

Basic Counselling Skills

A guide for health workers in maternal care



Perinatal Mental Health Project

Caring for mothers. Caring for the future.



Centre for
Public Mental Health

***This document was prepared by the
Perinatal Mental Health Project.***

For questions or comments please contact us:

Phone: +27 (0) 21 689 8390
Fax: +27 (0) 86 542 1613
Email: info@pmhp.za.org
Website: www.pmhp.za.org
Address: University of Cape Town
Department of Psychiatry & Mental Health
46 Sawkins Road, Building B
Rondebosch, South Africa, 7700

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Cover art by Lesley Charnock.
Illustrations by Anthony Smith and Graeme Arendse.

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Many health care workers are faced with the emotional problems of women that they see on a daily basis. They often feel helpless because they would like to help, but are not sure about what they should do, or how they should do it.

The ability to be a good 'helper' or counsellor depends on knowing your own feelings and thinking deeply about how you behave.

This handbook tries to provide some basic counselling skills – like listening, asking questions and reflecting. There is also an outline for approaches to counselling mothers during pregnancy.

1. INTRODUCTION

The idea of mental illness is often confusing. We have an understanding of stress, and of psychosis, but there is a range of emotional distress in between that is often overlooked.

1.1 What is mental illness?

Mental illness affects people's feelings, thoughts and behaviour. Mental illness can have negative effects on people's lives or the lives of their families. Symptoms of illness can include:

- changes in mood
- changes in a person's perception of reality
- changes in a person's ability to organise or focus their thoughts.



These changes can interfere with how people are able to function at work, within their families or communities.

But, mental illness is treatable.

People who have a mental illness may not know about it, or may be ashamed to talk about it. This makes it difficult for them to ask for help and get treatment.

In contrast to mental illness, mental well-being is when a person is able to realise their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.

1.2 Mental health is everybody's business

Mental health care is often seen as a specialist field that only highly trained health workers can deal with, e.g. psychiatrists or psychiatric nurses.

Mental illnesses are far more common than both health workers and clients often realise. Poor mental health can affect clients in many ways. That is why it is important that all levels of health workers are able to recognise mental illness.

Why don't health workers ask about how a client is feeling?

- Perhaps the answer will require too much time and effort.
- It may be easier to deal with a physical problem.
- Perhaps the question reminds health workers about their own personal issues.
- It is often difficult for health workers to hear about clients' feelings because they may feel unable to offer help to clients.

1.3 What is counselling?

Counselling involves listening. Counselling is about supporting the woman and empowering her to find her own solutions. Counselling is **not** about giving advice!

1.3.1 What can counselling provide for the woman?

- A safe space to be heard – the woman tells her whole story
- A way to understand her own distress
- Someone who will listen without blaming or judging
- Respect
- Validation of feelings
- An opportunity to explore practical options with her
- An opportunity to look for solutions to her problems
- Support

1.3.2 What is the process of counselling?

- Opening: establishing a relationship / building trust
- Exploring: good listening
- Understanding: clarifying / reflecting / summarising the problems
- Deciding on intervention: understanding the situation that the woman is in
- Exploring the problem to find solutions
- Helping the woman to plan her own solutions
- Monitoring and maximising resilience

2. HELPING OTHERS

Health workers often see distressed women. It is not always easy to know how you can help or what to do.

2.1 Who can help?

Anybody can help! The exercises in this manual help you understand how best to be a helper.

You do not need to be a trained social worker or psychologist to have counselling skills. Counselling skills can help everyone to take better care of the women that they see.



2.2 What is a helper?

These activities aim to get health workers to think about who would be able to help women in distress, and how that should be done.

Activity: Who helped you?

Close your eyes, and think about a period in your life when you were very unhappy. In your mind, choose someone in whom you could confide, with whom you could share your pain. What qualities would you want from that person?

You are most likely to choose someone who would **accept** your feelings, not try to give you advice, whom you could trust, who would **not interrupt** you, who would “hold” you emotionally and make you **feel safe**, even if they could do nothing to change your difficult circumstances.

2.3 Qualities of a helper

The following characteristics are good qualities for a helper:

- Keeping confidentiality
- Empathy
- Positive regard
- Respect for others
- Warmth
- Being genuine
- Being non-judgemental



2.3.1 Confidentiality

A counselling relationship is based on trust. What is told to the helper must not be passed on to other people. Health workers need to understand how important it is to keep information confidential. Professional health workers may share confidential client information with other professionals if it is going to assist the woman's care.

Activity: Confidentiality

Think of a secret that you have. Nobody else knows about this thing. Think about sharing this information with someone that you trust. How would you feel if they told other people? Some of the emotions that you may feel are: **betrayal, anger, hurt, feeling shut down.**

Keeping information confidential is giving your trust to someone – and keeping your word. As a counsellor, you are in a privileged position to be trusted with other people's important information.

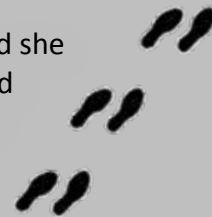
2.3.2 Understanding others

The activity below is aimed to get health workers to think about what it might be like to be someone else.

Activity: *Walking in someone else's shoes*

Think about your favourite pair of shoes. Where have those shoes been with you? How far have you walked in them? Have they been in mud or rain? Have they been dancing?

Think about your best friend. What size are her feet? Would she be able to wear your shoes? Do you know if your feet would fit in her shoes? Do you know where her shoes have been? How has **her journey shaped her shoes?**



Learning points:

- It is very difficult to know about other people's lives.
- Your journey shapes who you are – and it is not easy to understand something from another's point of view.
- There are many ways of seeing and experiencing the world and these depend on our upbringing and beliefs.
- We need to be able to respect another person's point of view, even if it is different from our own.
- We need to recognize difference and similarities between people.
- It takes a lot of thinking about yourself before you can understand something from another's point of view.

2.3.3 Understanding yourself

When you are trying to help someone who is distressed, it can be very upsetting for **you**. It is very important that you try and think about how you feel so that you can help the other person in the best way. This is called '**self-reflection**'.

The following are important points on self-reflection:

- Try to give yourself time – every day – to think about how you feel and why.
- When working – try to monitor what you feel, and ask where the feelings come from.
- Try to notice when you feel very strong feelings about something.
- Try to think about some of your strongest feelings, and see if they link to any of your own experiences.
- Treat your own feelings with the same compassion and respect you would give to others.

2.3.4. Empathy

The terms empathy and sympathy are both about feeling for somebody else's situation, but they often get confused.

What is empathy?

- Putting yourself in someone else's shoes.
- Respectfully imagining what someone else's life is like.
- Entering into the private world of another person, without making judgements.
- Empathy is showing that you understand the person's experiences, behaviour and feelings.

"To empathise is to see with the eyes of another, to hear with the ears of another and to feel with the heart of another."

Anonymous

How do you show empathy?

It is hardest to empathise with those who are different from us. In order to empathise with another, you need to be:

- *Open-minded*: you must set aside, for the moment, your own beliefs, values and attitudes in order to consider those of the other person.
- *Imaginative*: imagine the other person's background, thoughts and feelings.
- *Committed*: want to understand another person.
- *Knowing and accepting of yourself*: knowing yourself and accepting who you are helps to develop empathy for others.

Difference between empathy and sympathy

Often we hear the words empathy and sympathy together. What is the difference between empathy and sympathy?

- *Empathy*: putting yourself in another's shoes and trying to see the world through their eyes. This does not mean that you feel exactly what they are feeling or that you have been through everything they have been through.
- *Sympathy*: feeling what another person is going through. For instance, feeling the sadness a family is feeling from the loss of their child.



A helper needs to feel empathy, because you cannot possibly experience everything that people go through. You use your experiences, and your attention to understand the other person's situation.

3. COUNSELLING SKILLS

In order to learn how to be helpful to someone in distress, there are some useful counselling skills outlined below. The more the skills are practised, the easier they are to use.

3.1 Listening skills

"Diagnosis helps the doctor, but for the patient, the crucial thing is the story."

Carl Jung

"A good listener is not only popular everywhere, but after a while he knows something."

Wilson Mizner

"There is none so blind as those who will not listen."

William Slater

Activity: Listening

Have you ever had a helpful experience when you talked with someone about a problem? It could have been a friend or family member who simply listened to you. They did not give you a solution, give advice or tell you what to do. They simply listened while you talked about your thoughts and feelings. Afterwards you felt better, just because you talked about it and felt heard. **Sometimes, just the experience of talking to someone who listens can be healing.**

3.1.1 Active listening

Active listening happens when you "listen for meaning". The listener says very little but conveys empathy, acceptance and genuineness. The listener only speaks to find out if they have heard or understood correctly.

Key points about empathic listening:

- Listening is *active*.
- There is more to listening than simply not talking, or lending your ears to somebody.
- There are *verbal* and *non-verbal* components to listening. You can listen without saying anything.
- Listening involves more than just one *sense*. It is not just hearing with your ears, but also involves observing with your eyes and saying things at times. It can include touch as well.
- Active listening is also *communicating* what you have heard and understood.



Why should we use active or empathic listening?

- Empathic listening encourages the woman to talk more about her issues. This allows you as a helper to gain a better understanding of the difficulties and her view of the world.
- It leaves the woman with the understanding that she has been heard. Just the experience of being heard can be healing.
- Active listening helps establish a relationship between client and helper.

Empathic or active listening involves:

- Participating in the world of the other person and being a part of what that person is experiencing.
 - Hearing words but also listening to how the words are being said.
 - What tone of voice is being used?
 - What words are being used to describe the experience?
 - What body language is the person displaying?
 - What shows on their face?
 - What do their hand movements show?
 - Do the words flow or are there lots of hesitations?
- Listening to what is **not** being said, or listening to the silences.
- In counselling, caring or empathic listening is an experience where your whole being becomes tuned into the world and experience of another person.
- A combination of empathy and listening is a basic requirement for all counselling behaviour and in **itself** is often very therapeutic for the client.
- There is healing power in being listened to, and in being able to talk and be heard by another.

What gets in the way of active or empathic listening?

- Being selective: not listening to the full message of what is being said, but “hearing” only what you want to hear.
- Being distracted: appearing to listen when really your mind is a million kilometres away and you have not actually heard a word that has been said.
- Personal values (what we believe to be important): each of us has different values.
- What is happening in your own life: this may change your perspective about what the woman is going through.
- Preparing a response: if you are preparing what you will say next, you cannot be listening to the woman.
- Feeling threatened by what the woman is saying.
- Culture: sometimes the woman’s culture is different to ours.
- Language: many times we are not speaking in our own language and there can be communication difficulties with this.

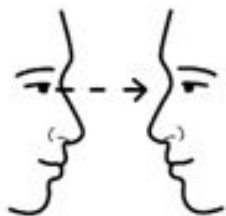
3.1.2 Verbal listening

Minimal verbal response: These are verbal responses showing that you are listening. Verbal responses include: “mmm...mmm,” “uh-huh,” or “yes.”

These minimal responses show the woman that you are listening to her, and encourages her to continue talking.

3.1.3 Non-verbal listening

The SOLERF method is a useful way to “listen” without speaking.



- S** **Squarely** face person - not turned to the side.
- O** use **Open** posture without crossed arms and legs.
- L** **Lean** slightly toward the person rather than sitting back in the chair.
- E** use **Eye** contact instead of staring off into deep space.
- R** **Relax**, keep it natural instead of sitting like a board.
- F** look **Friendly** and welcoming rather than neutral or scowling.

Remember:

Communication is 55% body language, 38% tone and 7% words. Your client may not remember what was **said**, but they will remember how you made them **feel**.

Learning Point: Active listening means that you concentrate on what is being said – **not** on what you need to say or do.

The following activity aims to practice active listening skills. It will also explain how to get more information from the woman by looking at what her body is saying.

Activity: Active Listening

Next time you and a friend or colleague have a chance to chat, think about listening actively. Try to listen without interrupting. Try not to say anything more than two or three words long. Keep her/him talking by saying “uh-huh”, really!?”, “tell me more”, etc.

Think about the following:

1. Were you able to keep the conversation going using only encouraging body language and a word or two?
2. Were you able to keep from interrupting?

Think about what the speaker may feel:

1. Did they feel that they had permission to keep talking?
2. Did they feel heard?

Listening: a poem

You are not listening to me when...

You do not care about me;
You say you understand before you
know me well enough;
You have an answer for my problem
before I've finished telling you what
my problem is;
You cut me off before I've finished
speaking;
You finish my sentence for me;
You find me boring and don't tell me;
You feel critical of my vocabulary,
grammar or accent;
You are dying to tell me something;
You tell me about your experience,
making mine seem unimportant;
You are communicating to someone
else in the room;
You refuse my thanks by saying you
haven't really done anything.

You are listening to me when...

You come quietly into my private
world and let me be;
You really try to understand me even if
I'm not making much sense;
You grasp my point of view even when
it's against your own sincere
convictions;
You realise that the hour I took from
you has left you a bit tired and
drained;
You allow me the dignity of making my
own decisions even though you think
they might be wrong;
You do not take my problem from me,
but allow me to deal with it in my own
way;
You hold back your desire to give me
good advice;
You do not offer me religious solace
when you sense I am not ready for it;
You give me enough room to discover
for myself what is really going on.

Anonymous

The table below gives examples of good listening and unhelpful listening.

Listening	Not listening
Be aware of your own feelings and the way that you are responding	Talking about yourself or your own experiences
Try to find a private, quiet place for counselling / support	Being over-sympathetic
	Talking with other people, answering the phone
Sit still and look interested	Feeling sorry for the person, and then trying to give hope or platitudes (clichés)
	Moving around, standing up
Wait for the person to speak after you have given a short introduction	Promising to do everything
Give the person an opportunity to tell her story in her own way	Breaking confidentiality
Don't interrupt the person while she is talking	Interrupting the person
Show through your "body language" that you are listening	Looking irritated or bored, yawning
Feel relaxed with appropriate silences	Concentrating only on the facts and asking lots of questions.
Let the person know that you are willing to listen further	Minimising the problem ("it could be worse!")
Ask a few questions – ask questions only when you need more information to understand the situation	Preaching or judging
	Giving inappropriate advice with which the woman doesn't agree
Make sure that the way you understand the situation is correct	Not believing what the person is saying
	Feeling uncomfortable with someone else's feelings
Reflect back to the person in words what they are feeling and saying	Over sympathetic
	Feeling sorry for the person and then trying to give false hope.

3.2 Asking questions

The questions we ask - open and closed - are important for counselling. They can help a person open up or close them down.

Open question: is used in order to gather lots of information – you ask it when you want to get a long answer.

Closed question: is used to get specific information - it can normally be answered with either a single word or a short phrase.

3.2.1 Open questions

Open-ended questions have no correct answer and require an explanation.

For example:

- What brought you in here today?
- How do you feel about this pregnancy?
- How does that make you feel?

Open Ended Questions are good for:

- Starting the information gathering part of the session
- Keeping the client talking

3.2.2 Closed questions

Closed questions are those that can easily be answered with a “yes” or a “no” or brief information.

For example:

- What is your name and date of birth?
- Is this pregnancy planned?
- Where do you work?
- Are you ready to stop doing that?

Closed questions are useful for:

- For getting necessary information
- To help the woman to focus their discussion.



The following activity gets you to practice open and closed questions. Use your listening skills and remember to use your body language as well!

Activity: Practising different kinds of questions

Next time you get a chance to chat with a friend or colleague, try to practice asking questions.

Ask an **open ended question** like, "How do you feel about what has happened within the past few days?"

You want them to be able to go on at some length.

After a few minutes, you can try to constrain or redirect conversation by asking a **closed question** such as "Does this make you feel good or bad?" You are looking for an either/or answer.

Think about the different kinds of answers that are given when you ask open or closed questions.

How do you think the different kinds of questions make the speaker feel?



Important points about listening:

It is valuable for a woman to be able to talk and be heard.

- Talking about important things can be very hard.
- Women need to be able to speak in a safe place, in their own words.
- When listening, try not to interrupt.
- Concentrate on what is being said, not what you need to say or do.
- Listen to the words said, what her body tells you, and what she is **not** saying.

3.3 Reflection skills

Reflecting acts like a mirror; it gives back to the woman what she has just communicated to us. It lets the woman know what you understand about what she has shared and communicates empathy.



Importance of reflecting

- Relationship building: reflecting is valuable in building a relationship with the woman by communicating trust, acceptance and understanding.
- Clarification: reflecting is helpful for women to be able to clarify for themselves their problems and feelings.
- Information: reflecting helps the counsellor get information about the woman and how she views her situation.
- Verification: reflecting helps the counsellor to check her perception of what the woman communicates.

There are four different reflecting skills. These are skills that can be used at any stage in the counselling session, but are really important for building trust and exploring the problem.

- Reflecting feelings
- Restating/reframing
- Affirmation
- Summarising

3.3.1. Reflecting feelings

Reflect what the client is feeling. Focus on feelings, NOT the details of what is said.

Example:

Woman: "I'm the only one working in my family. My mother, my sister and her two children stay with me and my three kids. I can't afford the school fees for my own children already, so I don't know what I'm going to do now I'm pregnant again"

Counsellor: "You sound worried and overwhelmed."

Tips for reflecting feelings:

- Listen for and reflect both verbal and non-verbal communication of feelings.
- Read body language and reflect what you see if feelings are not expressed verbally.

The following activity helps to practice naming feelings.

Activity: *Reflecting Feelings*

Try to think about all the different kinds of feelings that people have. Some examples are: hate, fear, worry, stress, concern, pride, love, relief

The following examples are how women may talk about their problem. Try to name the feelings in these examples. It is useful to reflect feelings back to a client by saying something like "It sounds as if you are feeling...." Or "it seems like you are feeling.....". If you are not sure, you could ask it as a question, "So, are you feeling....?"

1. "I do not know what to do about my son. He is 14 and has not been attending school regularly. I found out from his teacher that he has been absent from classes a lot over the last couple of weeks. He also is not coming home until late in the evenings." (*Worry / concern*)
2. "I was looking forward to having a baby, but now it's very different to what I was expecting. I love my baby, but I don't like being at home all day. I miss my work and my friends there. I'm used to doing what I want when I want to do it" (*Disappointment / confusion / loneliness*)
3. "I cannot stand my boss. She is so demanding. Whenever she asks me to do something she is so rude. She just interrupts whatever I am doing and tells me that I need to do it now. Then when I do it she always finds a way to criticise how it was done." (*Undermined / put down / frustrated*)
4. "Things have been difficult with my husband for a while. He works far away and is only home a few times a year. When he comes home, we argue. This is not good for the children." (*Frustration / concern for children*)
5. "For years and years I worried about my daughter. Now she finished grade 12 and just found a job last week." (*Relief / pride*)
6. "I just lost my job on Monday. Where am I going to find another job? Why do things never work out for me?" (*Fearful / stressed*)

7. "I lost my first baby. She was born too early and she did not breathe. I keep thinking about her now that I am pregnant again. She would have been 2 years old." (*Grief / loss / sad / worry for the new baby*)
8. "Since I came in for my HIV test last week I have not been able to sleep waiting for my test results." (*Anxious*) "I had an abortion last year. Since then I can't stop thinking about it, and wondering if I did the wrong thing. I have broken up with my boyfriend. Sometimes I think I am being punished." (*Guilt*)
9. "I have been unemployed for 2 years. I do not know what to do about money. My kids and I have been staying with my sister's family but yesterday her husband said that we have to leave because they do not have money either." (*Desperate / worried*)

3.3.2. Restating/rephrasing

This is saying what you understand the woman to be communicating. By doing this you are letting her know that you understand and, if you don't, are willing to be corrected.

Tips for restating:

- Use your own words to explain your understanding of what the woman is saying.
- Use slightly different words that have the same meaning; do not just repeat what she said.
- Rephrase both content and feelings.
- Convey empathy, acceptance and genuineness.
- Be tentative and respectful, i.e. "I hear you saying...", or "It sounds like..."

Example:

Woman: "I'm so angry with my husband. I just want to kill him; he makes me so mad."

Counsellor: "It sounds like your irritation and frustration with your husband has increased and is reaching a climax."

Start a restating statement with phrases like:

"What I'm understanding is ..."

"In other words..."

"So basically what you're saying is..."

"Do you mean...?"

"It sounds as if..."

"I'm not sure that I'm understanding you correctly, but..."

"You sound...."

"I gather..."

The activity below helps to practise restating. Use your own words to show that you understand what the woman is saying to you.

Activity: Practising Restating/Rephrasing

How would you respond to the following statements by restating or rephrasing? Use your reflecting skills.

1. **"I started seeing this guy. We spent quite a bit of time together and I really like him. We were really careful and had protected sex. After about two months, my boyfriend said he does not want to use a condom. He said that if I trust him I should not ask him to use a condom. Now I am pregnant. I do not know what to do."**

It sounds as though you were asked to make a difficult decision that you were not comfortable in making, and now you are unsure of how to deal with the consequence.

2. **[crying] "Last night my husband came home really late. He was drunk again. We started arguing, but it is no use. I am so angry at him. He will never change."**

You seem to be feeling frustrated by your husband's drinking, which often leads to arguments. You're also unsure of how to deal with this problem, which leaves you feeling helpless, sad and hopeless.

3. **“My mother is getting sick. She is alone in her village and only has one of my brother’s children staying with her. But, I am not sure that the boy is really taking good care of her. I am so worried because they are far from the hospital and he will not know what to do if she gets sicker.”**

It sounds like you’re incredibly anxious at the moment, worrying about your mother’s health. You also seem to be concerned that the boy staying with her will be unable to look after her if necessary.

4. **“Lately my first-born girl has been teased a lot at school. They call her names and say that she is ugly. Last night she was crying again. I get so angry at those cruel kids and want so badly to stop this.”**

It seems that you are worried about your daughter, who is being bullied at school, and that it leaves you with feelings of anger and frustration. It also sounds like you have a strong desire to protect her, but are unsure how to do this.

5. **“My husband passed away last month. He was sick for some time but he refused to be taken to the hospital. Now I have just found out I am HIV+. So, now I feel so confused. I realise my husband had AIDS and he didn’t tell me, and I must have got HIV from him.”**

You sound like not only have you suffered a major loss, the death of your husband, but now you are left to deal with a life-changing illness. Also you’re left feeling a sense of betrayal that your husband did not tell you that he had AIDS.

3.3.3 Affirmation

This encourages the woman in the choices she has made. Affirmation can be for choices, knowledge or behaviour.

- This skill is very similar to how a teacher affirms or verbally rewards a learner, or how a parent might encourage a child by saying “well done” or “you have done a good job” or “you have done your best.”
- This may begin with the counsellor affirming the client for choosing to come for counselling.
- But, unlike the affirmation of a teacher to a learner, the key skill of affirmation in counselling is encouraging the woman to affirm herself; this is something the woman can do for herself, rather than to depend on the counsellor for it.

For instance, instead of saying, “I am so proud of you for coming back to get your test results,” the counsellor should say, “**You** should be very proud of **yourself** for ...returning for your results” or “...for making the choice to use a condom this weekend.”

Affirmation is an important skill for empowering clients; by affirming them, we are encouraging women in the healthy decisions and behaviours they have chosen and helping them to continue making similar choices.

3.3.4 Summarising

Summarising highlights the most important areas, feelings, or themes of what the woman has been saying.

Usefulness of summarising:

- Draws together the important points and makes them clear.
- Reviews the session, then briefly describes the most important points and says what could be covered next time.

Example:

Counsellor [at the end of the counselling session]:

“Today you have been talking a lot about the overwhelming amount of responsibility you feel for all the family members staying with you. We have looked at ways for you to let go of things that you have no control over. We have looked at choices for responding and behaving where you didn’t see yourself as having a choice before. In our next counselling session we could look at whether those new thoughts make any difference to your feelings of being overwhelmed.”

The following activity puts together all the skills you have learnt so far, and helps you to practise. It is not always easy to do it right! Learn from the mistakes that are made. The more you practise, the easier it is to use the new skills.

Activity: *Putting the skills together*

When you next have a chance to chat to a friend or colleague, try to use **active listening, reflecting feelings, restating, summarising and affirmation**

Get ready to listen actively.

Think about your encouraging body language.

Think about non-verbal encouragers.

Use open-ended questions like, "How are things going for you today?" You want the speaker to go on at some length.

Think about what the speaker is saying and reflect it.

Think about the speaker

1. Do you think that the speaker felt they were being heard with empathy?
2. What did the speaker feel when they left the session?

Think about listening

1. How did you feel inside yourself when you were listening?
2. Did you feel you were "on the same page" as the speaker? If not, why not?
3. How accurately do you think you were able to summarize the speakers information? 10%? 90%? Why?
4. Were you able to reflect back the person's feelings?

Don't worry if you are not completely accurate. That is why the listener "plays it back" to the speaker using a tentative tone.

Remember, the person may forget what you said, but will never forget *how* you made them *feel*!

4. APPROACHES TO COUNSELLING

The guidelines below offer general approaches for counselling pregnant women and mothers.

4.1 Before you start

Before meeting a mother for the first time, it is helpful to check any information that came with the referral, e.g. any screening forms, background history, letters from other health workers. It would be best to plan to see the mother 4 to 6 times, but there is always a chance you will only see her once, as she may not come back, or you may not have more time.

4.2 In the beginning

- It is important to create a **safe and supportive environment** for the mothers. Reassure her that it is a good idea to get an opportunity to talk before the baby is born so that she feels more prepared when the baby comes.
- Work out with her why she is with you today and what she expects from talking with you.
- Listen carefully and don't interpret or analyse. This creates a safe space for her to voice the complexity of her feelings around pregnancy and childbirth. She can then even reach her own solutions, both emotionally and practically.
- The mother will hopefully describe her life as she understands it. Tread gently. You may threaten your relationship with her if you treat her story as a collection of symptoms, habits or problems.
- Look for examples of previous healthy coping and problem-solving abilities.
- As a counsellor, you may act as a bridge between crisis and coping.
- Mothers need to know that they are worthy of sensitive and reliable care.



4.3 Containment

When feelings are painful and overwhelming, the woman may need someone to help her to hold and understand those feelings.

This is called '**containment**'.

Think of a jug, when there is too much water in it, it overflows, and another container may be needed to hold the water until some of the water in the first jug has been used up. Feelings can be like this. Someone else might need to hold the painful feelings until the person is ready to deal with them.

When you work with feelings, it helps if you understand:

- your own feelings – where they are similar or different to others' feelings.
- that the feelings that **you** have when you work with people are valuable clues about how **they** may feel
- that getting to understand your feelings can take time. We need to have patience with ourselves and other people
- that if your own jug is too full, you will not be able to hold someone else feelings as well.

4.4 Counselling as an intervention

If a mother is ready, you may feel certain interventions are necessary.

Counselling may be used to:

- Provide containment
- Offer supportive suggestions
- Offer encouragement and sensitive advice
- Explore the problem and resolve these with new skills and support systems
- Explore how childhood problems may be affecting pregnancy and being a mother (this usually requires a lot of counselling skill and time)
- Bring closure to unresolved issues
- Provide information on emotional or physical aspects of pregnancy, birth and post-partum.
- Provide information on infant emotions, responses and resources available
- Provide referral to another agency, if necessary

4.5 Practical tips

- If the mother is in crisis or has severe prolonged symptoms, recommend a mental health professional. If she refuses, offer another appointment and follow up with phone calls.
- If the mother is isolated and stressed but not in crisis, offer another appointment. Get the mother to explore other options such as listening to music, walking, talking to a friend etc.
- If the woman is feeling very angry, offer another appointment and get her to write a letter to the person she is angry with, getting out all her feelings. She can decide to send it or not.
- If the woman was abused as a child, reaffirm that it was not her fault, explore further if she will allow, otherwise simply be supportive. Try to link previous sexual abuse to trauma and labour, and the possibility that she may feel anxiety during labour. By talking about this, you can help her prepare, understand her possible reactions, and learn ways to cope with the anxiety.

4.6 Problem management

Managing problems is only possible if the counsellor and woman have lots of time together. This can't be done in one session. In order to help the woman cope with her problems, it is important to understand how each person fits into the environment around them. This mother may be part of a family, a community and a society that could help her. On the other hand, those around her could be part of the problem.

There are several possible steps to managing problems:

- Understanding the problem
- Looking at options
- Setting goals
- Developing a plan of action
- Monitoring and evaluation

4.6.1. Understanding the problem

There may be many solutions to a problem, but in order to understand what will work best for the woman, all the parts of the problem must be understood. Some issues may be hidden.

Activity: *Understanding problems*

Try to think of a mother in your community that has a problem.

One problem often has many parts to it. Try to break it down into smaller parts that together make up the whole problem.

Think about the problem in the following ways:

What makes it difficult for the woman as an individual?

What helps her to cope with her problem?

What about her family makes this problem better or worse?

What about her community makes this problem better or worse?

What are the different parts to her problem?

Learning points:

- Each part of the problem helps to build a whole picture of what is wrong.
- Smaller parts do not seem quite so unmanageable. It may be easier to tackle one part of the problem at a time
- The woman must be empowered to solve her own problems – not told what to do.

4.6.2 Looking at options

The counsellor helps the woman to list the parts of the problem, and prioritize what needs to be dealt with first. Then the counsellor and woman can discuss how the problem could be managed. The counsellor and woman talk about different ways of putting solutions into action. Each option will have advantages and disadvantages.

In assessing options, it is important to positively reinforce coping behaviours that the woman shows. Resilience is a term used to describe the positive ability to cope with stress and difficulties. For example, even though it may feel difficult for a woman to get out of bed, she has come to an appointment. This positive behaviour needs to be recognised.

Providing the woman with skills to cope with the problem will help her to feel stronger and more able to deal with what she needs to do – these coping skills help her to feel more in control of her situation.

4.6.3 Setting goals

The counsellor helps the woman to decide on simple goals that may be successfully achieved. Smaller goals may lead, over time, to reaching larger goals.



4.6.4 Developing a plan of action

The woman needs to decide what will work best for her – and the counsellor helps to draw up a plan of action. The woman should feel empowered that the actions she chooses will help her to reach her goals.

4.6.5. Monitoring and evaluation

When the woman carries out the plan of action, both woman and counsellor need to talk about how effective the action plan has been. They meet to look at how things are going, and look for solutions to any new problems that might occur. The counsellor provides support as they work through the steps of problem management again. Where appropriate, the woman is affirmed for her choices or actions.

Even when you have practiced all the skills and approaches to dealing with women in distress, it is sometimes difficult to know how to respond when. The table below gives some guidelines.

Possible responses for dealing with mothers in distress

General Guidelines	If She Says...	Don't say...	You could say...
Don't be judgmental.	I hate my husband.	Hatred! That's an extreme emotion!	What bothers you about him?
Don't impose your morals.	There's no God.	God loves you, even when you doubt Him.	When did you start to think that?
Empathise; don't sympathise or pity.	I'm such a failure.	I feel terrible for you.	You're finding everything very difficult right now?
Don't encourage blaming.	It's all his fault.	He is a terrible husband.	Tell me how he's involved.
Don't try to solve the mother's problem. Help her find her own solution.	What should I do?	Why don't you ask your mother for help?	What are your choices? Let's talk about them.
Emphasise the positive.	I'm so tired because my baby cries all the time.	You are lucky to have a healthy baby.	It takes courage to say how you really feel.
Don't be shocked.	I smacked my baby really hard.	You shouldn't hit your baby, no matter how you feel.	That must make you feel frightened and ashamed. How often has it happened? *REFER & BE FIRM
Don't negate feelings.	I want to kill myself.	Don't be silly, you have so much to live for.	Do you really think suicide is a way out? Express concern. ** REFER & ***EXPLORE
Don't make false promises.	I'll never be the same again.	Things will turn out fine for you in the end.	That must be a scary feeling.
Don't say you know how she feels.	I feel terrible.	I know how you feel.	Tell me about your feelings.

5. CARING FOR THE COUNSELLOR

One of the biggest problems for people working in the helping or caring professions is 'burnout'. This can happen when you give too much of yourself to your work, but do not know how to take care of your own needs.

If you don't take care of yourself, you can start to feel:

- Exhausted
- Lacking in motivation
- Loss of job satisfaction
- Resentment of the work that you have to do / people that you work with
- Isolation from colleagues
- Sick

Working with women who are traumatized can be particularly stressful.

- Trauma disorganises – it may make women feel muddled and interferes in their usual ways of coping.
- Trauma interferes with relationships and trust – this may make it feel that it is hard to help women. Don't blame yourself.
- Trauma makes you feel exhausted and overwhelmed. If you can recognise this, then you can take steps to look after yourself.
- Try not to take on too much. If you are overwhelmed, you will not be able to care for yourself or the women in your care.
- Look for signs of burnout – in yourself and your colleagues – then you can act before it is too late.

Try to get your health facility or organisation to think about taking care of the staff.

The following points may be helpful to you:

- Recognise the stressful nature of your work – what are the particular stresses that you and your colleagues have to deal with?
- Try to take some time to think about your own needs – not just those of your clients
- Help to develop systems of support (formal and informal) for yourself and your colleagues.
- Speak to the leadership within the health facility or organisation so that they can protect and support staff.

Prevent burnout

This is a stressful and emotional job. Staff who provide counselling need to 'de-brief' and share the load. You will not be able to keep listening and helping other people if you are not cared for yourself!

6. CONCLUSION

The skills and approaches to counselling that are outlined in the previous sections have been used to help many distressed women. This story is from a woman who received counselling from the Perinatal Mental Health Project. She shows how important it is to be able to tell her story and be listened to without being judged.

A Woman's story: "Speaking and Being Heard" by Gloria M

Things are easier for women today, because we are independent. Our mothers were not respected. They didn't have the rights we have now and didn't have the same opportunities. They were like slaves. These days if there is a problem, there is help available, something that I was fortunate to have when I discovered that I was suffering from postnatal depression. When I first became a mother, I didn't know about depression. Now I would like to let everyone know about this problem so that people can stand up and do something about it.

I was born, one of twins, in the Cape Town Tygerberg Hospital. My parents divorced when I was only two days old. Because my mother was alone she couldn't do what she was supposed to do as a mother and I grew up with her family. There was really no one to talk to or to discipline us and I became pregnant at the age of 14. I have suffered depression since then.

Having a baby at such an early age was really hard. I had to leave school and was forced to work as a domestic worker, which I couldn't really do because I was so young. I tried very hard, but I just couldn't do it. So, I decided to go back to school when my baby was three years old. I passed my standard nine, penultimate year of

high school, but didn't have enough money to register for my final year. I was forced again to go back to work as a domestic worker; which I am still doing to this day.

When I was twenty-one years old, I got married to my husband. He is not the father of my first child. A couple years after being married, we had a child together. I again suffered very much from postnatal depression, although I did not know what it was called at the time. The clinic I went to in the township did not know anything about depression. So, I was unable to get help from them. Luckily, my husband was always there for me and supportive throughout my depression, even though he didn't always understand what I was going through.

Since then, I suffered from depression until I was able to get help from the Perinatal Mental Health Service in 2004. This was the first time I heard about perinatal or postnatal depression. I had suffered from depression all these years, but I didn't really know what it was. Finally, I was able to get help.

When I was pregnant with my last baby, I was working for Linda, a psychologist. I was not at all happy to be pregnant. I was just very stressed and worried about telling her.



I knew it was not the right time for me to become pregnant and I was very concerned about my job and all the things that I needed money for. But I realized that I needed to tell Linda, not only because she was my employer, but because I needed help. Everything was very hectic for me and nothing that I was experiencing seemed to be good. I knew that I was becoming more and more depressed.

I finally told Linda when I was 5 months pregnant. It turns out that she specializes in women who have perinatal and postnatal depression and when she heard my history she thought I was suffering from it. She decided to take the step to get help for me by sending me to the Mowbray Maternity Hospital which provides the Perinatal Mental Health Service.

At Mowbray, I met with a counselor. It was very good to speak to her about how I was feeling and to just talk out about everything. That was what was killing me, having to keep all my feelings inside of me for a long time. I was so lonely and there were so many things that I needed someone to listen to. I needed to express my feelings and to be heard when I was saying something. I needed someone who could understand and who could listen when I was talking. Meeting with this counselor gave me that chance to finally speak out, which helped so much. They also sent me to a psychiatrist to get medication for my depression. Now I am doing just fine and coping very well with motherhood. Dealing with perinatal and postnatal depression is a very difficult thing.



When you are depressed there are so many things that are affecting you. You may not be able to tell exactly what it is that is making you feel so bad, but just that you can't get out from the fog you are in. Everything can feel like it is just falling apart, that nothing is happening right or according to plans. You may not know to take it seriously when you are first suffering from it, but it is very important to address it and to find a way out.

There are so many women who are dying inside from this thing. They don't know how to deal with it or how to cope. Everything in their lives is turning upside down. And they need someone who will understand and not judge them.

That is why I talk about this depression with everyone. I even talk to mothers I see on the bus. I want everyone to know about this problem. I want the mothers to listen.

If I could have my way, each and every one of the hospitals would have these kinds of counselors, especially the government hospitals which are for everybody. That way everyone including all black women, who really don't know anything about this depression, could get help.

Until that happens, I hope that all the mothers out there, who are suffering from perinatal and postnatal depression, will take care of themselves and find support. You only live once, and it does not have to be a life filled with depression!



Summary highlights

- Tread carefully – respect people’s feelings and do not judge.
- Listen – to what is being said, how it is expressed and to what is not being said aloud.
- Women may not remember what you say, but they will remember how you make them feel.
- You need to understand your own feelings to understand others.
- To take care of others, you need to look after yourself.

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