

VCT TOOLKIT

Participant's Manual: Counseling Supervision and Training

August 2005

Family Health International





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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.

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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 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 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).

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.

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

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

INTRODUCTION TO COUNSELING SUPERVISION

Activity 2.1 – Goals of Counseling Supervision

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	

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.

YOU AS A DEVELOPING COUNSELOR SUPERVISOR

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: _____		

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

REVIEW OF COUNSELING THEORIES

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?

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.

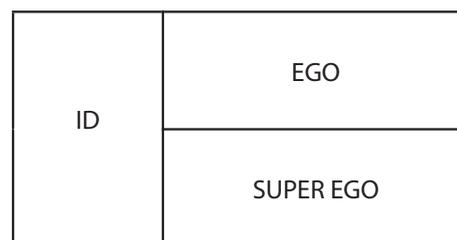
Introduction to Psychoanalytic Theory

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.



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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.

STARTING OUT IN COUNSELING SUPERVISION

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.

- 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?

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?

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.

Continued on next page

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

COUNSELING SUPERVISION METHODS

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?

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

Continued on next page

OHT 6.1, cont.

Method	Advantages	Disadvantages	Notes
<p>Direct Observation Using Checklists/Tools</p>	<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
<p>Direct Observation Using One-Way Mirror</p>	<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
<p>Use of Transcripts (Verbatims)</p>	<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

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 Supervisor	<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.

Continued on next page

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?

OHT 6.3, cont.

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>
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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:

Counselor's Comments:

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

(Nonverbal cues can be placed in brackets [])

Handout 6.1, cont.

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

- 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.

ETHICAL ISSUES

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 _____				

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.

Continued on next page

Activity 7.4, con't.

- 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 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.

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.

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.

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.

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.

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.

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?

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

CHALLENGING ISSUES IN SUPERVISING HIV/AIDS COUNSELORS

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 		

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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	<ul style="list-style-type: none"> • Routine HIV testing 		

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 		

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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 		

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)
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 		

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>	

MANAGING STRESS AND PREVENTING BURNOUT

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	

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.

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	

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)

Handout 9.1

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."

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Handout 9.2, cont.

- 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?

ASSESSMENT AND PRACTICUM

Activity 10.1 – Develop and Implement Action Plan

ACTION PLAN

Name:

Organization:

Contact Details:

Activity	Steps	Proposed Completion Date	Resources Required	Notes

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.

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).

RESOURCES AND CONTACTS

Books, Manuals, and Documents

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- 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.

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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.



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