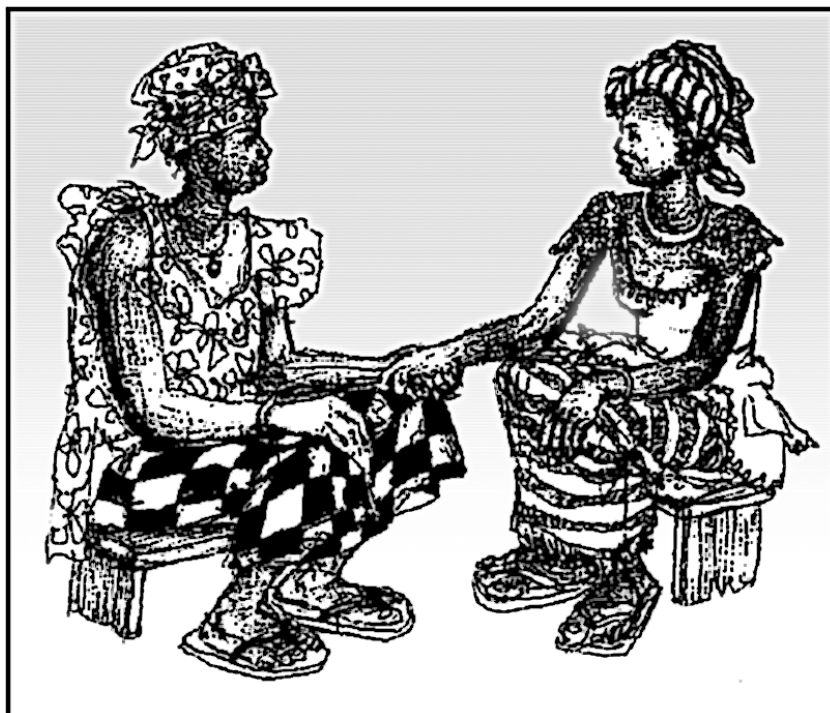


INTERVIEWING & COUNSELLING AT THE GRASSROOTS

A manual for people in developing countries
wishing to improve their interviewing and counselling skills



MAEVE MOYNIHAN MA, M Comm. (www.networklearning.org)
with help from BRIDGET FANN, MA, PSW, DR. TOOS V.D. BIRK, MD, MPH,
JOLET PLOMP PsyDrs, CLAIRE BOERS-STOLL, PsyD, PAUL DU BUF,
TRUUS SCHEEPERS, KYRA UBAGHS, JON ANDERSON

New section on RECOGNIZING AND HELPING PEOPLE WITH DISABILITIES by
Bbosa K.M. Billy, Kampala, Uganda (bbosakibuuka@yahoo.com)

New edition: Amsterdam, January 2008



TABLE OF CONTENTS

| | | |
|---|--|-----------|
| 0.1 | WHO WOULD FIND THIS MANUAL USEFUL? | 3 |
| 0.2 | INTERVIEWING, GUIDANCE & COUNSELLING | 3 |
| Section 1: SETTING UP YOUR STUDY GROUP | | 4 |
| 1.1 | WHY YOU NEED A GROUP | 4 |
| 1.2 | SHARPENING YOUR THINKING: WHAT WE MEAN BY CULTURE | 4 |
| Section 2: INTERVIEWING SKILLS | | 5 |
| 2.1 | MAKING THE OFFICE FRIENDLY AND PRIVATE | 5 |
| 2.2 | LEARNING FROM LOOKING | 5 |
| 2.3 | BEING POLITE | 6 |
| 2.4 | USING THE RIGHT LEVEL OF LANGUAGE | 6 |
| 2.5 | SPACES BETWEEN PEOPLE | 7 |
| 2.6 | EYE CONTACT | 7 |
| 2.7 | TOUCHING | 7 |
| 2.8 | HOW TO SIT | 7 |
| 2.9 | HOW TO LISTEN | 8 |
| 2.10 | ACKNOWLEDGING FEELINGS | 8 |
| 2.11 | CONFIDENTIALITY AND HONESTY | 9 |
| 2.12 | RESPECT | 9 |
| 2.13 | YOUR OWN PRINCIPLES | 10 |
| 2.14 | HAVING GOOD INFORMATION | 10 |
| 2.15 | IDENTIFYING PROBLEMS & PRIORITIES | 10 |
| 2.16 | AGREEING ON WHAT CAN BE DONE | 11 |
| 2.17 | USING A CHECKLIST | 11 |
| 2.18 | CHECK-LIST FOR INTERVIEW SKILLS | 12 |
| SECTION 3: BASIC COUNSELLING SKILLS | | 13 |
| 3.1 | THE TASK OF A COUNSELLOR | 13 |
| 3.2 | COMMON PATTERNS FOLLOWING BAD EXPERIENCES | 14 |
| 3.3 | ANTICIPATING CLIENTS WHO MIGHT BECOME VIOLENT | 14 |
| 3.4 | GENERAL APPROACHES TO DIFFERENT PROBLEMS | 15 |
| 3.4.1 | HELPING PEOPLE THROUGH GOOD ORGANISATION | 15 |
| 3.4.2 | HELPING PEOPLE WHO ARE EATING BADLY | 15 |
| 3.4.3 | HELPING PEOPLE WHO ARE SLEEPING BADLY | 16 |
| 3.4.4 | HELPING PEOPLE DEAL WITH THEIR EMOTIONS | 16 |
| 3.4.5 | HELPING PEOPLE FIND SUPPORT SYSTEMS: | 18 |
| 3.4.6 | HELPING WITH RITUALS AND CEREMONIES | 19 |
| 3.4.7 | HELPING PEOPLE TO BE USEFUL | 20 |
| 3.4.8 | HELPING PEOPLE TAKE RESPONSIBILITY FOR THEIR ACTIONS | 20 |
| 3.4.9 | HELPING PEOPLE FIND FUN AGAIN | 21 |
| 3.5 | RECOGNISING DEPRESSION | 21 |
| 3.6 | HELPING PEOPLE WITH SADNESS AND DEPRESSION | 22 |
| 3.7 | RECOGNISING STRESS | 22 |
| 3.8 | HELPING WITH STRESS | 22 |
| 3.9 | RECOGNISING PROBLEMS IN CHILDREN | 24 |
| 3.10 | HELPING CHILDREN WITH PROBLEMS | 24 |
| 3.11 | RECOGNIZING ISSUES WITH THE DISABLED | 25 |
| 3.12 | HELPING THE DISABLED | 25 |
| 3.13 | RECOGNISING PROBLEMS WITH THE ELDERLY | 26 |

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

| | | |
|---|--|-----------|
| 3.14 | HELPING THE ELDERLY | 27 |
| 3.15 | OVERUSE OF ALCOHOL/ CIGARETTES/KHAT..... | 27 |
| 3.16 | HELPING OVERUSERS | 28 |
| 3.17 | RECOGNISING OVERUSE OF ANGER | 28 |
| 3.18 | HELPING OVERUSERS OF ANGER | 28 |
| 3.19 | HELPING COMMUNITIES WITH DOMESTIC VIOLENCE | 29 |
| 3.20 | RECOGNISING POST-TRAUMATIC STRESS DISORDER (PTSD)..... | 30 |
| 3.21 | HELPING WITH PTSD..... | 31 |
| 3.22 | ISSUES WITH CARERS..... | 32 |
| 3.23 | ISSUES WITH COUNSELLORS | 32 |
| 3.24 | OVERVIEW OF TOOLS YOU CAN USE..... | 33 |
| Section 4: ROLE-PLAYS & CHECKLISTS | | 34 |
| 4.1 | CHECK-LIST TO EVALUATE COUNSELLING SKILLS..... | 34 |
| 4.2 | ROLE-PLAYS..... | 35 |
| 4.3 | A POSSIBLE TIMETABLE FOR THE EXERCISES ON INTERVIEWING & COUNSELLING | 37 |

0.1 WHO WOULD FIND THIS MANUAL USEFUL?

Perhaps your community and country has been through a war; perhaps it has been devastated by a hurricane or other disaster. Perhaps the AIDS epidemic is turning everything upside down. Whatever the reason, there are many, many people facing great problems in daily living – people who may also have endured serious emotional trials.

If you are professionals who have to interview people and help them organise their lives, you may want to improve your skills in listening, talking and helping people to make good decisions.

These are skills, like the skills of cooking rice or bread. If cooks never really learnt to do their jobs well, then hungry people are fed poorly. But hungry people deserve the best food that can be made, given the circumstances. Some people say they are not born cooks; they cannot do it well. But with practice most of them will learn to do it pretty well. Practice is the key. This is why there are so many exercises in this book: it is not enough to read about good listening – you need to do it.

The manual is not aimed at people of any particular country or religion. It can be used by everyone.

0.2 INTERVIEWING, GUIDANCE & COUNSELLING

This manual is, firstly, about Interviewing (Section Two). This is the art and skill of getting the information you need from someone. Information may be facts – perhaps those needed to register a new client - or you might want to go further, looking perhaps for an understanding of the new contact's emotional situation. The second half of the manual is about Counselling (Section Three), which is the art and skill of helping someone to make their **own good choices**. Guidance is a word for a similar process, when people offer informal ideas and solutions to others, as advice concerning the life challenges they are facing. But this manual uses the word counselling. It suggests finding solutions together, rather than one person offering solutions and the other person accepting them.

Section 1: SETTING UP YOUR STUDY GROUP

1.1 WHY YOU NEED A GROUP

This handbook is designed for use by groups of three to eight people.

One important reason for forming a group is this: we cannot tell you what will work in the culture you live in. You need to understand the roles of your own culture and those of your clients. You and the individuals in your group – together you have this knowledge.

Having a group also makes it possible to play out roles. There is a saying: "hear it once; talk about it twice; practice it three times". So practice, practice, practice.

As a group you may want some rules or agreements...

- You could all make a commitment to do your best to follow the course through to its end.
- You might want to agree that no one in the group judges another. We have all made mistakes, and in bad times people do the best they can. No one has to talk on an issue if they do not want to, and no one should put pressure on another.
- You might want to promise each other that anything said in the group is kept confidential. This would allow everyone to be frank about his or her own ideas and experiences.

1.2 SHARPENING YOUR THINKING: WHAT WE MEAN BY CULTURE

Culture is everything we learn to do after we are born. It is the way we dress, talk and eat. It is how we talk to our partners in bed – how we talk to our children when they are naughty. It is what we expect of the future and hope for when we die.

So your culture is different from that of others, even from that of the people next door. Many people assume that much behaviour is automatic – that there is no other way of doing whatever it is. Not true.

Group discussion: What did you all have for breakfast? The Japanese often eat rice porridge with perhaps pickles in it and a hard-boiled egg – and they use chopsticks. Americans may take sweet cereals with milk. A British manual worker may sit down to bacon, eggs, pork sausage and beans. Could you eat that? How conservative are you about what you eat in the morning? How strong are your cultural roots?

You will be discussing cultural issues all through this learning process. You will realise this: many people assume that much behaviour is automatic – that there is no other way of doing it. But that is not so.

Section 2: INTERVIEWING SKILLS

2.1 MAKING THE OFFICE FRIENDLY AND PRIVATE

For good interviewing and counselling you can work under a tree. What is important is that there is shelter from sun, rain and wind - and that you are out of earshot, so others cannot listen. If you are working in a normal scruffy office, there are ways to make it friendlier...

EXERCISE:

- List the offices you know (at doctors, NGOs etc). Which are friendly and which are not? Why? What ideas can you copy?
- Look at your office as if you were strangers there. What does it look and feel like? Often offices are dark, dirty and full of old papers.
- If your group is meeting in your office, then during the next role-play, have one of you listen outside the door and window, to make sure that other people cannot hear the conversation.
- Have a good cleaning session, even if this is not your job. In particular, wash the windows, Do some serious tidying - throw out anything you do not need. Make sure that old records are burned or buried without being read.
- If you can, beg some paint or brightly coloured cloth, and use it on the walls and furniture. Perhaps other aid agencies can give you bright, cheerful posters.
- Rearrange the furniture; desks should not be between you and the clients.
- Try to find some toys for the children of clients and for children in need. THIS IS IMPORTANT. Wooden toys can be carved by someone clever with a knife – simple building blocks, dolls or furniture, for example. If there is paper, you do not need pencils to draw – you can use charcoal.

2.2 LEARNING FROM LOOKING.

When we meet strangers, we make judgements – within seconds. Some of these are judgements are based on prejudices, some are based on good sense. Counsellors need to recognise their own prejudices and try to avoid them. And they need to recognise their own good sense and develop it.

EXERCISE:

Exercise for the next week: Analyse your thinking when you next meet a stranger. Pay attention and use all your senses – your ears, your eyes and nose. Look at how the stranger carries the shoulders and body; at their facial expression; at hair and skin; at clothes and any possessions. Now make a judgement. Is this person...

...in poor health → ...in normal health → ...very healthy

...depressed → ...not happy, not depressed → ...happy

...with no resources → ...with some resources → ...with many resources

(Do you want to add to this list?)

Then work out why you came to those conclusions. The next step, if you see more of the stranger, is to check whether you were right (but using discretion!). Some things we might never be sure of. When the group rejoins, discuss how you did.

2.3 BEING POLITE

People are greeted differently in different cultures. In some places, interviewers want to encourage friendliness, so they use first names: "Good morning, Fred; my name is Miriam". In other places, this approach would be seen as rude; so you treat people formally, using second names: "Good morning, Mrs. Azia, my name is Mr. Smith". Whether people are younger or older, the same or different sex, - all these things are important. In Europe, workers ask themselves "How do I want a client to address me?" and then address clients in the same way – because they are trying to build a relationship of equality and partnership. In other cultures, professionals think that it helps to keep their senior status.

EXERCISE:

Discuss when you use first names and when you use second names in your culture. Are there other ways in the language to show respect or friendliness? In French, for example, there is "tu" and "vous".

2.4 USING THE RIGHT LEVEL OF LANGUAGE

If you use complicated or scientific words, your client may not understand you. Each of you, in the group, need to monitor how you talk.

EXERCISE:

- Arrange before this exercise for a volunteer to come in – someone who perhaps cannot read or write. The cleaning lady could be a good choice.
- Choose a technical topic to explain to her. For example, you could pick the topic of why it is important to take a whole course of antibiotics (see below).
- Now, one of your group explains this topic to the visitor and the group, not simplifying language, not stopping, and using all the technical words you can. This is what you might say in your own language:
"Antibiotics are medicines which can destroy specific bacteria. Some are narrow-spectrum, some wide-spectrum. They need time to optimise effectiveness. If the course is incomplete, the bacteria not yet annihilated can develop resistance, making them immune not only to that specific type of antibiotic but also to others in the same spectrum. The next time the patient succumbs, the illness cannot be so easily treated."
- Then ask your visitor to explain it all back.
- Now, one of you explain it in language she can understand. Keep your ears open: listen especially for long words, technical words and English words among the words of your local language.
- Now can the visitor tell you correctly what you have said?

2.5 SPACES BETWEEN PEOPLE

Interviewing, guidance and counselling go better if you sit fairly close together – but not too close...

EXERCISE:

- One of you sits in the middle and talks about anything serious. The others sit further away, listening to and looking at the speaker.
- Gradually they move their chairs or mats nearer to the speaker.
- When does this nearness become uncomfortable for the speaker?
Will this change when the two sexes sit together?
What are the best distances to use in your culture between interviewer and different clients?

2.6 EYE CONTACT

In Northern Europe, people are expected to look into the eyes of the people with whom they are speaking. If they do not, they may be seen as dishonest. In other cultures, a woman who looks directly at men's faces – this is lacking modesty.

EXERCISE:

Discuss this: who looks at whom in your culture, when and for how long?

2.7 TOUCHING

A touch on the arm in one culture may be seen as friendly; in another it is an attack. Sometimes it is only okay to touch people of the same sex, or people of the same age or younger.

EXERCISE:

- Discuss how touching works in your own culture; if everyone is comfortable, touch each other on the arms or lower legs and see how it feels.

ROLE-PLAY:

- One member of the group sits in the middle, mentions that her or his partner has died, and starts to pretend to cry. Should you touch? How much? Try to work out what the client feels helpful.
It is probably not a good idea to hug because you are there to help the client talk and your arms may make that more difficult.

2.8 HOW TO SIT

The ways you arrange your body and face – these say how you feel. In some cultures you can say "go away" or "I am not interested" by crossing your arms, making your body small, turning a shoulder. Or you can say "I am interested" by opening your arms and legs, leaning forward a little, and having the right expression on your face

EXERCISE:

- Ask two people in the group to find the most rejecting way of sitting, and two others to find the most accepting. Watch them and discuss what they do.

2.9 HOW TO LISTEN

When other things are right, such as the way you sit and the words you use, clients will talk more openly and you will listen better. Other actions, such as nodding, may also help. In some cultures the occasional noise helps people to talk. In some, repeating the last word, or saying "go on" can help.

You can also pick up on key words the client uses and use them yourself. A client might say: "It makes me feel like a worm"; if she cannot go on, you could say "feel like a worm . . ." or you could draw the outline of a worm and give her the pencil to add to the drawing. This kind of thing is known as "active listening". It says to the client that you are really listening and that what is said is very important. Some Ugandans listen actively by making throat noises as the other person speaks. However there are cultures where any noise may stop someone from speaking.

EXERCISE:

- Split into pairs and each of you take five minutes to tell the other about a difficult time you went through. The job of the listener is to help the speaker to talk.
- Then rejoin the group and share everything that helped you to talk.
- Split into pairs a second time with each person again taking five minutes to tell the other about a difficult time. This time, the job of the listener is to listen well.
- Then form the bigger group again. Each listener repeats what was said, with corrections from the teller if it is repeated incorrectly.

Remember that

- A good counsellor speaks less than the client.
- Good listening is one of the most important skills you can have.
- Practice this skill as often as you can.

2.10 ACKNOWLEDGING FEELINGS

When someone has been through a bad time, they often think they are the only one. They may feel that they are no longer normal, a freak even. They may find it difficult to say how they feel. The right remark at the right time can help, confirming that their feelings are to be expected and are not unusual. So you might say: "You must have felt really bad"; "I think I too would have felt angry"; or "Sometimes, people with this problem feel guilty, but they shouldn't". However this needs to be done with care and after practice.

ROLE-PLAY:

- The group splits into two.
- One half looks at role-play number 10 in Section 4.2 and then selects a member to play the client (men can play women too).
- The other half should move away or outside and select a member to play the interviewer.
- The client group should help the role-player to be the kind of client who cannot speak easily, who may stop talking for various reasons. The other group should help the interviewer think about how to enable the client talk.
- After the role-play, discuss what worked and what did not.
People may also need to be told that one problem brings a whole mix of feelings. This is normal and the feelings are all valid.

EXERCISE:

- Imagine that you are a married woman with two children, and in the last three months your husband has started hitting you in front of the children. List all the emotions you might feel.

2.11 CONFIDENTIALITY AND HONESTY

Confidentiality applies to the whole group. Information about clients is not passed on – not to husbands or best friends or to anyone except colleagues when you need advice. This principle should be important to everyone who works in the office. Think of the cleaners in a clinic for Sexually Transmitted Diseases, and imagine them gossiping. How much harm could they do?

In a hospital in Asia, the clerk of the clinic that carried out Medical Terminations of Pregnancy was selling the registration papers to market workers, who wrapped eggs in them for sale. The records included names and addresses. What if that name and address was your own? What if it was your wife, or your daughter who had been raped...?

EXERCISE:

- Go and look at where the records are kept. Are they locked? Who can look at them? Is there any way that other workers could look at them – perhaps secretaries or people who do not understand confidentiality? Should you discuss whether details of people's histories should be written down? And check what happens to old records.

Honesty is important in two ways:

— You need to be careful about the promises you make to the client. Never say that you can do more than you can. If you cannot help, say so.

— You need to be honest to yourself, recognising what you do well and what you can improve. Honesty (but with kindness) is important within your group and is the best way of correcting your own mistakes and the mistakes of others.

2.12 RESPECT

You have to show respect, and, if possible, feel respect for each and every client. This is true even when the client is from an ethnic group you do not like, or when s/he behaves badly.

EXERCISE:

- Working in pairs, find a type of client whom you both like working with (define the age, sex, ethnic group, type of problem). And then find a type you do not like working with.
For example: a type of person you do not like working with - this might be an alcoholic elderly man – someone who makes it clear that you are far too inexperienced to help him. Or you might find it difficult working with women who keep crying and seem unable to do anything to help themselves.
- Between the two of you, invent his or her story. Imagine this person in front of you, and imagine a different person below the surface. What happened to make that person what s/he is?
- Then share these stories with the group. Listen to these stories and tell yourself "these are people like me".

2.13 YOUR OWN PRINCIPLES

People may bring problems to you that involve your own beliefs, feelings or point of view . . .

EXERCISE:

Discuss in the group: How do you feel about:

- a young girl who has been to a herbalist to get an abortion?
- a wife who is being beaten and wants to leave her husband?

What are the principles that underlie your feelings? Are they absolute ("a wife should never, never leave her husband")? Or do they depend on circumstances? Does your religion or agency reject certain solutions to problems?

The following three principles are part of western ideas of counselling and are therefore rooted in one culture – not in all. One of you read them out to the group:

1. *"Your job is to help other people find their own solutions. It is therefore wrong to impose your own principles on people who think differently".*
2. *"A good counsellor should be able to put his or her strong feelings to one side when helping someone".*
3. *"If your principles are so strong that you can only recommend one action, you should ask someone else to deal with the client, or even another agency".*

What do you think of these principles? If you do not agree with them, you will have to find other ways of coping with the same issues. And remember - interviewing and counselling – these are about the clients, not about the counsellors.

2.14 HAVING GOOD INFORMATION

This should include names and addresses of helping organisations, schools, associations, doctors, midwives, etc. These can be used for referring clients, but also for you to get good information. It is also helpful to have a few reference books on common diseases.

2.15 IDENTIFYING PROBLEMS & PRIORITIES

As you interview a client, you begin to discover different aspects of the problem:

- Whether the problem is an emergency. Your agency should have strategies for common types of emergency – for example, a pregnant woman who starts to bleed; or a homeless family on a cold wet evening.
- The part of the problem which is practical. For example, helping a dying parent find care for the children; helping people find housing or jobs.
- Whether the problem is affecting the client physically, psychologically or both.

When you listen to a client, trying to understand what they are like, remember that feelings are inside us in layers. Emotions can lie one on top of each other. The ones nearest the surface are probably laughter and embarrassment; anger can sit on top of sadness and hide it – for some people it is easier to be angry than to be sad, for others it is the opposite. Some people say that underneath everything is fear...except for the lucky ones who seem to have found calm.

At the end of your time with a client, it will probably help if together you list out loud, or write down, all the problems as you see them. Then try to agree about the priority you give to each problem. You need to reach some kind of agreement with the client on this, but you do not have to agree about everything.

2.16 AGREEING ON WHAT CAN BE DONE

Be very clear on what happens next and who does what. Be clear about uncertainties. Admit what you do not know. Write it down with the client. Say, "In the next week I will do this and this if I can; meantime you should be doing that and that". Check that the client agrees. If you will be seeing the client again, then fix the time.

ROLE-PLAY:

Continuing with role-play number 10 in Section 4.2:

- The group splits into two again.
- One half finds a different person to play the client;
- The other half finds a different person to play the interviewer.
- The client group should help the role-player to be the kind of client who is emotional, not explaining clearly and unwilling to tell certain things. She might want to keep crying, not listen, or interrupt by starting to pray out loud. The job of the interviewer is to find the first practical ways of helping – and to reach agreement with the client.

2.17 USING A CHECKLIST

On the next page you will find a checklist to use when a colleague does a real interview or a role-play.

You can cross out items you think are unimportant and put in others. The list is for behaviours that you want to look for. So make sure that a "yes" answer is always positive. (For example, write: "Did the counsellor use simple language?" where yes is good – and not "Did the counsellor use language that was too complicated?" where yes is bad). Have a maximum of twelve questions on the checklist.

EXERCISE:

Pick one of the role-plays in Section 4.2 and have two of the group play it out – one is the person telling their story and one is the interviewer. Then together the group fills in the checklist and counts the number of "yes" ticks. If there are fewer than 6 ticks, the interviewer needs more practice.

Make copies of the checklist; then split into groups of three. One person plays the counsellor, one the client and one listens and fills in the checklist. Then you change over. You can practice as often as you feel you need to.

If one of you does poorly, please do not let that person feel bad. Skills need practice. Many excellent cooks burnt the food when they first started.

2.18 CHECK-LIST FOR INTERVIEW SKILLS

| Did the interviewer do the following? | Yes | No |
|--|-----|----|
| 1. Welcome the client politely | | |
| 2. Use clear language | | |
| 3. Have good positioning and body language | | |
| 4. Ask good questions and listen well | | |
| 5. Show respect | | |
| 6. Sort problems and priorities | | |
| 7. Give good information | | |
| 8. Be clear about who does what | | |
| 9. Make a further appointment | | |
| 10. Say goodbye nicely | | |

SECTION 3: BASIC COUNSELLING SKILLS

3.1 THE TASK OF A COUNSELLOR

A good counsellor does two things:

- Identifies the client's situation and problems;
- Helps the client make his own good choices.

Every counsellor needs to do these two things systematically.

EXERCISE:

Print out the CHECK-LIST FOR COUNSELLING, SECTION 4.1.

Now think of a client of one of the group – someone who has been a client for two months or more. Fill in the checklist. How well have things been going? You can go back to this checklist as you work through the manual.

What counselling can do:

Some of what follows you know already. Some of it you know without realising it. Please do not feel insulted if we tell you things you already know. (And please tell us all the things that you know and we do not – our e-address is on the front page.)

The interviewing skills that you have learnt will help you set up a better relationship with clients. You are listening well to them, helping them in practical ways. For some, this may be all they need and you can say good-bye and move on.

Some people, though, need more help, and for them, counselling goes further. It helps people with both practical issues and the more complicated issues that are inside their minds.

Helping people make their own good choices:

There are three parts to this:

a) Choices: *Clients need to see that they have different roads that they can take. Some groups of people may have been living in circumstances where other people made choices for them. For example: People in Cambodia suffered for years under a brutal and controlling regime that decided everything for them. Disagreement put their lives at risk. After years of near-starvation and no choices, it took time for them to accept they could start making their own decisions.*

b) Choices that are their own: *Counselling is not telling people what to do. It is helping people to work through possibilities and how they feel about them. Then they have to make their own minds up. If you push for a decision and the client is not really committed, they probably will not put it into action, and everyone will have wasted their time.*

c) Good choices: *Everyone has made a bad choice some times in their lives. Some people make the same choice over and over. They choose the same kind of partner who will make them unhappy, or go back to over-drinking every time they dry out. If you can help people to see these patterns it may be enough for them to stop. Often it is not. We cannot solve everything. Empowerment is an important idea in all of this. It means that counselling gradually gives power to clients, to control their own lives.*

3.2 COMMON PATTERNS FOLLOWING BAD EXPERIENCES

Most people have tragedies in their lives. But some people go through a war or a flood, perhaps lose all their family to illness. The bad things they experience are beyond what is normal. They may have lost their home, been raped or seen people being killed.

It helps if survivors realise that the other people have suffered what they are still experiencing. They are having a normal reaction to a terrible event. It may also help if you tell them that they can get better; this will take time; certain actions will help.

People get over terrible events quicker if they talk about what happened as soon as possible afterwards.

EXERCISE:

Each of you in the group think of something bad that has happened to you and which you are ready to talk about. Then think of a bad event that happened to a friend or family member. Talk about what you and others felt just after it happened, and how the feelings changed over time. Then read and discuss the following:

HOW PEOPLE SEE THE WORLD

Most people grow up thinking that basically they are okay people, and that the world they live in is okay too. When something terrible happens these basic ideas are turned upside down. Imagine a roof falling in on a church, a mosque, a temple, killing half the people inside. Different people become affected by this event: the survivors, relatives and neighbours.

All of them have to try and make sense of what has happened. The ideas they had before may not explain the disaster, and saying "it was just bad luck" is not satisfying. We all look for order and logic. Common reactions are: denial – anger and blaming – guilt – sorrow and grief – acceptance and adaptation.

3.3 ANTICIPATING CLIENTS WHO MIGHT BECOME VIOLENT

Because people have been through such bad experiences, it is not surprising if some of them are carrying around a lot of anger. It is important that your agency has a plan to deal with angry people since they might become violent. Mostly these types are men but not always.

The following ideas may help:

- You can help people to calm down by asking them to sit down, telling them that you are taking their problem seriously, and offering a glass of water.
- Be careful about your tone of voice, so that it is calm, quiet and does not suggest any anger or fear. Some statements and questions may help. Acknowledge what the angry person is feeling by saying "I can see that you are angry" and then make it clear that you are ready to hear his/her story. You can also set limits: "You clearly have a story that should be told, but I am not comfortable sitting here with you when the building is going to close. Can we make an appointment for the morning?"
- Make sure that the agency building can be locked. Never be alone in the building with a client, especially at the end of the day. If possible, have a guard.
- If you see clients alone in a room with the door shut, then you could build an alarm into your office. This could be a string within your reach that, when pulled, rings a bell. Make sure you have a rehearsal with the guard so that everyone knows what to do.

If an agency does not try to take care of its staff, how will it take care of its clients?

3.4 GENERAL APPROACHES TO DIFFERENT PROBLEMS

Here are nine approaches that help. You can add to them. They are:

- 3.4.1 helping people **through good organisation**
- 3.4.2 helping people **who are eating badly**
- 3.4.3 helping people **who are sleeping**
- 3.4.4 helping people **deal with the emotions inside them**
- 3.4.5 helping people **find support systems**
- 3.4.6 helping people **find ceremonies and rituals**
- 3.4.7 helping people **to be useful**
- 3.4.8 helping people **take responsibility for their actions**
- 3.4.9 helping people **find fun again**

3.4.1 HELPING PEOPLE THROUGH GOOD ORGANISATION

If you are part of decision-making about refugees and IDPs, consider the following:

- In one post-war country, ex-soldiers could join a Work-for-Food programme. Mostly they were clearing land and building roads. The administration ensured that lunch was served at many small tables rather than a few big tables. In smaller groups the men were able to start talking about their experiences.
- If depressed people carry out work like preparing food in small groups, many say that it helps as much as talk therapy.
- In Ex-Yugoslavia, a number of counselling programmes were put in place to help women who had suffered through fighting, physical and sexual violence. 25 programmes were followed up. The users said that the actual counselling helped - but equally important was the existence of safe places where displaced women could meet and talk to each other. Safe rooms or tents in camps should be low-cost and could be effective.

So, if refugees and IDPs have good organisation and facilities, they will help each other even if no professional counsellors are available.

3.4.2 HELPING PEOPLE WHO ARE EATING BADLY

The way people feel is part of how their mind is working, but it is also linked to the health of their bodies. You will recognise this if you have ever woken in the morning after too much drink or too much green fruit.

Your clients (you, perhaps, as well) may have been under stress for a long time, eating poorly, sleeping badly. Once life gets back to normal, try to give good advice.

Most people will have very limited budgets – and food is only one expense. On the whole, you get better value for money if you buy raw stuff like flour, and then cook – instead of buying factory goods like biscuits or coca-cola that are full of sugar and not much else that is good.

If firewood is scarce, encourage people to do cooking in bigger groups.

Diets may be mostly carbohydrate (maize, rice etc) and low in protein. Diets may also be short of fruit and vegetables, which are important because they contain vitamins. The long-term solutions are outside your role as counsellor. But you could encourage your agency to analyse the problem. If it can obtain money for small loans, it could encourage women to produce chickens, eggs, or goats (in some countries it is the women who repay best). It could try to get a bulk load of vegetable seeds, to be planted in any corner, or in containers like two old tyres, one on top of the other.

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

- If dried beans are part of the diet, you can start sprouting them yourself, and then encourage others. Sprouted beans are full of vitamin C.
- Vitamin pills are hardly ever a good choice, because of their cost. Vitamin injections have doubtful value. Injections by untrained people are dangerous.

ROLE-PLAY:

In the group, act out role-play number 12 – and make sure that the person playing the client is not very co-operative.

3.4.3 HELPING PEOPLE WHO ARE SLEEPING BADLY

People who have not been sleeping well for a long time find it more difficult to cope . . .

EXERCISE:

- Each of you remember a time when you could not sleep properly. Discuss what caused it and how it affected you. What helped you to get back to normal?
- People can sleep better with some small changes in behaviour – although they still may not sleep brilliantly. You could suggest some of the following:
- An hour before sleep, you should begin to slow down. Do not listen to or discuss bad news. Sit on your bedding, relax, breath slowly and concentrate on something you would enjoy doing – how you would cook a complicated dish, or tune a motorbike. If other thoughts come into your mind, switch back to the cooking or the motorbike.
- Some food can help your brain relax. Try to save a small snack from the evening meal and eat it an hour before sleep. If bananas are available, these are especially effective.
- If surroundings are noisy, chew a clean rag into two small wads and use them as earplugs. Ask the family to be quiet at night.
- Certain smells help people relax. In Europe, lavender flowers are used. Talk to local traditional healers and experiment with local aromatic plants to find out which work.
- You or your clients can try the relaxation exercise in Section 3.8.

3.4.4 HELPING PEOPLE DEAL WITH THEIR EMOTIONS

Some people go through life carrying terrible memories with them, but the memories are, as it were, safely locked in a cupboard. However, for most people such memories are more like a wound that is never cleaned and has never started to heal. For them, there is a need to talk about what has happened and to find ways of managing the feelings.

HELPING PEOPLE FIND THE WORDS

Some clients need to find names for what happened to them, and when they have done that, they may go on to talk about how they feel – "I was raped" – "I am going to die soon" – "that makes me feel really bad"...

EXERCISE:

- Naming the feeling can help put it in perspective. Each of you think of something bad that has happened to you. Then ask one of the group to make a list. In your own language, you gather all the names you can for the emotions that you and others may have felt, words like 'angry', 'sad', 'bitter', 'depressed'.
- Remember that often we need the rude words and the words we do not use in front of our mothers. Remember too that some emotions are normal but "not nice" so they are difficult to admit. After a death we may feel the desire for

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

revenge, or relief, even pleasure. We may feel glad that we will never have to see the dead person's face again; or feel that "the bastard deserved it". List these words as well.

- You may find yourselves giggling and laughing during this exercise. This is a good example of how we deal with one emotion by letting out another.

HELPING PEOPLE LET THE EMOTION OUT

Some people have great difficulty showing emotion. In some cultures this is especially true for men. They may have heard all their lives that "boys don't cry" and "men never show fear". As far as you can, help people to talk about what happened to them – but do not prod them to talk about emotions. Wait until they are ready; often the feelings will come out.

Sometimes though, people say that they do not feel anything, or that they think they feel sad but they don't know how to show it. These clients may go on to show their feelings, or they may find it easier to express themselves using art, drama or another creative activity. If you have paper, pencils, charcoal or paint, have them near at hand and offer them as a choice. It can be an effective method to use, especially with children.

For you as counsellor, the important thing is that while the client talks or works you remain an active witness. You continuously make clear your respect, understanding and sympathetic feeling for the client and the process -

During the session you may sometimes want to say things like "It's okay to cry" or "It's okay to feel angry".

Keep some torn-up cloth handy - to use as handkerchiefs when people cry. Keep a bottle of water so people can take a drink when they get emotional.

Privacy is also very important. You can remind the client that nobody can hear if they do not speak too loudly, and that counsellors keep confidences private, to prevent hurt to oneself or others;

If someone is struggling to let out anger or sadness, think about how close you should get, given your culture. In Europe, counsellors might sit just close enough to have fingertips on the client's knee, but no closer, in case the client feels crowded. Sometimes though the client needs to be held or hugged.

One method you might like to try is called the 'empty chair' technique. Every client has an important person or people in their life. This person may be living or dead. The client may wish to tell them how they feel. To help them say it, you put an empty chair in front of them and have them imagine that the person is sitting in the chair. Encourage them to say all the things they would like to tell the real person. Taking it further, the client can sit in the chair and play the role of the absent person and you can respond as the client.

ROLE-PLAY:

Get into pairs and do role-play number 11 in Section 4.1 (or make up a different role-play). First one of you plays the client, then the other. Act as if it is difficult to show emotion. Then come back together and discuss what helped you to show what you felt.

A client may tell you something that was hidden and important. For example they have a terminal disease. You cannot then just stop even if you have used up the time. You need to

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

show respect by - listening well - giving them time to calm down - offering water and a handkerchief - providing some follow-up with another appointment - suggesting another agency that could help or a group that they can join. Make it clear whether you will be available over time, or whether they will have to find long-term help elsewhere.

THE LAYERS OF FEELING

One feeling can lie on top of another and hide it. Laughter and embarrassment are perhaps the easiest feelings for people to reach. Anger is deeper, but anger can cover real, deep sadness.

DISCUSSION:

Which emotions have you let out in the last month when you were with someone else?
Are there feelings that you do not allow anyone to see?

3.4.5 HELPING PEOPLE FIND SUPPORT SYSTEMS

Family and friends could sometimes provide better support than they are giving. Some unhappy people will have been unable to tell husbands, wives or best friends what has happened to them, why they are acting as they do, and what would help them. You can help clients sort out what they could say, encourage them to talk and even be with them when they explain.

GROUPS

Support can come from joining an organised group. These are for people with a problem or situation in common and can be very helpful. The group members could be widowers, people who are HIV positive, ex-soldiers etc.

If you start a group from scratch, by asking people to meet regularly, then you need to consider:

- Whether you need always to be present
- The size: groups for discussion are ideally between five and ten people; any more, and some people will never talk. Some bigger groups work because no one may speak twice until everyone has spoken once
- For guidelines and rules read Section 1.2 again.

There are logical ways for groups to deal with problems. Here is one:

- The first step is to focus on common issues and past experiences. This may bring up strong feelings in people. They will need time to talk and be listened to.
- Then, people can focus on how to cope: how to get through the present one day at a time. One coping approach is to break down major problems into manageable units – helping each other with small, achievable tasks and goals, and rewarding group members for small successes.
- When people are coping, they can then focus on the underlying problem.
- Gradually, the group members can decide their own agenda.

You will have realised by now that some issues are easier than others. Sometimes people prefer to talk as if the problem belonged to somebody else. With difficult areas, you could suggest that the discussion is not too personal. For example, people who are HIV positive may not want to talk about their own history. So ask what they would like to teach young people about AIDS. People will tell their own story when they are ready.

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

PRAYERS & SONGS

If most people in your culture belong to one religion, then the group may benefit from prayers at the beginning and end. But you do not want to discourage the non-religious. If members take the prayers in turn, an atheist could also say a poem or a few words based on his own ideas. Hymns could be good because singing helps people to feel. Non-religious songs should be equally okay. Making music can be a very effective way to express feeling. It is quite easy to make simple drums and rattles out of tins, sticks and pebbles, so that everyone has one. This may sound childish, but in practice can be expressive and beautiful.

TRADITIONAL ORGANISATIONS may have played a role in the life of clients. They may provide support in the present. Some countries have groups based on ethnic and/or geographical ties. In West Africa, for example, people coming from a certain town but living in the city meet regularly, look after young students or people newly arrived, collect money for town projects etc. Restarting such groups could be very useful.

Tribal initiations do even more to provide a sense of belonging. Since the civil wars in West Africa, there has been an increase in the number of people going through tribal initiation ceremonies. It helps people to feel part of something bigger than themselves. For many, it is very positive. On the negative side it often involves the genital mutilation of girls.

RELIGIOUS ORGANISATIONS – usually Christian, Moslem, Hindu, Jewish, Buddhist or Animist – can be very important. People who are isolated and have problems may get great strength from their religion. They may find it provides an explanation for events that seem to make no sense. If someone has been non-practising, you could suggest that they try services again. However this will not work for everyone. With some people, belief disappears after a disaster. They may feel angry with God or stop believing at all.

3.4.6 HELPING WITH RITUALS AND CEREMONIES

People need to mark changes in their lives, including the loss of people they love, and many of us do this through rituals and ceremonies.

Many people have ceremonies within their own religion. Perhaps, though, there are those who do not wish this. Perhaps there is a need to bring different faiths together, or to use creativity to have something different. So ceremonies can be combined, invented, and tailored to particular needs. A non-religious ritual need not insult any religion - it can just use other images and symbols.

People can do rituals alone, but for those who are grieving or who have lost faith in humans, it may be good to have other people there. You can go alone and plant a tree to remember a baby who has died. Even better, you can do it with the support and witness of others.

Ceremonies do not have to be part of a long tradition. They can be anything you wish. They could involve singing, poems, songs, prayers, the presence of respected elders and priests, dancing, planting trees or seeds, or the dedication of new babies to the care of the community. You can light a candle or a bonfire, address the four elements, or turn to the north, south, east and west. All kinds of associations may be used.

To remember the dead, in addition to the above activities you can find a community building and paint a tree. On each painted leaf people can write the name of someone who has died. Families can make a family tree. Or:

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

- They can display a photo if there is one, or perhaps have survivors draw a picture of how they remember the dead person;
- Part of the ceremony can be remembering the good deeds and character of those who died and reclaiming the joy that they gave;
- If you can, involve children in the ceremony and perhaps get them to sing a happy song. People need to remember that there is a future and that it might be happy. Children are a symbol of that.

EXERCISE:

A bomb was set off in an American city, killing over 150 people. Now, when relatives of the dead meet to remember, they bring hand-bells – quite big ones like the ones used in schools. They ring them all together, ringing quite loudly, and they can swing their arms and bodies up and down. It helps the relatives to feel better. Why do you think this is? Is there anything similar in your culture that you could organise people to do?

3.4.7 HELPING PEOPLE TO BE USEFUL

One step for people to recover from bad times is for them to start helping others. It is a sign of returning health. Bear in mind it will probably not happen soon after a tragedy.

DISCUSSION:

Discuss why does it help people to help others?

HOW TO MAKE IT POSSIBLE

Here are some suggestions:

- Displaced people will have lost parts of their families to death or distance. But their practical problems remain the same. So a young widow struggling to look after a family could benefit from "adopting" an isolated older woman who could help cook and baby-sit in return for some meals. Both parties would benefit. People make these kind of connections anyway - but you can also match-make.
- In the Section on stress we talk about the farmer in a refugee camp, with no physical activity, and what he could do to both exercise and help others.
- People with a major problem often go through periods of needing help. Then – through counselling, a group or other factors – they resolve their own problem and are then quite eager to help others. The graduate of a group may be an excellent organiser of a new group, and perhaps its leader.

3.4.8 HELPING PEOPLE TAKE RESPONSIBILITY FOR THEIR ACTIONS

This may be a difficult area to deal with and is perhaps best done in groups. People can feel guilty about things they have done in the past, and about things they think they have done. People who have AIDS may believe they have infected someone else. Ex-soldiers may remember killings and feel guilty.

These people need to work out what exactly they were responsible for – whether they really did something bad, whether it was intentional or accidental, whether they could have refused to do it. People practising a religion could usefully talk to their religious leader at this point.

Groups with similar people can offer members the chance to admit wrong behaviour in a safe setting, and if people can do so they usually find it very helpful. The group can also suggest ways of making amends.

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

However, if the group discusses actions that are crimes, for which people could be taken to court when peace comes, you have to warn them to be careful. A court could ask you or a group member what was said. For the present, the group is not looking at issues of justice but issues of healing. The group could handle the topic like this:

- Each member of the group says in turn that they have done things that they wish they had not done – without giving details. They express their sorrow and that they would like to make amends. They can then work out how to do this. For example, a group member hurt people of another ethnic group. He might promise to spend some hours helping old isolated people from that ethnic group.

3.4.9 HELPING PEOPLE FIND FUN AGAIN

You all have a side of you that is a child - sometimes naughty but sometimes creative and full of joy. If people pay attention to this side, they tend to feel better about themselves and the future.

To help the community find fun, you could do any of the following:

- Hold a competition for storytelling - Perhaps for different sorts of stories.
- Look for musical talent, particularly in traditional music, and have regular dances, dance classes and small concerts. If all the instruments have been destroyed, remember that the posh name for voices with no instruments is "A Cappella". Then, it is possible to improvise drums and rattles out of tins, sticks and pebbles. Add a small prize for the most impressive improvised instrument.
- Have an event where teams are made up of two adults and three children under twelve. Keep all the teams in the same space and in sight. Tell the adults they need to be learning from the children. Each team has to work as a team, using majority voting if necessary, to write a story, a poem or a song, or to paint a picture. Keep the mood light and try to ensure that it is fun.

3.5 RECOGNISING DEPRESSION

These are the symptoms we may be able to help:

- Feeling unhappy most of the time and having no interest in life.
- Having bad memories come back
- Being unable to sleep or sleeping too much
- Having a poor appetite
- Using alcohol more.

Sometimes these symptoms are obvious, but sometimes depression is hidden.

EXERCISE:

Read the first six examples of role-plays in Section 4.2. One by one, discuss whether depression is playing a role in the lives of these people.

SERIOUS DEPRESSION

Other symptoms tell you that the person has serious depression, which may be beyond your capacity:

- feeling so miserable that normal life is neglected
- the person may not even get out of bed or may not wash
- weight loss
- waking very early every morning, suddenly

3.6 HELPING PEOPLE WITH SADNESS AND DEPRESSION

If someone shows this second group of symptoms, you need to refer them to a doctor if there is one. Medicines may be what they need and ordinary counsellors may not be able to offer enough help. However if there is no doctor you may be the only resource available. So if you are working with people who are seriously depressed, and feel you are not making progress, do not get discouraged. You may be what stops them getting worse.

For ideas to help people with moderate depression, read Section 3.4 again.

Other suggestions:

- People with depression can feel better from regular physical exercise.
- They would also benefit from the relaxation exercise in the Section 3.8.
- You tell them this - we may not be able to change the circumstances in which we live, but we can change the way we think and feel about it. This is not easy, but it is possible. As a first step, ask that they do this: when you next meet, to tell you of one source of pleasure they have found every day. This could be a nice meal, a laughing child or the sun seen through leaves. Suggest that before they sleep, they count their blessings.

EXERCISE:

Go back to the first six role-plays in Section 4.1 – what might you suggest to the people who are depressed?

3.7 RECOGNISING STRESS

Some people are clearly suffering from stress. Their bodies may be tight, stiff and hunched. Their hands shake. They jump at a sudden sound or touch. Others have physical symptoms which are stress-related. The common ones are problems with sleeplessness, headaches, stomach aches and feeling sick.

EXERCISE:

Read through the first six examples of role-plays in Section 4.1 – which of these people may in fact be stressed?

3.8 HELPING WITH STRESS

- Read Section 3.4 again.

Stress can be caused by either the mind or the body – but most often by the mind. It affects both body and mind, creating higher levels of adrenaline. You can learn to recognise the physical symptoms of stress in your own body – hunched or tight shoulders, stomach ache, a feeling of wanting to be sick . . . it is a bit different for everyone.

The quickest way of breaking down the adrenaline and reducing the feelings of stress is to exercise or do something physical. You can go for a brisk walk, knead bread, or cut a log up into firewood.

At the same time the mind needs to be disciplined and to relax. A lot of stress comes from the depressing thoughts that go round and round in the mind. This is a habit and can be replaced by other habits – quickly thinking about something else, reciting a poem or even multiplication tables, making pleasant plans . . .

You will find some ways of quieting your mind in the Section on sleeping better – in Section 3.4.3.

You can also do a relaxation exercise. People can learn to relax their bodies, even young children. If you wish to give this kind of advice, you need to practice first.

RELAXATION EXERCISE:

- Ask the group to lie on the floor, except for one person who reads out the instructions. It helps if you do this in a quiet place.
- If you can, play some quiet music. (In the West, they have found that Mozart is the best for reducing high blood pressure!).
- The reader should go slowly enough to give people time:

" Close your eyes, relax your body into a comfortable position and start to breath deep and slow, in through your nose and out through your mouth. Now think of your toes. Wiggle them. Can you feel them? Then think of your feet. Relax and tighten the ankles. Move up your body – knees, hips, waist, chest, arms, hands, neck, head. If negative thoughts come into your mind, push them out and think of your body. Feel each part of it; clench and unclench each muscle. When you have reached your head, now think of the sun. It is pouring down its good golden light into your belly button. The light spreads up your body, and pushes ahead of itself all the bad thoughts and feelings of the day. It spreads into your head, arms and legs and the bad stuff oozes out of finger and toe tips. Lie there a moment, and enjoy the golden light of the sun".

- You could end with a prayer of thanks if you wish.

EXERCISE:

- Discuss within the group: an ex-farmer comes to you for help. He is now an IDP and is clearly stressed. What could he do to exercise?

.....
.....
.....

(Could he help people collect water or firewood each day? Could he help clean the camp? Could he regularly organise games for the children? Could he organise music and dancing in the evenings? Dancing is great exercise. You can see that some of these suggestions would also help him to feel useful and to feel part of a group).

- Read the first six role-plays again. Which of these people do you think are stressed? What would you suggest to them?

IF YOU HELP PEOPLE WHO ARE STRESSED, WHAT THEN?

Stress may cover up other issues. If you help someone who is very stressed, you may then find they become depressed. Do not be discouraged.

3.9 RECOGNISING PROBLEMS IN CHILDREN

Children are like adults – if bad things happen to them, they are affected. In fact, they may be more affected than adults – children do not have experience to help them make sense of it all. How can a four-year-old sort out in his mind why his mother is dying of AIDS?

Like adults, the problems may show up physically. Children can lose their energy, or stop eating or playing. They may complain of a series of belly-aches, headaches etc. They may cling to a parent, seeking reassurance, or put their anger into being aggressive with their friends.

If, as a counsellor, you are trying to help children, then you will learn a lot from watching them play. This is partly why it is useful to have toys in your office. In Section 2.1 we suggested finding somebody clever with a knife who could carve wooden building blocks, dolls and furniture; it does not matter if they are clumsy as long as they have no splinters. If you can find old cloth, you can make rag balls and hand puppets. Children who are playing can show anger and sadness, fear or happiness.

3.10 HELPING CHILDREN WITH PROBLEMS

These are approaches that have worked with children in crisis countries:

- If children are clearly unhappy or mixed up, talk to the parents. They may not have realised what is happening, or they may have been too busy with events. Ask then whether they can find more time for that child alone. Can they, for example, find ten minutes to spend with the child at bedtime?
- Explain to the parents that it helps children if you take them more seriously and listen to them a little more. Often in tough times, children are just ignored.
- You may think that a child needs individual help, but go very slowly. It is more difficult than you may think and you can do damage very easily. It is safer to start with a small group of children and build up your experience.
- When talking to a child, remember that like adults, they need to have their feelings acknowledged. If you can get them to talk, recognise the feeling behind the words and give it a name. So say things like "that must have made you very sad". They also, like adults, need to feel valued. So if it feels right, say something like "I'm sure you were very brave" or "You must have been a great help to your mother".
- Children who cannot say clearly what has happened to them may be able to act out their story using toys or puppets. Let them get used to the toys and to you - then ask them to pick a doll which is them - then show you what happened, or tell you about their family. But do not push children; be ready to go as slowly as they want.
- Children are helped by the chance to draw or, even better, to paint. Unhappy children may paint the same sad images over and over, or even paint the whole paper black, over and over. Just let them do this.
- If you are working with a group of children, music, hymns and songs can be a very good way of expressing feeling. It is quite easy to make simple drums and rattles out of tins, sticks and pebbles, so that everyone has one. Children can make rhythms of anger or of happiness and softer feelings.

3.11 RECOGNIZING ISSUES WITH THE DISABLED

EXERCISE:

Within the group read the role-plays section 4.2, numbers 13 to 16. Tell each other about the disabled people you know. Exchange what you know about the Disabled – and what you need to know in order to help them. On the board, a group member can list disabilities as they are mentioned. End the discussion with this issue:

READ TO THE GROUP: a disability in an individual is when a function is greatly impaired, compared to the usual standard in an individual or group. Some societies use other names. Some Disabled people think that there are names for them, like Handicapped and even Disabled, that disempower them or take away their power, that make them seem less than they are. Other names give them power, like Differently Abled – this reminds you of how much they have to give. But others say that it is an unrealistic, optimistic name.

The Disabled suffer from the following:

- Some of them are invisible – some programmes and communities act as if they do not exist. In the Role Plays, which individuals are suffering from this?
- Many cultures have beliefs about disability that blame the mother or even the disabled individual. In the Role Plays, has this happened with any of these individuals? In your own culture, what are the beliefs about causes of disability?
- People confuse disabilities. If somebody is blind she may also get treated as if she is a child. People may talk over her head, about her and not to her. If a boy is in a wheelchair, his family may decide he cannot marry.
- If you are in a wheelchair, then any step or slope can block your access to the places you need to get to. There are many other things that block disabled people. Many of these obstacles come from the unclear thinking that says, “If you have such-and-such a condition, then you cannot do this or that”.

EXERCISE (FOR THE REALLY BRAVE!):

Split into pairs; each pair borrows a wheelchair OR one person puts on a bandage as a blindfold. Each pair member spends half the day in the chair or without sight, being helped by the other pair member – and then they swap roles. Each person notes where the physical barriers are and listens to how people talk to them or about them.

3.12 HELPING THE DISABLED

You can help the Disabled better if you:

- find out and write down every individual and institute that can help you –physiotherapists, schools for the blind etc.
- recognise that the Disabled exist in every community and must be included in every plan and project. Recognise too what they have to offer. Consult them so that you can remove anything that blocks their access to resources.

EXERCISE:

Look at Role Plays 13 to 16. Do any of these people have abilities that are not being appreciated? Can you identify blocks to their access to facilities?

Learn what you can about the causes and results of different types of disability. Talk to your colleagues in the Health sector about the way some disabilities can be prevented – for example, communities can be vaccinated against measles, a disease that causes blindness.

The International Classification of Functioning Disability & Health (ICF) lists nine broad domains of functioning, which can be affected: They are

1. How the individual can learn and apply knowledge
2. Whether s/he can carry out general tasks and demands
3. Whether s/he can communicate with some or all groups
4. Whether s/he is mobile
5. Whether s/he can care for him or herself
6. Whether s/he can manage domestic tasks like cooking
7. Whether s/he has interpersonal interactions and relationships
8. Whether s/he can manage major life areas like cooking and bathing
9. Whether s/he is active in the community, social and civic life

EXERCISE:

Look at the board where you listed disabilities. Remember a person or several people with the following conditions. Check to see where the individual had problems, according to the nine categories. The conditions are: amputation; cerebral palsy; blindness; AIDS; learning disabilities.

You can see, as you discuss further, that the same condition can be more or less severe, so that generalisations can be dangerous.

OTHER AREAS FOR IMPROVEMENT

For schools and training centres:

- The buildings can be made accessible and safe;
- The curriculum and teaching materials can be adapted;
- Trainers can be trained to include and adapt to the disabled;
- Training can help the disabled become more independent.

Communities can be made more aware of the important role that people with disabilities can play. For example, funders of Water projects insist that there are women in the Planning and Management Committees. If there were also representatives with disabilities you would be sure that everyone in the community would have access to the water points.

3.13 RECOGNISING PROBLEMS WITH THE ELDERLY

It is important that younger people recognise the strength that many elderly people have developed. They can be as adaptable and creative as younger people, and able to find good ways of coping.

PHYSICAL PROBLEMS:

Many people reach their physical peak in their twenties. Others start to decline after they are forty. They may show what are called degenerative conditions such as arthritis, rheumatism, high blood pressure, diabetes or osteoporosis. Physical work like farming or building puts a heavy load on the body.

SOCIAL CHANGES:

Nobody lives completely alone. Part of what you are comes from being a daughter, son, aunt or father. People know you as a midwife, a farmer or carpenter. These are the roles you play, like roles in a play. As you get older, these roles change and you have to learn the next role. Some changes are easier than others: older people, used to being parents, may find it very

difficult when the children all leave home. What are they now? There are some cultures where women in this position may commit suicide.

EXERCISE:

Each of you think of a time when you changed roles. Maybe you moved away from home and became an independent adult. Or you had your first child and became a parent. Discuss how you felt – pleased, scared, confused...?

The elderly may eat less or eat poorly. Their appetites may have become less. They may have problems with cooking. Sometimes they have practical problems, for example with finding firewood. Or an elderly man may be left on his own and not know how to cook. Maybe there are psychological problems: perhaps they have no interest in cooking for one.

Sometimes the elderly they represent the extreme:

- They may be the poorest. Even in more prosperous communities there are cultures where widows are found having to beg. Usually these are women who never had a son.
- They may be the most isolated, with no relatives around. In normal times men die before women, so there are often old women with no spouse. In times of trouble these old women are easily separated from other relatives.

3.14 HELPING THE ELDERLY

If your agency is in touch with a doctor or nutritionist, you can help older people develop a sensible diet for their time of life.

- People with high blood pressure need to eat less salt; people with diabetes need to cut down on sugar and, if they have become too heavy, lose weight.
- People with arthritis in their joints may be helped by keeping warm, by painkillers such as aspirin, and by regular gentle exercise.
- Almost all the elderly can benefit from gentle exercises. Can you find someone to organise them into a class? Exercise builds up bone and muscle, improves flexibility, mind-body co-ordination, and resistance to infection. Clearly the class would be different from classes for younger people – slower, and concerned more with joint movement than with muscle bulk etc. The class could be held in the sun (see below)
- Older women especially suffer from osteoporosis (a weakening of the bone). To prevent this, they need milk, cheese or yoghurt, a portion every day if possible. This provides the calcium that builds bones. They also need half an hour in the sun each day, which provides vitamin D. This helps fix the calcium in their bones.

3.15 OVERUSE OF ALCOHOL/ CIGARETTES/KHAT

It is not always easy to recognise this group. In many cultures it is normal to use these substances in moderation. But people in trouble use them as props. They help people to feel better for a while, but the price may be high:

- If people use more than small amounts it will probably affect their health. Both cigarettes and alcohol increase the risk of some kinds of cancer.
- With alcohol, doctors recommend we drink no more than this amount: 14 measures a week for a woman, 21 for a man. A measure is a half-pint (quarter-litre) of lager or light beer. More may in the long run affect the body, especially the liver. However, if you ask people how much they drink, they will admit to an amount which is usually less than the truth.
- Any amount of smoking affects the lungs and increases the risk of cancer. The smoke from cigarettes can affect the health of the whole family - small children, babies in the womb.

- Family budgets are probably tight, and the cost of these substances means less for necessities like food.
- These substances can change behaviour. Alcohol, cocaine and khat quieten the part of the brain that is moral and makes judgements. Drinkers and khat users may lose their tempers more. Alcohol can underlie domestic violence.

3.16 HELPING OVERUSERS

You can remind a client of all the facts given above. The problem is - these substances are often addictive, which means that the body finds it very difficult to do without them. If a client wants to stop, but finds it very hard, he is probably addicted. It then may be difficult for an ordinary counsellor to help him, so do not get discouraged.

People will only stop when they themselves really want to.

One way that helps people who really want to stop is for them to join a group of people with the same problem, who then help each other. Such a group can be encouraged to find its own alternative to the social life that goes on around alcohol and khat.

3.17 RECOGNISING OVERUSE OF ANGER

It is not difficult to spot people who resort to anger easily. It may be more difficult to work out what has created the anger. Here are some possibilities:

- Always check whether the individual is over-using alcohol or other intoxicants.
- In some families and in some cultures, children learn at an early age that when they are frustrated it is okay to get angry. Usually they learn this behaviour from their father, because neither parent gets tough with them. If angry children and angry teenagers get more attention, a bigger serving of food, the thickest blanket . . . then they learn that anger is not only okay, it brings rewards. They will go on using it to get what they want.
- There may be people in your community who get what they want in official meetings. They shout, name-call or threat, so that others vote for what they want. They are bullies, and it is important that the behaviour be labelled as unacceptable.
- Angry young boys. Anger is not always just learnt behaviour. There may be something else going on. Think of teenagers that you know, think of teenage boys of fourteen or sixteen. In their short lives most of them have already lost someone they love, perhaps to guns or AIDS; they have been frightened; they have felt very helpless and inadequate. They know they have to learn to be a man but they are afraid they will not succeed, that their fathers will be ashamed of them. Girls are a big puzzle. And with all this stew of feelings they know they are boys. Boys are not supposed to show fear, sadness, confusion or inadequacy. But they have learnt that it is okay for boys and men to show anger.

3.18 HELPING OVERUSERS OF ANGER

ANGER IN CHILDREN:

If you want to help a family with an angry child who is still young, you need the co-operation of both parents. If there is an angry father this may be difficult.

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

Explain that the anger is a habit. Like smoking it may be a difficult habit to change – but changed it can be. The family has to act together to make sure that anger is never rewarded. But good temper *should* be rewarded. Every time the child has a fit of temper and screams and shouts, nobody must take any notice. But if the child is good-tempered for a whole day, he gets a star.

The stars can be imagined or drawn on a piece of paper. Seven stars means a reward. This could be 'Special Time' with one parent, like going for a walk together, or being told a story. If there is an angry father, he could promise to keep his temper in the house until the child is better – and if he keeps his word, he should be praised for it. Maybe his behaviour might change as well.

ANGRY TEENAGERS:

We have said that teenage boys are a whole stew of different emotions. They may have no way of expressing these emotions except through anger. They need to have ways of expressing those feelings. They need other ways of learning to be an adult male. Here are some approaches that may help:

- If there are teenage boys who have lost their fathers, they could be “adopted” by special “Uncles”, males in the community who are respect-worthy but not too macho and who will spend time with the boys.
- The boys could be encouraged to meet in a group once a week, with an adult male (again, respect-worthy but not too macho); here they could discuss what has been going on around them or inside them.
- Parents can be encouraged to make the home a softer place, where emotions can be asked about, listened to and acknowledged. If necessary, fathers can be asked to give the boy fewer put-downs and more encouragement.

ANGER IN GROUPS:

You may be running groups for various problems. Sometimes groups fall into bad habits: meetings are chaotic; a few people do most of the talking; there are a lot of interruptions and raised voices. You might want to break the pattern and slow the discussion process right down. Suggest that for the next four meetings, the group works differently, doing some or all of the following:

- There is a 'Talking Stick', used by some Native American people. The person who has the stick can talk. Everyone else keeps silent. But this is for a limited time, perhaps three minutes; after that, the stick has to be passed to someone else;
- Nobody talks twice until everybody has talked once;
- The discussion should stay on the problem, and people should not talk about the personalities involved;
- If people lose their temper, they go outside until they are cool. It is better if other people do not pay them much attention. (Paying attention rewards bad behaviour)
- After four meetings, a more normal meeting may be possible

3.19 HELPING COMMUNITIES WITH DOMESTIC VIOLENCE

Some communities go through major problems such as war or displacement. Afterwards they may find they still have the old problems. One of these is increased domestic violence.

Communities have made successful approaches to domestic violence. The following steps have to happen:

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

- The communities, especially the men, have to acknowledge that the problem exists. Until they do, it is difficult to proceed; the process may take some time. Once behaviour like domestic violence is no longer accepted by most of the men, it will become less.
- If alcohol or other substances are playing a role, this too must be acknowledged and tackled as part of the problem.
- It is important to involve community leaders, including religious leaders. If men hear it from their priest, it may start to shift their moral viewpoint from "what a man does to his woman is his business" to "we no longer accept that a man can do this; no wife-beating is okay in this community".
- During the debate, it is worth pointing out that domestic violence has major effects on the children, teaching a new generation how to behave – so sons will probably do the same when they grow up.

3.20 RECOGNISING POST-TRAUMATIC STRESS DISORDER (PTSD)

Imagine a traumatised ex-soldier, now back with his family and out walking in town. He hears a car backfire and, because it is so much like gunfire, fall flat on his face on the pavement. He and his family are very embarrassed. This is a little glimpse of post-traumatic stress disorder at work.

Trauma is a word meaning wound or hurt; "post" means "after". So we are talking about a disorder where the stress of a wound, physical or psychological, goes on for long afterwards. Post-traumatic Stress Disorder (PTSD) is a term that has developed in the United States, mainly from work with soldiers returned from war. The stress from their mental wounds did not go away as people thought it should.

Studies now show that PTSD develops when:

- the event was violent, whether a fight, an accident, rape;
- the victims felt a threat to their lives, the life of others, or to the core of their personalities.
- the victims felt powerless.

PTSD is found in people forced to kill others, as well as in victims of violence. Sometimes secondary traumatising is found in police, counsellors, medical staff, witnesses to terrible events...and then they will also need help

But whatever the cause, the ways that PTSD shows itself seem to be quite similar.

COMMON SYMPTOMS OF MODERATE PTSD

Problems we have already discussed – depression, stress, over-use of alcohol – can all be part of PTSD, so look at these Sections again.

People suffer more and for longer if their bad experiences were repeated. PTSD is more likely to develop with people who, before the traumatic events, were coping less well, or were socially isolated or had mental problems. But remember that PTSD happens to the bravest soldiers and wisest civilians. It is not a sign that someone is weak or unworthy.

What people may feel:

- They may be overwhelmed with negative emotions such as guilt, shame, helplessness, anger, depression, and fear. They may even have a wish to kill themselves.
- Memories of the traumatic events reappear frequently in their minds.

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

- They may find it difficult to concentrate.
- They may have problems sleeping.
- They may complain of headaches, stomach problems, impotence, aches and pains.

What they may do:

- Cry often or even all the time. They may want to cling to their partner or a helper.
- Start or increase their use of drink or drugs.
- Start to use verbal or physical violence.
- Cut themselves off from their family and friends, making themselves socially isolated. Sometimes they cut the family off with them.

COMMON SYMPTOMS OF SEVERE PTSD

- Sufferers often have nightmares of the events.
- The memories do not start to fade away.
- They have major startle responses: if touched on the shoulder unexpectedly, they may jump, scream or start fighting.
- They feel extreme and frequent anxiety and/or anger.
- They avoid situations which remind them of the traumatic event, and go out less.
- They may feel cut off emotionally from those around them, so cannot feel for them and with them.
- Some, but not all, will re-experience the traumatic events in dramatic flashbacks.
- Sometimes PTSD goes away over time and sometimes the symptoms remain for a long, long time.

3.21 HELPING WITH PTSD

A number of approaches seem to help. Some are discussed in Section 3.4 and elsewhere – forming support groups, calling on the family. There are new treatments such as EMDR (eye movement desensitisation and reprocessing). This works very well but must be given by trained professionals - who are only found in a few countries.

It is important, though, that something be done as soon as possible after symptoms start to show. If you have access to a doctor, see if s/he can help with the severe cases. Sometimes medication helps.

Talking helps, and this is best done in a group with similar experiences. Here is one topic that this group should cover: recognising the times when they might hurt other people, through words or deeds. Perhaps a man is easily irritated, and he can see his little boy coming over to bother him. He needs to have a strategy that helps him to manage his anger – perhaps to take some slow, deep breaths and then go out for a walk. He can tell family members that he is upset and needs to calm himself. The group can learn ways of preventing risky situations from developing,

EXCERCISE:

In your group, discuss this: some women who had been raped were offered a course of ten classes in self-defence, learning how to defend themselves if they are attacked. They felt better after the course. Why do you think this was?

If, as well as these classes, the women started a support group for themselves, how could they help each other?

3.22 ISSUES WITH CARERS

If someone has a leg blown off by a land mine, if a husband gets sick with AIDS, then usually other people become their carers. Mostly the carers are relatives; usually they are wives and mothers.

Some carers accept what has happened. Others become active and may follow the same path as many victims – first, a denial of the diagnosis, then, a search for a miracle cure, then anger, guilt and blame. In the end, with luck, they accept what has happened, and can start looking for solutions (and recognising they need help too).

Caretaking can be very time-consuming, especially when nobody has any money. It can take over the carers' lives. Sometimes the disabled person gets stuck in the victim role and needs some counselling. Practical help can be very important. Good Community-Based AIDS programmes provide AIDS kits – items such as rubber sheets and disinfectant. They can solve problems and make the lives of the carers easier.

If carers – or the person for whom they are caring – need more help, you need to make sure you are available. As with any clients, you would analyse their problems. If the carer is overwhelmed and stressed, the need may be to get her some time away from caring. You may be able to set up a roster of people to sit with whoever is being cared for. The carer can then have a free afternoon or evening.

3.23 ISSUES WITH COUNSELLORS

As counsellors you need to recognise that you are only a little stronger than the people you help. You need to look after yourselves. Perhaps, when you are working with a group, discussing something bad or sad, you might become unhappy or disturbed. Or this might happen when you are with a client. Take some very slow, deep breaths; get up and go outside and walk around for a little; or ask for a minute of quiet while you quieten down.

If it happens to you more than once, it is time to look at yourself. Start with the basics. Are you getting enough good food, sleep, relaxation and pleasant times? If the answer is "no" then remember that unhealthy, unhappy people cannot help people too well. You could:

- talk to your boss;
- join or start a support group for people like yourself;
- find a counsellor for yourself to meet with on a regular basis.

3.24 OVERVIEW OF TOOLS YOU CAN USE

| | |
|--|-------------------------|
| What you can learn by looking at your client | Check section 2.2. |
| If the client had recent bad experiences | Check section 3.2. |
| If the client is sleeping badly | Check section 3.4.2. |
| If the client has been under stress | Check section 3.7. |
| THEIR IMMEDIATE NEEDS | |
| Somewhere to live | Find solutions or refer |
| Somewhere to live which is safe | Find solutions or refer |
| Access to food | Find solutions or refer |
| Access to water | Find solutions or refer |
| THEIR NEEDS AFTER THAT | |
| Health care | Find solutions or refer |
| Schooling | Find solutions or refer |
| Paid work | Find solutions or refer |
| The chance to show and discuss emotion | Check section 3.4.3. |
| Support from people like themselves | Check section 3.4.4. |
| Taking part in rituals and ceremonies | Check section 3.4.5. |
| Finding ways of being useful | Check section 3.4.8. |
| IF THEY BELONG TO A PARTICULAR GROUP | |
| Children | Check section 3.9. |
| The disabled | Check section 3.11. |
| The elderly | Check section 3.13. |
| IF THEY HAVE PARTICULAR PROBLEMS | |
| Overusing cigarettes/alcohol/khat | Check section 3.15. |
| Post-Traumatic Stress disorder | Check section 3.20. |
| Overusing anger | Check section 3.17. |
| CHECK THAT YOU ARE OFFERING GOOD INFORMATION | |
| CHECK THAT YOU ARE SETTING GOALS & TIME-FRAMES | |

Section 4: ROLE-PLAYS & CHECKLISTS

4.1 CHECK-LIST TO EVALUATE COUNSELLING SKILLS

Did the counsellor do the following?

| | Yes | A little | No |
|--|-----|----------|----|
| 1. Establish a good working relationship with the client? | | | |
| 2. Keep a clear record with all important information? | | | |
| 3. Help the client identify different problems... | | | |
| 3.1 practical.....? | | | |
| 3.2 other.....? | | | |
| 3.3 other.....? | | | |
| 3.4 other.....? | | | |
| 4. Help client to let out emotional issues? | | | |
| 5. Help the client identify appropriate tactics for at least two of the problems listed in Question 3... | | | |
| 5.1.....? | | | |
| 5.2.....? | | | |
| 6. Link client to good support? | | | |
| 7. Take appropriate steps with other family members? | | | |
| 8. Make sure that two months after the first meeting, the client can... | | | |
| 8.1.....? | | | |
| 8.2.....? | | | |
| 8.3.....? | | | |

It is possible to get 14 "yes" answers but all cases are different. A total of 8-10 "yes" answers should mean a successful piece of counselling.

4.2 ROLE-PLAYS

1. man of 19
"Since the fighting I have lost my house and my job. I have gone back to stay with my mother. I sleep all the time and have trouble getting out of bed, and my head is full of sad thoughts. What should I do?"
2. man of 35
"Since the war, I manage to survive here with a small job. My wife and children are in the capital with my father. I think I have an ulcer because my stomach hurts all the time. And I sleep very badly. I've not seen my family for over a year – if I go on a visit I would have to bring expensive presents, so that they will respect me. What should I do?"
3. married woman of 18
"My only child died four months ago and I am sad all the time. My husband wants me to have another baby but I hate the idea. I am becoming a bad wife."
4. married woman of 35
"We have five children and I do not want to get pregnant again. In fact the idea makes me very tense. I had a very bad time in labour with my last child. I want contraception but my husband has forbidden it. I tell him I am not well enough to have another child. I am tired and have headaches all the time, especially in the evenings."
5. widow of 30
"My husband was killed by the rebels so we ran away. I have just arrived here with my three children because I thought my uncle was here. But he isn't. We slept in a woodshed last night but we have no money and no food and the kids are sick and what can I do?" (starts to cry)
6. wife of 32
"My husband has been told he is HIV positive; they tested me and I am OK. They said we should use a condom but my husband says he doesn't want to know; he will never have sex again. He is still healthy but very moody. Is there anything I could do?"
7. widow of 65
"My husband was killed in the war, and my only child is now married in Europe. She sends me a little money so I can just live, but I only want to die. I have painful arthritis in all my joints. There is nothing in life to give pleasure or purpose."
8. boy of 15
"I was separated from my family four years ago in the fighting. The Red Cross are looking for them. They thought they had found them over the border but yesterday they told me it was not my family. I wish I still had my rifle."
9. widow of 35
"My husband and children were killed in the fighting. I live with my brother and his family. The eldest niece is 15 and looks exactly like my own dead daughter. Every time I see her it is a knife twisting in my heart."

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

10. Widow of 25
"I arrived in the town this morning with my two children. My husband died of AIDS last week and it is the custom in my ethnic group for widows to be married quickly to their brother-in-law. I don't want this because perhaps I am not infected and I am sure he is. He runs around with prostitutes. (Also I don't like his wife who would be in charge of me but I would not say that). Now I have nowhere to stay and the 8-month-old baby has a fever (I am also pregnant but I don't want to say that because the gap between the baby and the pregnancy is so short. I have stopped breast-feeding the baby and he is looking thin). And I loved my husband and want to pray for him but I am missing the funeral and if I am not careful my relatives will find me and take me back and Oh Dear I don't know what to do."
11. Man of 23
"I am HIV positive and have had one episode of pneumonia, so I guess I now have AIDS. I was infected by my girlfriend. She told me she had only had one lover, but later I heard she had many. She must have suspected that she was infected when we met. I am so angry with her. I manage daily life by wearing a mask of control because it would be very bad to admit my fear and anger."
12. Widower of 26
"I came to this town with my two sons when my wife died. I thought I would find family here but they have left. So I am bringing up my children on my own. I get a bit of money from my brother overseas most months. I can make porridge so I do that every evening, and I keep some for breakfast. Then I buy snacks and biscuits for the kids when they are hungry, if I have the money. Yes, I can see they are skinny. Yes I buy cigarettes and the odd beer. But how else can I get by?"

FOUR ROLE-PLAYS INVOLVING DISABILITY:

13. Boy, 13: I lost my leg in a car accident. It was my fault. God must hate me. Now I spend most of my time in our hut. I mind the babies sometimes but my mother does not think I can do much. I could cook if she let me. Someone made me a wooden leg but it was painful to wear. I used to go out a bit into the village but they laughed at me so now I am happier in the hut.
14. Woman, 35: My daughter is 10. The nurse calls it Down's Syndrome. I do not know but I must have done something very wrong when I was pregnant. She is a good child and helps in the house – I tell her what to do and she cooks and keeps everything clean. She is usually happy, always laughing and hugging me – but she hugs anybody. Now she is getting the body of a woman and she will get pregnant I am sure – and what will I do? She would have a monster baby.
15. Boy, 15: O.K. I am blind but why do they treat me like a small child? Why does my father say that I can do nothing to earn my living? I feel angry all the time. There must be things I can do. There is a school in the town and another blind boy goes there. He is going away to train to read Braille – but I do not qualify, because I do not go to school.
16. Girl, 17: I lost both my hands playing near a landmine. I was fitted with a prosthesis (a plastic hand) and I have learnt to do housework. And I am a very good dancer. But the hand is no longer working. The Rehabilitation Centre got the hands from Europe and

INTERVIEWING & COUNSELLING AT THE GRASS ROOTS

now they have run out of money and have stopped doing repairs. Housework is more difficult with stumps. And now my father says he cannot arrange my marriage – no boy will have me without a big bride price. I am pretty depressed.

4.3 A POSSIBLE TIMETABLE FOR THE EXERCISES ON INTERVIEWING & COUNSELLING

SECTION 1 & 2: SETTING UP & INTERVIEWING SKILLS

| | |
|--|--|
| 1.1. Why you need a group; setting rules | Two hours |
| 1.2. What we mean by culture | 1 hour |
| 2.1. Making the office friendly & private | it depends – you might need some hours cleaning & painting |
| 2.2 Learning from looking | Two hours over the week |
| 2.3 Being polite | 30 minutes |
| 2.4 Using the right language | One and a half hours |
| 2.5 Spaces between people | 45 minutes |
| 2.6 Eye contact | 20 minutes |
| 2.7 Touching | 45 minutes |
| 2.8 How to sit | 45 minutes |
| 2.9 How to listen | One hour |
| 2.10 Role-play: telling people they are normal | One hour |
| 2.11 Confidentiality | 20 minutes |
| 2.12 Respect | Two hours |
| 2.13 Your own point of view | One hour |
| 2.16 Agreeing on what can be done | One hour |
| 2.17 making and using a check-list | Two hours |

SECTION 3: COUNSELLING SKILLS

| | |
|---|---------------------------------------|
| 3.2 Recognising common reactions Part one | 45 minutes |
| Part two and three | 45 minutes |
| 3.4.2 Role-play on eating | 45 minutes |
| 3.4.3 Discussion on sleeping | 45 minutes |
| 3.4.4 Talking about experiences | One hour |
| Letting the emotion out | Role-play one hour: discussion 30min. |
| 3.4.6 Ceremonies: discussion | 30 minutes |
| 3.4.7 Helping people: discussion | 45 minutes |
| 3.5 Recognising depression | 45 minutes |
| 3.6 Helping depression | 45 minutes |
| 3.7 Recognising stress | 45 minutes |
| 3.8 Relaxation exercise | 30 minutes |
| Helping people with stress | One hour |
| 3.11 Helping the elderly | 45 minutes |
| 3.19 Helping PTSD | 30 minutes |