collegiality and seniority.

CASE STUDY 3

- You are employed as an external supervisor by a VCT organization, and you are supervising a counselor at a very busy VCT site. As part of your contract, you are required to provide management with feedback on the quality of counseling and to keep them abreast of issues affecting the quality of the services provided.
- The counselor has been working at the site for over two years and in the past has raised concerns about his client load and long working hours. The counselor has never mentioned burnout, but it is evident to you as his supervisor that he is suffering from burnout.

Ethical Issues:

- Quality of counseling may be compromised.
- Supervisor perceives an issue that the counselor has not identified/raised.
- Supervisor has a duty of care contractually to both the counselor and the VCT organization management (limits of confidentiality).

Issues a Supervisor Could Explore with Counselor:

- Supervisor may suggest setting the agenda (e.g., monitoring workplace issues and how the counselor is currently coping).
- Ask the counselor for feedback on the above (may include raising the issue of burnout; what he thinks the term means; if he feels he might be experiencing it; how he has coped until now).
- Explore options for addressing burnout (e.g., time off, increased supervision and support, reduced client load, work exchange, personal coping strategies).
- Discuss workplace policy in relation to counselor well-being and client load.
- Ask how the counselor would like the issue to be addressed and about potential meetings with the organization's management (e.g., by himself, by the supervisor or in conjunction with the supervisor) as appropriate.

CASE STUDY 4

A client who tests HIV-positive refuses to inform his wife of his status. The counselor is very distressed by this and brings the issue to you for supervision. The counselor believes part of her role is to “prevent harm,” and she empathizes with the wife, who she feels is at risk of harm because she does not know her husband's status. She also states that she feels angry with her client for putting his wife at further risk.

Ethical Issues:

- Confidentiality and disclosure

Issues a Supervisor Could Explore with Counselor:

- Empathize with the counselor about the difficulty of the case and provide reassurance that this is a common ethical dilemma for most counselors.
- Explore the counselor's feelings toward her client. (Also is there any counter-transference occurring?)
- Discuss how the counselor plans to or has responded. What options does she see?
- Discuss workplace or national policy that relates to the matter. Is there a policy on limits of confidentiality? What was the client told about confidentiality during the VCT?
- Discuss client's rights and the consequences of breaching confidentiality.
- Use role reversal to allow the counselor to step into the client's shoes. Then explore the principles of being nonjudgmental, not imposing your desires on the client, reaffirming who the client is (i.e., the man or his wife or both) and maintaining professional boundaries.
- What does she now wish to do or what would she have done differently?
- This is also an ideal issue for group supervision. Has she discussed this issue with other counselors or with management. Would it be useful to do so?
- Discuss the reality of disclosure being a process in itself. Clients should be supported by counselors over time in relation to disclosure issues. Also inform the counselor that experience shows that eventually most spouses do actually inform their partners of their serostatus, and that providing a conducive environment for disclosure is one potential role of counseling.

CASE STUDY 5

A client becomes attracted to the counselor during VCT. His results are negative and he feels he no longer requires counseling from the counselor. He invites her out after the session.

Ethical Issues:

- Maintaining professional boundaries

Continued on next page

Activity 7.5, con't.

Issues a Supervisor Could Explore with Counselor:

- Explore the counselor's feelings and response.
- Discuss ethical issue associated with boundaries.
- Discuss consequences of accepting/not accepting the invitation and the potential impact of actions on the counselor and client.
- Discuss the fact that the client's negative status may not ultimately mean the end of the professional relationship.

CASE STUDY 6

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

Ethical issues:

- Maintaining professional boundaries

Issues a Supervisor Could Explore with Counselor:

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

Suggested Module 7 Task

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

- A woman brings her newly recruited nanny for an HIV test.
- A client of yours who is HIV-positive is attracted to your best friend's sister.
- A client buys you gifts every so often and has now invited you over to her house.

THE IMPORTANCE OF ETHICS

- Your personal philosophy, values, boundaries and assumptions are crucial to your supervisory work. These concepts are linked to how you apply ethics in your practice.
- Counselors are part of a professional practice and as such are bound by codes of ethics.
- A code of ethics is a set of professional ground rules against which you can encourage the counselor to monitor his/her work to ensure appropriate service delivery to clients.
- Codes of ethics can only be guidelines, but they form an important framework for counseling practice.
- Codes of ethics play an important role in guiding standards and professional practice in counseling and help to maintain the well-being of clients and the community at large.

ETHICAL ISSUES IN VOLUNTARY COUNSELING AND TESTING

- Responsibility
- Antidiscriminatory practice
- Contracts
- Boundaries
- Competence
- Client safety
- Counselor safety
- Informed consent
- Privacy
- Confidentiality
- Right of refusal
- HIV testing of specific groups (e.g., children, pregnant women, youth, couples, military)
- Home visits and counseling
- Assisting clients who engage in practices deemed “illegal” under national/local law (e.g., prostitution, drug use, homosexuality)
- Clients at risk of harm to self or others
- Record-keeping
- Treatment, care and support of people with HIV/AIDS

MODULE 8:

CHALLENGING ISSUES IN SUPERVISING HIV/AIDS COUNSELORS

Objectives:

During this module participants will:

- Identify common challenges in supervising HIV/AIDS counselors
- Apply various supervision methods to manage challenging situations
- Observe and role-play supervision practices

NOTE: To complete Module 8, participants must have completed Modules 5 and 6.

Time: 5 hours 30 minutes

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Participant's Manual (Activities 8.1 and 8.2)
- Blank (scrap) notepaper
- Role-play chairs/props, as required
- Counselor checklists, as required

Trainer's Notes

Exercise 8.1 (2 hours 30 minutes)

Divide the participants into four groups, and allocate one of the scenarios presented in Activity 8.1 in the Participant's Manual to each group: couple, pregnant woman, 15-year-old male, injecting drug user or sex worker. (Note to trainer: The scenarios in the Activity 8.1 table are the same as those shown in the table on the next page; however, the table below also includes information exclusively for the trainer.)

Step One: Instruct the groups to spend 10 minutes adding details to their specific scenarios. Such details include more history on the client, the client's specific circumstances and the overall situation. After each group has added details, they are to write up a case study of their client on flipchart paper and stick it on the wall next to their group. (35 minutes)

Step Two: Using the developed case study information, each group should then list the issues to be addressed in counseling on another piece of flipchart paper. (Note to trainer: The table includes bullet points for the trainer to guide the groups' discussions.) (15 minutes)

Step Three: Each group, using its scenario, should select two members to role-play a counselor and a supervisor in a supervision session. The group should decide how and what specifically will be presented via supervision. After completing the role-play, the role players should be debriefed about their experiences by the observer/supervisor. Additional group members should act as observers and provide feedback after the role-play. (1 hour)

If time permits, one or more groups can repeat their role-play for the class. This should be followed by an opportunity for discussion. (40 minutes)

TRAINER'S USE ONLY FOR ACTIVITY 8.1
Case Studies and Issues to Address in Counseling Supervision

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

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (Information in this column is for trainer's purposes only.)
Three	15-year-old male	VCT center	<ul style="list-style-type: none"> • Presents for HIV test • Previous risk practices 		<ul style="list-style-type: none"> • Explore motivation for testing: What makes him think he's at risk? • Risk perception • Specificity of risk practices • Consent issues • Support issues • Implications of results • Risk reduction strategies • Additional factors that may require support? (e.g., drugs and alcohol, safer use, financial, referral)
Four	Injecting drug user	Non-medical community-based organization	<ul style="list-style-type: none"> • Wants VCT • Has fears about confidentiality • Has limited knowledge of safer practices and options about drug use 		<ul style="list-style-type: none"> • Legal issues • Concerns/fears about confidentiality • What safer practices exist? • Client's desires about risk reduction (abstinence vs. harm minimization) • Options (e.g., no sharing equipment, clean equipment, mode of use) • Support: family or external • Referral • Additional issues, such as hepatitis
Five	Sex worker	Non-medical (community-based organization)	<ul style="list-style-type: none"> • Receives counseling • High-risk practices; multiple concerns/worries • Low risk perception • Does not want VCT 		<ul style="list-style-type: none"> • Legal issues • Low risk perception • Explore concerns/needs (e.g., risk practices, family situation, employment, finances) • Referral needs • Explore reasons for not wanting VCT

Activity 8.1 – Case Studies and Issues to Address in Counseling Supervision

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (to be filled in by participant groups)
One	Couple	Clinic	<ul style="list-style-type: none"> • Returning for test result and post-test counseling • Will be discordant 		

Activity 8.1 – Case Studies and Issues to Address in Counseling Supervision

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (to be filled in by participant groups)
Two	Individual pregnant woman	Hospital with PMTCT program	• Routine HIV testing		

Continued on next page

Activity 8.1 – Case Studies and Issues to Address in Counseling Supervision

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (to be filled in by participant groups)
Three	15-year-old male	VCT center	<ul style="list-style-type: none"> • Presents for HIV test • Previous risk practices 		

Activity 8.1 – Case Studies and Issues to Address in Counseling Supervision

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (to be filled in by participant groups)
Four	Injecting drug user	Non-medical (community-based organization)	<ul style="list-style-type: none"> • Wants VCT • Has fears about confidentiality • Has limited knowledge of safer practices and options about drug use 		

Continued on next page

Group	Client	Setting	Basic Situation	Case Study (to be filled in by participant groups)	Issues to Address in Counseling (to be filled in by participant groups)
Five	Sex worker	Non-medical (community- based organization)	<ul style="list-style-type: none"> • Receives counseling • High-risk practices; multiple concerns/worries • Low risk perception • Does not want VCT 		

SCHEDULED BREAK

Exercise 8.2 (3 hours)

Step One: In the same groups that worked together in Exercise 8.1, participants should undertake Activity 8.2. Each group may select its own scenario from the Activity 8.1 table, from other modules or from work experience.

Step Two: Each group should brainstorm and list on flipchart paper the issues to be addressed in the supervision session and the strategies that could be used within the supervision session. (30 minutes)

Step Three: Each scenario should be developed as a supervision session. Each group should select one member to play each role (e.g., supervisor, counselor, group member, client as required) and prepare to present the role-play to the entire group. (30 minutes)

Step Four: Each group presents its role-play to the entire group. Tell all non-presenting individuals to observe and document the following:

- What is the major concern raised or identified by the counselor?
- What counseling skills did the supervisor use in the session?
- What did the supervisor do well?
- How could the session be improved?

Step Five: Each group presents its role-play, which is followed by feedback. (2 hours)

Step Six: Debrief each member of the presenting group using the following “trigger” questions.

Counselor:

- How was the session for you?
- What did the supervisor do that helped or hindered you?
- Were your expectations met?
- Was there anything you would have liked your supervisor to do that he/she did not?

Supervisor:

- How was the session for you?
- What did you feel you did well?
- What skills/strategies did you use?
- What would you like to improve?
- Was there any area where you felt “stuck”?

Group members (for group supervision session)

- What was useful about being in the group?
- What, if anything, did you learn?

Client:

- How did the counselor explain the presence of the supervisor?
- How was the issue of your consent for the presence of the supervisor addressed?
- How did the presence of the supervisor affect the session for you (if at all)?
- How did you feel about where the supervisor sat (position)?

TRAINER'S USE ONLY FOR ACTIVITY 8.2
Case Studies, Issues to Address and Strategies

Group	Supervision Method	Scenario (select from below or from other modules)	Issues to Address via Supervision and Strategies to Use (trainer's use only)
One	Individual session	Female counselor: <ul style="list-style-type: none"> • Experiencing burnout • Unsupportive workplace 	<ul style="list-style-type: none"> • Burnout: How does the counselor define it, experience it? How does it affect her work, clients, health, family, life? What circumstances led to the burnout? • Acknowledge feelings; acknowledge burnout is common in such settings, and that it can be addressed. • Praise counselor for being able to recognize her own burnout, as many counselors do not. This shows self-awareness. • Explore workplace barriers, policies, management. • What has the counselor tried so far to address her burnout? • What has helped the counselor in other circumstances when suffering from similar "symptoms"? • Is there anything the counselor would like from me as a supervisor to address the situation (e.g., with management)? • If one small thing could be changed to reduce, remove or prevent further burnout, what would it be? • Handouts/reading materials. • Homework tasks (only if homework does not increase burnout) (e.g., do X number of nice things for self between now and next supervision session). • Increase supervision until burnout is diminished? • Time off? • Capacity to reduce client load? • Peer support? • Stress management plan? • Meeting with management and/or other counselors? • Role-play meeting with other affected parties (e.g., management/counselors).

TRAINER'S USE ONLY FOR ACTIVITY 8.2
Case Studies, Issues to Address and Strategies

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

TRAINER'S USE ONLY FOR ACTIVITY 8.2
Case Studies, Issues to Address and Strategies

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

TRAINER'S USE ONLY FOR ACTIVITY 8.2
Case Studies, Issues to Address and Strategies

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

TRAINER'S USE ONLY FOR ACTIVITY 8.2
Case Studies, Issues to Address and Strategies

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

Activity 8.2 – Case Studies, Issues to Address and Strategies

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

Activity 8.2 – Case Studies, Issues to Address and Strategies, cont.

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

MODULE 9:

MANAGING STRESS AND PREVENTING BURNOUT

Objectives:

During this module participants will:

- Learn to recognize signs of stress and burnout in counselors
- Identify strategies to manage stress and to prevent burnout within the context of HIV/AIDS counseling and VCT
- Identify strategies for supervisors to manage their own stress and prevent burnout

Time: 4 hours 45 minutes

Materials/Preparation:

- Flipchart stand, flipchart paper, tape/Blu Tac, markers
- Overhead projector & overhead transparencies:
 - *OHT 9.1: Stress and Burnout*
 - *OHT 9.2: Common Stressors on HIV/AIDS Counselors*
 - *OHT 9.3: How to Reward Counselors*
- Participant's Manual (Activities 9.3, 9.4, 9.5, 9.6 and 9.7; Handouts 9.1 and 9.2)
- Timer/watch
- Prepare flipchart entitled: "Signs of Stress and Burnout in Counselors"

Trainer's Notes

Exercise 9.1 (30 minutes)

- Put up the flipchart entitled: "Signs of Stress and Burnout in Counselors."
- Brainstorm with the group about the signs of stress and burnout in counselors (that they have experienced themselves or have observed in others). These should include both physical and emotional signs (e.g., tiredness, illness, angry outbursts, withdrawal).
- List the responses on the flipchart.
- Show OHT 9.1 and discuss with the group in plenary the meanings of stress and burnout and the differences between the two. Ensure that the group is clear about the relationship between the two and understands that stress can lead to burnout among counselors. Tell them that as counseling supervisors, it is important for them to be able to detect the signs of stress and burnout and to help counselors manage stress and prevent burnout. Make sure you emphasize that counseling supervisors are also prone to stress and burnout. Therefore, if they are to be effective with their supervisees, they too will need to learn how to manage their own stress, to prevent burnout and to model appropriate practices.

Exercise 9.2 (45 minutes)

- Show OHT 9.2, and after looking at the list of common stressors on HIV/AIDS counselors, ask for volunteers to identify and describe in detail those stressors that they have experienced personally or have observed in others.
- Continue to call for volunteers until all stressors have been discussed. If a stressor is unclear, provide an example and explain it to the group.
- Ask the group if they know of any additional stressors that are not on the list (for example, identifying too closely with the client or multiple pressing needs presented by the client, such as poverty, abuse and substance abuse).

Continued on next page

Exercise 9.1 (1 hour 10 minutes)

- Group the participants into pairs, have them turn to Activity 9.3 in the Participant’s Manual and have each pair fill in the table as instructed. For each potential stressor, have participants identify and list possible strategies for helping a counselor cope with the stressor. (30 minutes)
- When all participants have finished, lead a discussion on the strategies identified by the pairs. (40 minutes)

Activity 9.3 – Strategies to Address Stress in Counselors

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

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

Exercise 9.4 (10 minutes)

Relaxation Exercises

Explain to the group that you are going to teach them some relaxation exercises that can help them manage stress. They can use these exercises to help themselves and can also teach them to others. Tell them that each of the exercises is documented in the Participant's Manual.

Shoulder Shrug

Have all participants stand up in a comfortable position, leaving a little distance between each other. Take them step by step (while doing the exercise with them) through the shoulder shrug in the following manner:

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

Ask participants how they feel after doing this exercise.

Face Relaxer

Have participants return to their seats or lie on the floor. Give the following instructions while also demonstrating:

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

Ask participants how they feel after doing this exercise.

Activity 9.4 – Relaxation Exercises

Shoulder Shrug

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

Face Relaxer

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

SCHEDULED BREAK

Exercise 9.5 (1 hour)

- Divide participants into four groups. Ask each group to imagine that they are the manager/boss of a VCT service organization and have them develop a three-minute skit/drama to perform to the group that demonstrates how an organization can reward or recognize its counselors. (20 minutes)
- Have each group present to the large group. (15 minutes)
- After each group has presented, ask the entire group what they learned from the exercise. (5 minutes)
- Show OHT 9.3 and explain that there are numerous ways to reward and recognize counselors: through words, actions or material means.
- Ask the group which of these strategies they would personally value the most. Also ask them what influence they may have as counseling supervisors to encourage some of these practices in their own workplaces or situations. (20 minutes)

Exercise 9.6 (35 minutes)

- Have participants stay in the same four groups and turn to Activity 9.6 in the Participant's Manual. Have them list strategies to deal with each stressor in the table. (25 minutes)
- After each group has completed Activity 9.6, reconvene the large group and ask for feedback on the exercise. (10 minutes)
- Remind participants that they are not expected to have all the answers; emerging counseling supervisors also learn by doing and experiencing. Tell them that having the insight, skills and humility to know when to ask for further assistance is also an important part of being an effective counseling supervisor.

Activity 9.6 – Strategies to Address Stress in Supervisors

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

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

Exercise 9.7 (35 minutes)

- Have participants turn to Activity 9.7 in the Participant's Manual, and have each participant individually fill in the table provided. (20 minutes)
- After all participants are finished, ask them if the activity was useful and, if so, why. Ask for feedback on what they might now implement as part of their own stress management plans and when. (15 minutes)
- Encourage participants to read Handouts 9.1 and 9.2 before completing the course.

Activity 9.7 – My Own Stress Management Plan

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

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

Suggested Module 9 Task

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

STRESS AND BURNOUT

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

Burnout is the gradual process by which a person in response to prolonged physical, mental and/or emotional stress detaches from work and other meaningful relationships. The result is lowered productivity, cynicism, confusion and feelings of being drained and having nothing more to give.

DIFFERENCES BETWEEN STRESS AND BURNOUT

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

COMMON STRESSORS ON HIV/AIDS COUNSELORS

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

HOW TO REWARD COUNSELORS

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

YOUR PROFESSIONAL SUPPORT

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

Ask yourself the following questions:

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

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

STRESS MANAGEMENT

Stress Management Strategies

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

Attitudes to Avoid (Solutions)

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

Coping Strategies

Change the Stressor:

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

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

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

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

Avoid the Stressor:

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

MODULE 10:

ASSESSMENT AND PRACTICUM

Objectives:

During this module participants will:

- Create a three-month action plan
- Write a transcript
- Review and clarify, as necessary, the assessment and practicum requirements for course completion

Time: 2 hours 50 minutes

Materials/Preparation:

- Overhead projector and overhead transparencies:
 - OHT 6.7: *Transcript as a Tool in Supervision*
 - OHT 10.1: *Example Action Plan*
 - OHT 10.2: *Counseling Supervision Training Course Requirements*
- Access to photocopier or carbon paper (one sheet per participant)
- Participant's Manual (Handouts 6.1 and 10.1; Activities 10.1, 10.2 and 10.3)

Trainer's Notes

Exercise 10.1 (2 hours)

Step One:

- Remind participants that one of their assessment tasks is to develop and implement a three-month action plan. Also remind them that it is extremely important that they develop a plan that is realistic, practical and achievable. During the workplace observation visit, they will be monitored as to how successfully they have implemented their action plan.
- Tell participants to turn to Activity 10.1 in the Participant's Manual and fill in the action plan table. (*Note to trainer: Each participant's action plan must be photocopied at the end of the session. If photocopying equipment is not available, give all participants a sheet of carbon paper before they begin working on their plans.*)
- Explain that the Action Plan table is divided into five columns: activities, steps, proposed completion date, resources required and notes. The activities should include areas/skills to be improved to become an effective counseling supervisor as well as strategies for applying supervision practices.
- Show OHT 10.1 and guide participants through the use of each column and examples of types of activities and steps that could be undertaken.
- Tell participants to develop only those activities that apply to their own skill development needs and to supervision strategies that will be effective in their workplaces.
- Each participant should come up with a minimum of three and a maximum of five activities. Each activity may have more than one step, if necessary (show participants the example in OHT 10.1).
- Instruct participants to make sure they use realistic completion dates so that they have enough time to complete their activities.
- Participants must also ensure that their specified activities can be implemented with the resources shown in the resources column. Notes in the notes column can be used to remind participants of any issues or items that they will need to address to implement the activity (e.g., securing a venue if needed, organizing consent from management for a particular activity or sending out notices). (*Note to trainer: Show as an example OHT 10.1.*)
- Ask for a volunteer to suggest a fifth activity and steps that could be added to the example action plan. Give feedback as required.
- Invite participants to ask questions and to ask for clarification of any items they do not understand.

Step Two:

Give participants 40 minutes to complete their action plans.

Step Three:

Call on each participant to present a brief (about three minutes each) overview of the activities in their action plans. Invite the overall group to give feedback and to comment, question and challenge activities, as appropriate. If necessary, add feedback to the action plans. (About two minutes each)

- Allow participants a few minutes to modify their action plans if they so desire.
- Photocopy (or collect a carbon copy) of each participant’s action plan. Tell them to keep the original and take it with them. Advise them that it might be useful to place it in a prominent spot in their workplace so that they are reminded frequently of what they need to do to implement their action plan over the next three months. Remind them that progress toward implementation of the action plan will be monitored during the workplace observation visits.

Activity 10.1 – Develop and Implement Action Plan**ACTION PLAN**

Name:

Organization:

Contact Details:

Activity	Steps	Proposed Completion Date	Resources Required	Notes

Exercise 10.2 (1 hour 30 minutes)

Step One:

- Tell participants to refer to OHT 6.7 and Handout 6.1 about transcripts.
- Tell participants to take one hour to prepare a transcript without talking to each other. (If possible, participants should base their manuscript on a recent real case in which they were the counselor. If they do not have a real case to use, they should make one up.) They should use the transcript format outlined in Handout 6.1.
- Tell participants to make sure their handwriting is legible so that the transcript can be easily critiqued by another person.

Step Two:

After all participants have finished, ask them to pass their transcripts to another participant, making sure no one has their own transcript.

- Have each participant (taking the role of a supervisor) critique the transcript as their transcript assessment task.
- Agree with the group on a date and method by which the critiqued transcripts will be submitted.

Step Three:

Go through the information in Activity 10.2 to ensure that all participants clearly understand how to go about critiquing the transcript.

Activity 10.2 – Critiquing Transcripts

Things to do when critiquing a transcript:

- Use a pen or pencil that is a different color from the one the counselor used to write the transcript.
- Try to place all feedback comments in the right-hand margin. Place additional longer, general comments at the end of the transcript or on the reverse side of the paper.
- Be sure to give both positive and constructive feedback. Even if the counselor has gone off track, try to find something encouraging to say about the transcript.
- Be specific with your comments. For example, it is better to say “excellent demonstration of probing skills” than to say “good counseling skills.”
- Give negative feedback in a sensitive manner where possible by challenging the counselor to think about how to improve their session. For example, it is better to ask “Which counseling skill do you think might be missing here?” than to say something like “You are missing such and such a skill.”
- If the counselor has shown poor counseling practice and he/she does not seem to be aware of it, you may need to write at the bottom of the transcript something like: “Let’s discuss this transcript as soon as possible in our next supervision session.”

What to look for and comment on:

- Things that the counselor has done well. These might be the counselor’s use of a particular counseling skill (e.g., demonstrating empathy) or appropriate use of challenging skills with an HIV-positive client who states that he will not practice safer sex with his partners.
- You may be impressed by how well the session flows (i.e., the process) and by the exploration or use of probing skills. Or the counselor might demonstrate good self-awareness of the impact that the session has on his/her own emotions or beliefs.

Things that might be missing and that need to be addressed:

Quite often counselors might:

- Inadequately tap into the emotions of the client and not reflect feelings (i.e., not demonstrate empathy).
- Not probe where a story is inconsistent or unclear.
- Not explore risk practices in enough detail due to their own discomfort discussing issues of a sexual nature or other taboo topics.
- Not have adequate self-awareness to identify how the session has affected them.
- Ask questions that are irrelevant to the session or that do not flow with the progress of the session. (“Why” questions sometimes fit into this category.)
- Not provide referral options where they might be useful to a client.
- Not offer follow-up counseling in a case where the client might benefit from it.

Exercise 10.3 (30 minutes)

Review of Course Requirements

Before presenting this module, the trainer must decide :

- The date for essays and transcripts to be submitted.
- A draft schedule of dates for each workplace observation visit. Trainers must take into consideration their own training and counseling schedules, the time it will take them to read and mark the assessment tasks, times that are suitable for counselors and their managers, and the time it will take trainees to complete the course requirements. Trainers also must the transportation, logistics and costs for getting to and from the participants’ workplaces.
- Successful completion of the course includes class participation, and trainers must continually assess the participants throughout the course. Those who are do not participate should be approached privately by the trainer as early as possible during the course and encouraged to participate more fully if they are to satisfy course requirements. In such a case, the trainer should also make an effort to uncover any valid reasons or extenuating circumstances behind the participant’s inactivity and offer support as appropriate.

Steps:

- Show OHT 10.2 and ask participants to turn to Activity 10.3 in the Participant’s Manual. Review each item and tell participants to fill in the Activity 10.3 table as they progress. Encourage participants to use the “Notes” column to add additional information that might help them fulfill each requirement (e.g., notifying managers of the workplace visit or carrying out research for the essay).
- Remind participants of the date their essays and transcripts must be submitted, and inform them that they will be given feedback on their essays during the workplace observation visit.
- Tell participants to read Handout 10.1 in the Participant’s Manual, which explains what is expected of them for the assessment essay.
- Remind participants that they are required to satisfactorily complete all course components before a certificate will be issued (either in person at the training center or via post if available or preferable).
- Encourage participants to ask questions and to ask for clarification of any issues related to the course requirements. Explain to them that this is their last opportunity to do so, as the next task is the closing exercise.

Activity 10.3 – Schedule/Status of Certification Training Activities

Activity	Completed	Still to Complete	Date to Complete	Notes
Core Skills Training				
Post-Test Questionnaire				
Class Participation				
Action Plan				
Transcript				
Assessment Essay				
Supervision of Two Counselors				
Workplace Observation Visit				

EXAMPLE ACTION PLAN

Name: _____

Organization: _____

Contact information: _____

Activity	Steps	Completion Date	Resources Required	Notes
Increase my proficiency with the transcript method	1. Teach a peer to write a transcript of a recent case		<ul style="list-style-type: none"> • Peer • Pens • Paper • Venue 	<ul style="list-style-type: none"> • Organize a private space
	2. Critique and discuss the transcript with my peer in a supervision context			
Increase my knowledge and understanding of humanistic counseling theory	1. Ask other counselors for information on humanistic counseling theory		<ul style="list-style-type: none"> • Counselors • Transportation • Photocopier • Internet access • Plain paper 	<ul style="list-style-type: none"> • Request permission to use Internet • Organize work transportation
	2. Visit university library and/or use Internet to obtain written information on humanistic counseling			
Hold staff orientation on counseling supervision	1. Meet with management to debrief them about the outcomes of the counseling supervision training course		<ul style="list-style-type: none"> • Room • Paper • Summary handouts 	<ul style="list-style-type: none"> • Confirm dates and number of attendees • Prepare handouts • Organize venue
	2. Hold half-day seminar to orient fellow counselors and other key staff (if appropriate) on the importance of supervision in counseling			
Establish my own supervision setup	Formalize a peer supervision arrangement in the workplace setup		<ul style="list-style-type: none"> • Peer • Room • Paper/pens • Contract outline 	<ul style="list-style-type: none"> • Obtain management permission

**COUNSELING SUPERVISION TRAINING
COURSE REQUIREMENTS**

Classroom:

- Attend ALL core skills training modules
- Attain a score of 70% or higher on the post-training assessment test
- Demonstrate ongoing participation in class exercises

Assessment Tasks:

- Develop and implement three-month action plan
- Submit critiqued transcript (pass/fail grade awarded)
- Write assessment essay (approximately 1,000 words) (pass/fail grade awarded)

Practicum:

- Supervise a minimum of two counselors
- Workplace observation visit, which will involve:
 - Participant/trainee being observed supervising a counselor during a supervision session
 - Discussing implementation of the action plan
 - Interviewing a member of management about how the participant has progressed since the training

ASSESSMENT ESSAY

What to do:

- Select a topic from your OWN experience. The trainers are looking for evidence of your understanding of issues and how you apply your knowledge. Thus, it is important that you write about what you know.
- Demonstrate in your essay your understanding and application of concepts or issues that were covered during the counseling supervision training course.
- You are not expected to have all the answers or strategies. However, the trainers want to see that you have thought through your issues and been creative about how you have addressed them or how you would like to address them.
- Keep the discussion as practical as possible.
- Make sure the information you provide is clear, flows easily and makes sense.
- Make sure you structure the essay so that it has an introduction, body (the “meat” that describes, discusses and analyzes) and conclusion/concluding remarks.
- Stick to the word limit of about 1,000 words. (The trainers do NOT want a book, but they do want more than just a paragraph.)

What not to do:

- Do not use fancy language in an effort to impress the trainers.
- Do not write only a general description of an issue with no analysis or discussion.
- Do not discuss unrealistic or unachievable outcomes or situations.
- Do not be vague or unclear, as this will make it difficult for trainers to determine whether you really understood the course content and how it applies to your situation.

Cover any one of the following topics (some examples are provided, but be creative and identify your own examples that are relevant to your situation):

- Workplace issues related to counseling practice or supervision (e.g., referral practices, lack of supervision opportunities, burnout).
- Case study and how it was handled.
- Ethical dilemma and how it was handled (e.g., partner notification, reporting results, mandatory testing of subgroups, confidentiality limits).
- Policy issues related to counseling practice or supervision (e.g., supervision as a requirement or age of consent).
- Supervision strategies (e.g., developing a peer supervision group).

POST-TRAINING ASSESSMENT

Objective:

During the Post-Training Assessment session participants will:

- Complete a Post-Training Assessment Test

Time: 45 minutes

Materials/Preparation:

- Post-Training Assessment Test (one for each participant)

Trainer Notes:

- Remind participants that they are not to talk during the test unless they have a question for the trainer about the test.
- Tell participants to begin the test, and tell them you will let them know when there are only 5 minutes left.
- Collect the tests at the end of the period. (*Note to trainer: If the majority of the participants have not completed the test, then give them more time. The goal is to give the participants every opportunity to pass.*)
- Determine when you will give back the graded/ marked Post-Training Assessment Tests, and inform the participants (e.g., the next day or during the workplace observation visit). *Note to trainer: Be sure you give yourself enough time to mark them.*
- Use the Answer Key in the Pre-Training Assessment section to score the Post-Training Assessment Tests.
- When time permits (but before the workplace observation visit), compare the Pre-Training Assessment Test score with the Post-Training Assessment Test score of each individual as a means for evaluating the participant's performance in the course.

POST-TRAINING ASSESSMENT TEST

Name: _____

True or False? (Circle Correct Response)

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

Circle Correct Answer

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

Short Answer/Fill in the Blank/Multiple Choice

14. _____ supervision allows access to other people's work and increases exposure to diverse counseling situations.
a. Individual b. Group

Post-Training Assessment Test, cont.

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

RESOURCES AND CONTACTS

Books, Manuals, and Documents

- Bishop, V. Clinical Supervision Questionnaire Results. *Nurs Times*. 1994 Nov 30-Dec 6. 90(48): 40-2.
- Carroll, M., and Holloway, E. (Eds.) 1998. *Counseling Supervision*. California: Sage Publications.
- Dryden, W. 1991. *Training and Supervision for Counseling in Action*. California: Sage Publications.
- Egan, G. 1994. *The Skilled Helper*. California: Brooks Cole Publishing.
- Family Health International. 2002. *Quality Assurance Tools*. Washington, DC: Family Health International.
- Holloway, E. 1999. *Training Counselling Supervisors: Strategies, Methods and Techniques*. California: Sage Publications.
- Inskipp, F., and B. Proctor. 1994. *The Art, Craft and Tasks of Counseling Supervision*. Parts 1 and 2. London: Cascade.
- Loganbill, C., E. Hardy and U. Delworth. Supervision: A Conceptual Model. *The Counseling Psychologist*. 1982 (10): 3-42.
- Nelson Jones, R. 1997. *Practical Counseling and Helping Skills*. U.K.: Redwood Books.
- UNAIDS. 2000. *Tools For Evaluating Voluntary Counseling and Testing*. Best Practice Collection. Geneva: UNAIDS.
- UNAIDS. 2000. *The Impact of Voluntary Counseling and Testing: A Global Review of the Benefits and Challenges*. Best Practice Collection. Geneva: UNAIDS.

Websites

- Australian Psychological Society. For articles, code of ethics, training manuals.
Website: <http://www.bhs.mq.edu.au/aps/publications/>
- British Association of Counselors. 1990. For information on international training courses and links to relevant publications.
Website: www.bacp.co.uk
- Family Health International. For technical documents on VCT and care and support. Website: www.fhi.org
- Sage Publications. Books on counseling supervision. Website: www.sagepub.com

Organizations

(offering counseling supervision training or technical assistance in VCT or HIV/AIDS contexts)

(Note: This information was correct at time of publication.)

Centers for Disease Control and Prevention (CDC). (in progress). Supervision Guidelines for Counselor Supervisors.
Contact: Vel McKleroy (Vmckleroy@cdc.gov). Telephone: 1-404-498-2764. Fax: 1-404-498-2759.

Family Health International. Training materials (copies of this manual): Contact Gloria Sangiwa (gsangiwa@fhi.org) or Scott McGill (smcgill@fhi.org), 2101 Wilson Blvd., Ste. 700, Arlington, VA 22201. Telephone: 1-703-516 9779. Fax: 1-703-516 9781.

Kara Counseling and Training Trust. Offers counselor supervision courses. P.O. Box 37559, Lusaka, Zambia. Telephone: 260-1-235854, 237919, 222716. Fax: 260-1-229848.

Resources and Contacts, cont.

Kenya Association of Professional Counselors. Offers counselor supervision courses and technical assistance on request. Contact: Cecilia Rachier or Elias Gikundi (*Nairobi@kapc.or.ke*). P.O. Box 55472, Nairobi, Kenya. Telephone/Fax: 254-2786310, 784254, 796283. Website: <http://www.kapc.or.ke>

TASO. Offers counselor supervision courses. Contact: Hannington Nkayivu. Kanyanya, P.O. Box 10443, Kampala, Uganda. Telephone: 256-41-567 637 or 256-41-566 704. Fax 256-41-566 702. *TASO@mukla.gn.apc.org* or *tasodata@imul.com*

Other Contacts

Eastern and Southern African Counselling Association. Website: www.esaca.or.ke Email: *info@esaca.or.ke* Address: Sanoda House, Kamunde Rd., North Kariobungi, Nairobi, Kenya.

Regional AIDS Training Network (RATN). For AIDS-related professional development training courses. Open to counselors in Southern and Eastern Africa. Contact: Anastasia Ndiritu, P.O. Box 11771, Nairobi, Kenya. Telephone: 254-2-716009, 724634, 713697. Fax: 254-2-726626. *ndiritucw@ratn.org* Website: www.ratn.org

Zambia Counseling Council. Two useful resource publications: *Code of Ethics and Practice for Counseling in Zambia and Guidelines on HIV/AIDS Counseling in Zambia*. Contact Hector Chiboola/Senior Counselor and Head, The Counseling Centre, University of Zambia, P.O. Box 32379 10101, Lusaka, Zambia.

EVALUATION AND CLOSING

Objectives:

During the Evaluation and Closing session participants will:

- Complete a Training Evaluation Form
- Undertake a closing exercise

Time: 1 hour

Materials/Preparation:

- Training Evaluation Forms (enough for all participants)
- Blank paper folded or torn into small pieces (big enough to write a name on)
- Blank paper (one sheet per participant)
- Colored crayons
- Small box or bowl
- Cassette player and music cassettes (optional)

Trainer Notes:

Evaluation (20 minutes)

- Pass out the Training Evaluation Forms and ask participants to complete them fully. Inform them that the evaluations are anonymous and that their feedback will be used to improve or build on the training course. Therefore, it is most helpful if they are completely open and honest about their feelings about the course.
- When they are done, collect the forms or have participants put them in a specified place.

(Note to trainer: Use the information on the completed Training Evaluation Forms to evaluate the course and, if useful, to make changes to the training course.)

TRAINING EVALUATION FORM

For each of the following questions, circle the response that most closely conveys how you feel after completing this course.

1. As a result of this training, I feel confident in applying my skills as a counseling supervisor.
Agree Partly Agree Disagree

2. The facilitator(s) were knowledgeable and made it easy to learn and develop the skills I need as a counseling supervisor.
Agree Partly Agree Disagree

3. The course met my expectations.
Agree Partly Agree Disagree
If not, please state why not _____

4. The length of the course was just right.
Agree Partly Agree Disagree
If you disagree, please state why _____

5. Write one word which describes how you found the course overall.

6. What was the most important thing you learned on the course?

7. Name the two most useful topics and state why they were useful.

8. Name the two least useful topics and state why they were least useful.

9. Which topic was the most difficult and why?

10. Comment on the facilitation (what you liked/did not like).

11. Was there anything you hoped to learn which was not covered?
If yes, what?

Additional comments (*use reverse side if you need more space*):

Closing Exercise (40 minutes)

- Have participants write their first names on a piece of paper and fold it so their name is not visible. Ensure there is an even number of participants; if not, then the trainer can participate and also put his/her name on a piece of paper.
- Place all the pieces of paper in a box or bowl and mix them up.
- Have each participant pull one name out of the bowl without showing it to anyone. If a participant pulls out his/her own name, have them refold it, put it back in the bowl, and take another name.
- After all participants have a piece of paper with a name, tell them to think about the person whose name they are holding. They should think about what they have come to know and to understand about that person during the course (e.g., their personal qualities and/or their life experiences).
- Instruct the participants, without talking to each other, to take a blank piece of paper and (using the colored crayons and/or markers that should be placed in the center of the room), draw a picture of something (anything) that they wish to give to this person as a parting gift. Tell participants that it is not important that they draw well and not to worry about lack of artistic skills. What is important is to have thought about their colleague and to be able to “give a gift” that their colleague would appreciate. Encourage them to use the colors and to be “creative practitioners,” as supervisors also must be creative.
- After all participants are finished, call on a volunteer to present his/her “gift” to their colleague in front of the group. They should present the gift and explain why they are giving that specific gift. The recipient of the gift should then present his/her gift to their designated colleague, and so on until all participants have given and received their “gifts.”
- Upon closing, share your insights as a trainer on what the group has accomplished.
- Give participants time to share a parting thought if they would like (or to give a “vote of thanks” if this is part of your culture).
- Thank participants for their participation throughout the course, encourage them to apply their new knowledge and skills, and say goodbye.

Certificate of Completion

COUNSELING SUPERVISION TRAINING

has successfully completed
 hours
and all required training objectives
including practicum in the
Counselor Supervision Training Course.

Date: _____

Signature of Trainer(s): _____

(insert seal of training organization if available)

COUNSELOR CODE:

CLIENT CODE:

(optional)



**Family Health International
Institute for HIV/AIDS
2101 Wilson Blvd.
Suite 700
Arlington, VA 22201 USA
Tel: 703.516.9779
Fax: 703.516.9781
www.fhi.org**