



# **INTERPERSONAL COMMUNICATION AND COUNSELLING TRAINING MODULE**

## **PARTICIPANT'S MANUAL**

**FEDERAL MINISTRY OF HEALTH, NIGERIA  
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# Introduction

This manual is designed for training facility-based healthcare providers in Interpersonal Communication and Counselling (IPCC) skills. The interactive training manual will give you skills and hands-on practice in interpersonal communication and counselling. This training material uses experiential learning to teach counselling, communication, empathy, and listening skills.

The focus of this training manual is on promoting provider empathy for clients, improving client-provider interaction as well as the client experience, and ultimately improving health outcomes.

## How to Use This Manual

This manual is designed to aid learning. For effective use and maximum benefit, this participants' manual should be used as a guide and as instructed by the facilitators. The manual has four sessions: "Introduction to the client-centred approach (CCA)," "Understanding IPC," "Counselling," and "Empathic communication." Each of the sessions contains exercises and activities that ensure better understanding and practice of the principles.

## List of Icons



**Journal**



**Information**



**Self-assessment**



# Session One

## Introduction to the Client-Centered Approach

### Session Objectives

By the end of this session, participants will be able to:

1. Define client-centred approach
2. Identify at least six reasons for adopting a client-centred approach
3. Discuss the effect of not having a client-centred approach
4. Describe the elements of client-centred approach
5. Identify at least six rights of clients
6. Discuss ways of implementing clients' rights at the facility and community levels

This session will introduce you to the importance of a client-centred approach. It will also help you recognise and understand the difference between a client-centred and a provider-centred approach.



### What Is A Client-Centred Approach?

How would you like to be treated when you go to banks, petrol stations, supermarkets, or other places? Write down your thoughts below.

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What happens when the providers do not meet your expectations? Write down your thoughts and get ready to share with the group.

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### Client-Centered Approach

Client-centred approach is a way of thinking and doing things that sees the clients who are using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs.

This means putting the clients and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome.

Clients are the experts on their own bodies, needs, and interests. Clients may also have a deep knowledge of factors that are affecting their well-being. Providers can only deliver quality health care when they work closely with clients and are able to obtain as much quality information as possible from them.

A client-centred approach is not just about giving clients whatever they want or providing information. It is about listening to the client and considering the client's condition, desires, values, and sociocultural circumstances; seeing the client as an individual; and working together to develop their health care needs.



## Basic Elements of Client-Centred Approach

What do you think makes clients satisfied with the care they receive?  
Write down as many answers as you can in the provided space.

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There are eight elements of a client-centred approach.

### Elements of Client-Centred Approach

- |  |   |
|--|---|
| 1. Information given to clients                    | 5. Access to services                   |
| 2. Technical competence of the provider            | 6. Efficiency                           |
| 3. Interpersonal relations                         | 7. Effectiveness                        |
| 4. Mechanism to encourage continuity and follow up | 8. Positive health facility environment |



## Benefits of the Client-Centred Approach

1. Increases the number of clients who use health services, thus decreasing morbidity and mortality
2. Improves the reputation of staff at facility and community levels, thereby building trust
3. Satisfies the needs and expectations of clients
4. Reduces the number of clients who discontinue services
5. Produces results within budget limitations
6. Provides consistent and uniform information
7. Meets desired and needed results, like improved client compliance, that were not being achieved through former approaches
8. Ensures responsiveness to societal needs
9. Increases and sustains the viability of health facilities
10. Ultimately, satisfied clients give testimonies that motivate the provider



## Results of not having a Client-Centred Approach

1. Wastage of resources such as human, equipment, time, and supplies
2. Decreased job satisfaction for providers
3. Decreased motivation for providers
4. Decreased safety for clients and providers
5. Decreased satisfaction of clients
6. Increased drop-out rates and loss of clients resulting in increased defaulter rates
7. Fewer new clients
8. Poor image of the health facility and providers
9. Poor client compliance with prescribed treatments
10. Legal culpability and litigation
11. Lack of enabling environment for healthcare workers (inadequate equipment, tools and infrastructure)

## Factors that Facilitate a Client-Centred Approach

1. Good IPCC skills
2. Availability of Social and Behaviour Change (SBC) materials, including job aids
3. Technical competence of the provider to manage the client
4. Technical competence in the use of SBC materials
5. Provision of privacy and confidentiality for the client
6. Availability of sufficient time for client-provider interaction
7. Making the client a part of decision-making in their care or treatment
8. Consideration of social factors such as gender, age, religion, among others

## Barriers to a Client-Centred Approach

1. Rude, unfriendly, or inconsiderate attitude or behaviour from the provider and other facility staff
2. Lack of SBC materials to aid in the communication process
3. Lack of technical competency on the use of job aids
4. Lack of listening skills
5. Lack of privacy and confidentiality for the client
6. Inadequate staffing
7. Work overload for the provider
8. Recurrent but false claims of stock-out of health commodities
9. Lack of appropriate tools (e.g. Personal Protective Equipment)
10. Provider bias toward certain services



## Rights Of The Clients

Every client in Nigeria has certain rights when they access health services. The Nigerian government has created the Nigerian Patient's Bill of Rights as a reference for clients and providers.

### The Nigerian Patient's Bill of Rights

#### Access to Information

To have access to all relevant information in a language that the patient understands, including complete and accurate information about diagnosis, treatment, prognosis, other procedures, and possible outcomes.

To fully participate in implementing the treatment plan and making decisions.

#### Patient-Related Information

To have access to records, including explicit information about range and scope of services available.

To have access to record of the identity, skills, and credentials of treating professionals and care providers published by the federal/state ministry of health or other relevant authorities.

#### Fee-Related Information

To receive full disclosure of cost or estimation of recommended treatment plan services.

To be provided with transparent and itemized billing.

#### Confidentiality

To be assured privacy and confidentiality of all information and medical records unless disclosure is vital and in the interest of public health in accordance with prevailing law.

#### Quality of Care

To have access to clean, safe, and secure health care environment.

To have access to equitable quality care and caregivers, irrespective of disability.

#### Patient's Dignity

To be treated with respect and dignity, without prejudice to gender, religion, race, ethnicity, allegation of crimes, geographical location, disability, or socioeconomic circumstances.

That prior wishes of the patient or in the absence of same, of the next of kin (where legally applicable) are respected to the fullest extent practicable during last offices (at the time of death) including cultural or religious preferences, to the extent consistent with extant laws including coroner laws.

#### Access to Emergency Care

To receive urgent, immediate, and sufficient intervention and care in the event of an emergency, prioritizing such needed attention over other factors including cost and payment, as well as law enforcement requirements.

#### Visitation

To receive visitors including for religious purposes according to the rules and regulations of the facility.

#### Patient's Refusal of Care

To, at all times, retain the control of their person and must be informed of their power to decline care upon full disclosure of the consequences of such decisions.

Clients have the right to consent or decline participation in medical research, experimental procedures, or clinical trials in the course of treatment.

#### Interruption of Service by Provider

To be informed about impending interruption or disengagement of services of primary or attending professionals responsible for patient's care.

To be assured of methodical and practical transition of treatment for clients' safety and continuity of care.

#### Complaints

To express dissatisfaction regarding service and/or provider, including personnel changes and abuse.



### Wrap-Up

Explain why you think a client-centred approach is important.

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Describe what efforts you will make to ensure a more client-centred approach in your practice.

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# Session Two

## Understanding Interpersonal Communication

### Session Objectives

By the end of this session, participants will be able to:

1. Define the concept of IPC
2. Describe the key elements of effective IPC
3. Analyse barriers to high-quality IPC and factors that promote effective client-provider interactions for improved health outcomes

This session is designed to enhance your interpersonal communication (IPC) skills as an integral part of providing quality services to clients.



### Why Is Interpersonal Communication Important?

What kind of provider do you think you are? Why?

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Give reasons for your response to previous question

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## IPC Self-Check

If you have communicated effectively with your client, you should be able to answer “yes” to the following:

- Your client was comfortable enough to disclose enough information about the illness or health need to lead to an accurate diagnosis.
- You consulted with the client to select a medically appropriate solution that is also acceptable to the client.
- Your client understands his or her condition and the prescribed treatment regimen or solution.
- You and your client have a positive rapport.
- You and your client both feel committed to fulfilling your responsibilities during treatment and follow-up care.

## Benefits of IPC



BENEFITS FOR CLIENTS	BENEFITS FOR PROVIDERS	BENEFITS FOR HEALTH SYSTEM
<p><b>SHORT TERM</b></p> <ul style="list-style-type: none"> <li>An accurate diagnosis is reached because the client discloses enough information about his/her illness.</li> <li>A medically appropriate treatment that is also accepted by the client is selected.</li> <li>More efficient and effective diagnosis and treatment reduces the cost of services</li> </ul>	<p>Improved quality of services leads to increased utilization of health care services, better adherence, and therefore better health outcomes</p>	<p>Increased efficiency</p>
<p><b>MEDIUM TERM</b></p> <ul style="list-style-type: none"> <li>The client adheres to his/her treatment because he/she understands and is committed to it.</li> </ul>	<p>More efficient and effective diagnosis and treatment and saves time for providers</p>	<p>Greater cost- effectiveness</p>
<p><b>LONG TERM</b></p> <ul style="list-style-type: none"> <li>The client utilizes follow-up services.</li> <li>The client is better able to maintain their health and the health of their family.</li> </ul>	<p>Effective communication reduces workload and saves time because it reduces instances of inaccurate diagnosis, inappropriate treatment, and poor adherence</p>	<p>Healthier population</p>

## Key Elements of Effective Interpersonal Communication



There are five key elements of effective IPC:

### **Creating a Caring Atmosphere**

When clients believe that their provider cares about them and is committed to their welfare, they are more likely to communicate effectively and engage in their own health. Using both verbal and non-verbal communication help the provider convey interest and concern to clients. Appearing busy or distracted makes clients feel insecure, anxious, or fearful of their relationship with the provider.

On the other hand, being attentive, making eye contact, listening, questioning thoughtfully, and demonstrating comprehension and empathy make clients feel important and worthy.

### **Building Partnerships with Clients**

Health care occurs through a partnership between provider and client. Even though the provider is the medical expert, both provider and client are responsible for the outcome of their interaction. Mutual respect, trust, and joint decision-making increase the likelihood of a positive outcome. Treatment regimens are more effective when providers and clients make decisions together and clients have an active role in their care and treatment, asking questions, and making commitments and relevant changes in their health behaviours.

### **Bridging of Social Class Distance**

Social gaps between clients and providers can arise from differences that exist between them such as differences in education, economic status, gender, age, and many other factors. These differences can hinder IPC substantially. Establishing an open dialogue, a feeling of partnership, and an atmosphere of honesty and caring will help to bridge social distances.

### **Fostering Two-Way Dialogue**

Good interpersonal interaction between client and provider is, by definition, a two-way street where both speak and are listened to without interruption, both ask questions, express opinions and exchange information—and both are able to fully understand what the other is trying to say.

### **Providing Opportunities for Clients to Speak about Their Illness or Needs**

Providing ample opportunity for a client to describe his or her illness or health needs leads to strong IPC. Maintaining confidentiality ensures patients are more willing to speak about their health needs with providers. Storytelling has its own healing value, in that it provides clients with a release and opportunity for insight and perspective. It may also afford the health provider the insights needed to understand, interpret, and explore the significance of the symptoms and clues the client provides.



### IPC Skills Assessment

Take some time to reflect on your IPC skills as a provider. Put a checkmark in the column that best describes your ability for each skill listed.

IPC Skill	I AM VERY POOR	I AM POOR	I AM SOME-TIMES GOOD	I AM USUALLY GOOD	I AM ALWAYS GOOD
INTRODUCING YOURSELF					
Listening—taking in what people say					
Listening—showing interest in the client					
Communicating feelings verbally					
Communicating feelings nonverbally					
Dealing with clients' anger/hostility					
Responding to praise					
Responding to expressions of anxiety					
Responding to negative feedback					
Coping with apathy/ disinterest					
Coping with silences in conversations					
Appreciating other people's feelings					
Giving information					
Advising on emotional issues or difficulties					
Seeking clarification					
Asking open-ended questions					
Waiting for replies					
Changing the direction of the conversation					
Expressing support					
Self-disclosure as appropriate					
Making a conversation more serious					
Making a conversation less serious					
Summarizing what a client has said					
Holding a client's interest and attention					
Finishing conversations in a positive way					
Working with others in a team					
Resolving conflicts					



What does this assessment help you realize about yourself? What do you do well?  
Where would you like to make improvements?

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What do you do well?

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Where would you like to make improvements?

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#### Checklist for the Elements of Effective IPC

CARING	PROBLEM SOLVING	COUNSELLING
Have you... <ul style="list-style-type: none"> <li>• Greeted the client in an open and appropriate way?</li> <li>• Used nonverbal communication to show that you are listening?</li> <li>• Invited the client to tell you how he/she feel both physically and emotionally?</li> <li>• Shown the client that he/she is respected and valued?</li> <li>• Demonstrated concern and empathy?</li> <li>• Echoed the client's emotions?</li> <li>• Expressed support and partnership?</li> <li>• Given realistic encouragement and reassurance?</li> <li>• Acknowledged any service problems, apologized, and offered a solution?</li> </ul>	Have you... <ul style="list-style-type: none"> <li>• Listened actively?</li> <li>• Encouraged dialogue using open-ended questions?</li> <li>• Avoided interrupting the client?</li> <li>• Avoided distractions?</li> <li>• Asked the client what he/she thinks has caused the ailment?</li> <li>• Probed the client for more information using phrases like "please go on"?</li> <li>• Waited until you have all the relevant information to make a diagnosis?</li> </ul>	Have you... <ul style="list-style-type: none"> <li>• Explored the client's understanding of his/her illness?</li> <li>• Corrected misunderstandings or misinformation?</li> <li>• Used vocabulary and explanations that the client can understand?</li> <li>• Used visual aids if available?</li> <li>• Recommended concrete behavioural changes?</li> <li>• Collaborated with the client to select an appropriate and feasible treatment?</li> <li>• Motivated the client to comply with the treatment?</li> <li>• Summarized the diagnosis, treatment, and recommended steps in simple terms?</li> <li>• Asked the client to repeat or describe the treatment terms?</li> <li>• Urged the client to ask additional questions?</li> <li>• Confirmed follow-up actions with client?</li> </ul>





## Verbal and Non-Verbal Communication

### Verbal Communication

Verbal communication consists of spoken and written words that people use to convey ideas. In a health care encounter, the choice of words clients and providers use greatly influences how well they understand each other. The medical jargon physicians use to describe symptoms and treatments often confuses clients. At the same time, clients often communicate in their dialects, accents, and slang, often making comprehension difficult for providers from other areas. Clients also describe health problems in peculiar ways, often reflecting their unique perspective of the illness's origin or severity.

### Nonverbal Communication

Words express only part of a message being conveyed, while tone, attitude, and gestures convey the rest. Avoiding distractions (e.g., answering the telephone, looking at your cell phone or at a computer screen, scribbling notes on other cases), and instead appearing fully attentive, communicates positive messages to clients. Often, simple gestures by the provider, such as a warm greeting, can help put the client at ease and enhance IPC.



## Verbal and Non-Verbal Communication Techniques

The following techniques can help you improve client-provider interactions.

- **Effective questioning** helps obtain useful information from the client. Questioning is a way to determine what service the client wants or how he/she is feeling, what the client already may know, or what problem he/she may have. It is also a way to determine whether the client has understood you.
- **Open-ended questions** encourage the client to freely offer information, concerns, and feelings. For example, "How do you feel today?"
- **Closed-ended questions** help obtain specific information, especially if there is a limited time such as, in an emergency or in taking a medical history. They can be answered in just a few words. For example, "Do you have any allergies?"
- **Probing questions** encourage the respondent to give further information, and to clarify an earlier point. They require tact in wording and tone so as to not be judgmental. Example: "Could you tell me more about that?" This can also be important when discussing possible solutions. For example, rather than just telling the client to do such-and-such, you can explore with them what would be feasible to ensure adherence.
- **Active Listening** helps you get the information you need to assist the client with problems and help them to make decisions. Active listening means providing verbal and non-verbal feedback to show that you are listening and paying attention to what is being said. This requires observing non-verbal communication of the client and not allowing yourself to get distracted or fidget. It may include using actions such as maintaining eye contact, nodding, smiling, mirroring the client's facial expressions, or saying, "Yes," or, "Mmm-hmmm."
- **Reflection/echoing** occurs when a provider observes a client's emotions and reflects them back to him/her. This helps the provider check whether the emotions he/she has observed are correct. Reflective listening also helps to show that the provider has empathy and respect for the client's feelings. For example, "It looks like you are feeling distressed," or, "You appear to feel happy with the choice you have made."
- **Summarizing and Paraphrasing** means repeating back to the client what you heard him/her say in a short form. It helps to ensure that you have understood correctly and provide an opportunity for clarification. For example, "I hear you saying that you are worried about your daughter's health because she is eating poorly."
- **Praise and encouragement** build a client's sense of confidence and reinforce positive behaviours. This occurs when providers use words and gestures that motivate and ensure client approval. For example, "You are doing a great thing by getting tested."
- **Giving information** clearly and simply with visual aids helps equip clients with accurate, relevant health information that is based on what the client already knows.

## Barriers to High-Quality IPC

### 1. Physical Barriers

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

- Distracting noise
- Poor lighting
- Dirty and untidy room
- Extreme temperatures
- Uncomfortable seating arrangement
- Distractions in the room such as equipment and visual aids
- Objects and chemicals that are dangerous to the client

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

### 2. Personal Barriers

Personal barriers may arise due to differences in social or cultural background, or language differences.

#### ***Differences in social and cultural background and psychological barriers***

When a client is from a different nationality, gender, race, or ethnic group, it may be difficult for you to know their beliefs, taboos, and cultural practices. The client may not be able to take action because perhaps the information you give him/her does not tally with his/her beliefs and taboos.

***Language barriers*** can make communication difficult. Use very simple language and avoid medical jargon. You should endeavour to know a clients' cultural, social, and educational background before you start a communication process.

### 3. Inappropriate Behaviour by the Provider

Negative nonverbal communication includes:

- Gesturing
- Frowning
- Showing signs of boredom or humour
- Showing signs of disgust
- Shaking the head
- Distracted behaviour such as checking the time, taking other calls, looking away, or doodling
- Preconceived notions and impressions about the clients

### 4. Barriers Caused by the Client

These include:

- Client's lack of interest or trust in the process
- Client's impression of the provider
- Client's emotions
- Client's beliefs and perception, myths, and misconceptions



## Wrap-Up

Write down one or two IPC skills you want to work on.

1. \_\_\_\_\_

2. \_\_\_\_\_

Identify one IPC technique that you will put into practice immediately.

1. \_\_\_\_\_

# Session Three

## Counselling

### Session Objectives

By the end of this session, participants will be able to:

1. Describe the difference between IPC and counselling
2. Explain the importance of counselling
3. Explain the qualities of a good counsellor
4. Describe factors that promote effective counselling

This session is designed to help you learn the foundations of effective counselling and practice those counselling skills.



### What Is Counselling?

Explain what is counseling in your own words

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### Importance of Counselling

Explain why you feel counseling is important?

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### What is Counselling?

The World Health Organization defines counselling as “a well-focused process, limited in time and specific, which uses the interaction to help people deal with their problems and respond in a proper way to specific difficulties in order to develop new coping strategies.”

In the health care setting, counselling is a valid intervention made of a quality interaction between the counsellor and the patient, characterized by the capacity of the counsellor to empathize with the interior world of the patient.

Counselling is a face-to-face communication where a provider enables a client to make an informed decision and act on it. It is different from advising, in which case the provider takes more responsibility for the decision. In counselling, the client makes a voluntary, informed choice or decision, after complete information is given.

Counselling and IPC are related. IPC is used when counselling takes place but not all IPC is counselling. Skills and attitudes needed for IPC are also applicable to counselling and barriers to IPC also affect counselling.

Effective counselling must be a two-way communication, not simply telling, instructing, or informing.



## Qualities of a Good Counsellor

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

- **Patience:** Go to the next step of explanation only when the client has clearly understood the content of the information you are giving. Have ample time for the client.
- **Clear and concise communication:** Provide clear, short messages to clients. Include the most important points to start and then provide more detail as needed. Avoid using jargon or technical medical terms.
- **Good listener:** You need to be a good listener. Never interrupt what the client has to say. Give your input only when the client has finished talking.
- **Observant:** You need to be very observant and able to interpret non-verbal communication. If the client looks angry, find out the cause of his/her anger first.
- **Warm:** Provide non-possessive warmth in a counselling environment. Smile and show concern and acceptance to the client.
- **Knowledgeable:** You should have good knowledge on rational drug use and drug compliance. Some people do not take medication for one reason or the other, while others demand drugs. For example, adherents to some religions do not take oral medication when they are fasting while some sects do not take blood transfusion. This interferes with drug compliance. Giving clients drugs on demand can cause drug shortage at the health facility or lead to drug abuse (overdose/underdose).
- **Empathy with the client:** Try to understand the feelings the client is having in the counselling process. In other words, put yourself in the client's position.
- **Maintaining a therapeutic relationship with a client:** Give the client the opportunity to make his/her own decision from your message.
- **Confidentiality:** Ensure that you maintain confidentiality on what the client tells you. The client would feel greatly offended if you disclose any information about him or her to other people. Counselling must be done individually and privately.
- **Personal integrity:** Maintain a high degree of personal integrity, credibility, and mutual trust as a counsellor.

## The Counselling Process

### Using the G-A-T-H-E-R method

G-A-T-H-E-R is a useful tool that helps providers interact with their clients appropriately and effectively. Each letter of the word stands for an important step in the client-provider interaction.

**GREET** your clients politely and with a smile.

- Welcome them using local language to make them feel comfortable.
- Introduce yourself and ask how you can help.

**ASK** your clients about reasons for coming.

- Help them explain how they feel and what they need.
- Ask them about their experience with past ailments, medications, treatments, and about their lifestyles.
- Ask if they have had any medical tests done lately and see if they are willing to share the results with you.
- Listen well, show empathy, and avoid judgments and opinions.

**TELL** your clients about their choices and proper use of medications.

- Tell them that you will not tell others what they say (confidentiality).
- Tell them about the benefits of further testing, if required.
- Show samples of materials, models, and products if possible.

**HELP** your clients to understand the instructions and choose treatment options that suit them.

- Help them to understand their available options.
- Find out what they have used before and if they want to switch to another treatment or medication.
- Recommend a choice, but avoid making the client's decision for them.

**EXPLAIN** fully how to carry out the behaviour or treatment.

- Give clients printed material to take home.
- Provide all necessary information for adopting a behaviour or carrying out treatment.
- Explain what treatment is, how it works, how to use associated products, the potential side effects and how to manage them.
- Tell clients to come back whenever they wish or if side effects bother them.
- Ask clients to repeat instructions and make sure they understand.
- Explain when to come back for routine follow-up or more supplies.
- Provide additional information on how clients can care for themselves, e.g., hygiene, nutrition, rest, or exercise.

**RETURN** for follow-up and **REFER** your clients to other suitable health facilities.

- Encourage clients to come back for follow-up visits.
- Think about what other services your clients may need, e.g., antenatal care, and tell them where to find them.
- During follow-up visits, ask if clients are satisfied and treat all concerns seriously.

## Using Visual Aids and Other SBC Materials for Counselling



Using a variety of visual aids and materials enhances the effectiveness of IPCC. Referring to a visual display or pamphlet is especially helpful when conveying information to clients on diseases, preventive and treatment programs, or medical devices. Also, giving reading materials to clients helps them remember important information after they leave the health facility.

### Benefits of Using Visual Aids

- Helps clients to remember
- Makes complex information or tasks easier for the provider to explain and for the client to comprehend
- Generates discussion
- Makes small things big enough to be seen
- Captures client's interest and attention
- Helps to point out similarities and differences
- Can make discussion of sensitive terms and issues easier
- Re-enforces key points and health messages
- Can save time in counselling sessions if clients have an opportunity to access information earlier
- Prompts and reminds providers of important information points
- Take-home materials help to disseminate accurate information when materials are shared with others
- Reduces information overload by allowing clients to learn at their own pace and leisure

### When to Use Visual Aids

- Group education sessions (e.g., health facility and community)
- Counselling sessions
- Service areas (e.g., waiting room, exam rooms)
- Community events
- Home visits

### Types of Visual Aids Available at Health Facilities

- Posters
- Flipbooks
- Pamphlets
- Newsletter
- Models and samples (e.g., body parts, commodities, and devices)
- Videos
- Cue cards

### General Tips for Using Visual Aids

- Make sure visual aids are available and visible by clients in the facility.
- Explain pictures, and point to them as you talk.
- Look mostly at the client, not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold samples or models.
- If possible, give clients pamphlets or instruction sheets to take home.
- These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he/she looks at the print material later.
- Suggest that the client show take-home materials to other people.

**Factors that positively influence effective counselling include:**

- Conducive environment; privacy and confidentiality
- Showing concern to the client
- Being flexible and patient
- Use of appropriate visual aids
- Readiness to assist the client
- Positive attitude of clients toward provider
- Technical competence of provider
- Positive attitude of the provider toward the client
- Use of simple or local language

**Wrap-Up**

Write down one or two specific ways you can use GATHER as you provide services to clients.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Write your thoughts on how you can use available SBC materials to better counsel clients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Session 4

## Empathic Communication

### Objectives

By the end of this session, participants will be able to:

1. Understand that everybody has different perceptions and that those perceptions impact interactions and the way people interpret information
2. Explain what values are and what influences them
3. Reflect on their own values and how they influence service provision
4. Feel increased empathy for their clients
5. Recognize their own biases and how those influence service provision
6. Implement empathic listening in their own practice.

This session is designed to help you understand the importance of empathy in providing effective counselling and services to clients, help you feel more empathy toward clients, and improve your listening.



### Perceptions

Write down five things that came to your mind about the cat.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Write down what comes to mind for the following words:

**JOLLOF RICE**  
\_\_\_\_\_  
\_\_\_\_\_

**WARD DEVELOPMENT COMMITTEE**  
\_\_\_\_\_  
\_\_\_\_\_

**JUNGLE**  
\_\_\_\_\_  
\_\_\_\_\_





## Values

Write down your thoughts about the values clarification activity below.

What surprised you about this activity?

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How did this activity make you feel?

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How are you bringing your own values and beliefs into counselling sessions with clients?

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## Values

- Values are based on what we consider important or of worth (e.g., family, respect, money, health, education). Those judgments are influenced by our perceptions. Since perceptions vary greatly from one person to the next, values also vary.
- Values are influenced by gender and social norms, our religion, our families, and our life experiences.
- Values guide our actions and act as standards for the decisions we make. Values are often the basis for improving our behaviour.
- Everybody has different values. Your clients will sometimes have different values than you have, and may take actions that contradict your values. Your clients should make decisions about their health based on their own values, not yours. As a provider, you do not need to agree with the views or values of your clients.
- When you acknowledge your clients' values and communicate in a way that respects those values (even if you do not agree with them), clients will be more likely to trust you and adopt or maintain healthy behaviours.

We all have personal values. Personal values are influenced by gender norms, belief systems of our community, family, faith, and culture.

We must become aware of our personal values and realize they are not shared by everyone. We must avoid imposing our personal values on others which can be interpreted as bias and hinder our ability to offer quality services.

Provision of unbiased, rights-based, gender-sensitive care is mandated by the Government of Nigeria and international professional associations.

## Empathy

Think about the Associations Activity you just completed. Write down answers to the following questions:



Did any of your responses surprise you? If so, why?

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How similar do you think other participants' responses are to yours?

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## Iceberg



IPCC skills are at the tip of the iceberg. Those skills are important because they help us build good habits. But these skills will not be effective unless they are based on a sincere desire to understand clients. This is why a person's character and desire to understand are represented by the submerged base of the iceberg. A provider can know all the steps to effective communication and counselling—and even practice them—but if there is not a strong desire to understand clients and develop a relationship with them, that will not matter. The skills (the tip) must stem from sincerity, openness, and a desire to understand (the base).

Our mantra for interacting with clients is, “Seek first to understand!” There are many things that are outside of your control as a provider, but you can always choose to seek first to understand.

**Seek first to  
understand**

## Client Stories



Find below the details about the people in each image:

- ▶ Image 1: Ada is a 16-year-old girl who got pregnant. Her parents are very strict and Ada is very scared so she ran away from home.
- ▶ Image 2: Oba Akanbi is a chief in Yoruba land. He is a self-acclaimed philanthropist and loves to host big owambe parties in his community.
- ▶ Image 3: Mallam Zak is a son of a millionaire father. He doesn't work but drives the most expensive cars and wears the most expensive clothes.
- ▶ Image 4: Musa is a generator technician. He dropped out of school to learn a trade when he lost his parents. He is working hard so he can save money and go back to school to get an engineering degree.
- ▶ Image 5: Madam Ann is the only female political leader in her community. She has had to overcome gender bias to be elected to serve her community.
- ▶ Image 6: Aliyu is a physically challenged person who lives alone. He has no family. He is being led to beg for alms.
- ▶ Image 7: Rev. Udo is a Christian religious and community leader who works tirelessly to help those in his community.

- ▶ Image 8: Ichie is an Igbo high chief who has just received another chieftaincy title. He owns a shop in a popular market where he sells motor spare parts.
- ▶ Image 9: Aisha is 14 years old. She desires to go to school but is afraid that her father will marry her off. Her friend, also 14 years old, is already married.
- ▶ Image 10: Abubakar is of Northern Nigeria descent. He had to flee from his hometown due to insurgency. He now lives in a foreign place and hawks foodstuff to make ends meet.
- ▶ Image 11: Tokunbo is a top executive in a commercial bank who earns a lot of money. He is unhappy in his job because he works very long hours and hardly gets to spend time with family.
- ▶ Image 12: Nne is an illiterate housewife with six out-of-school kids. She would love to send her children to school but she cannot afford it.
- ▶ Image 13: Madam Titi is a petty trader and the breadwinner in her family. She has four children in school. She has a hard time getting away from work to take care of herself.
- ▶ Image 14: These children are school-age children, but they are all out of school, and are playing in the street without any supervision. Their parents are working long hours and wish they could spend time with them.



Reflect on the following questions related to the Client Stories Activity:

How did having that information about these people change your perceptions about them? What word(s) would come to your mind now for each image?

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How might you treat these people differently now that you have this information?

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In a real situation with a client, how might you go about seeking to understand the client better?

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## Redo Activity

Think about a recent interaction with a client that was difficult or went poorly (e.g., perhaps a client did not seem to listen, was frustrating, or had not taken the prescribed actions). Write down how the interaction went from your perspective. Take five minutes to capture your thoughts on the following questions:

What happened during the interaction?

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What was said?

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How did you feel?

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What do you think went wrong?

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**Now pretend to be the client from that interaction.  
Write down how the interaction went from the client's perspective.**

How did you (client) feel?

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How did you view the provider?

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What happened before your interaction with the provider?

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What do you think went wrong?

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## Listening



### Listening Assessment

Respond to the questions below and add up your points for each response  
(Source: Julian Treasure).

QUESTION	SCORE: 2	SCORE: 1	SCORE: 0
When was the last time I encountered silence?	Last 24 hours	A few days ago	I can't even remember!
Is there silence while I sleep?	Almost completely	Sometimes	I can't sleep without noise
How much silence can I expect to find each day?	20+ minutes	Less than 10 minutes	Virtually none
Am I able to find silence at work?	Usually I can find some	Occasionally, but I have to work hard for it	Silence at work is an unachievable dream
Am I able to find silence at home?	Usually I can find some	Occasionally, but I have to work hard for it	Silence at home is an unachievable dream
<b>Total:</b>			

**If you scored 7-10**, well done! You are cultivating a healthy relationship with silence. Keep up the good work.

**If you scored 4-7**, keep at it! Making some adjustments to your space and behaviours will help improve your relationship with silence.

**If you scored 0-3**, you need to seriously think through how you can carve out time and space for silence. Allow your ears to rest and listen by practicing silence daily and paying attention to the sounds around you.



Make a plan for *when* and *how* you will practice silence daily. Use the space below to record your plan.

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## Listening

One of the best ways to increase the empathy we feel for clients is to listen to them. This enables us to seek to understand before we make assumptions or seek to be understood by our clients.

Silence is a very important sound. Many of us, however, do not have a great relationship with silence. We need to, though, because silence is where we can find ourselves. Silence provides context and meaning for all sounds. When there is so much noise around us, we stop paying attention. We stop being aware of the sound around us, including others' voices.

Many listening experts suggest that adopting a silence practice is a core way to improve listening. This is based on the idea that we are so constantly bombarded with sound and so rarely pause to be silent, that our ability to distinguish sound actually diminishes. It makes it harder to listen well to people's voices and focus on what people are saying. We tend to allow ourselves to get distracted by all the different sounds. But practicing silence helps us rebuild our ability to distinguish sounds and pay attention. Silence also allows people time to connect with themselves.

Silence is not simply an absence of noise. Silence doesn't mean "nothing" but constitutes a part of communication as important as speech. The context of a situation defines the power and message of silence. Constructive silence moves a conversation or discussion forward. Destructive silence shuts down communication and creates barriers that discourage speakers from expressing their thoughts.

Thus, silence can be "laden" and it can also be "golden." We have all experienced various negative silences that could be called awkward, appalled, embarrassed, defensive, and fearful silences. However, there is also silence that is golden, such as confident, comfortable, reflective, peaceful, or respectful silence. Such silence can be helpful tools to enhance the communication and to promote and maintain the existing relationship.

According to Steven Covey, there are five levels of listening:

1. **Ignoring** another person, which is not really listening at all.
2. **Pretending.** You go through the motions of listening, but are not really listening. You might use words like, "Yeah, uh-huh. Right." You may have done this with your talkative children!
3. **Selective listening.** You only hear certain parts of the conversation. This may happen when somebody is talking for a long time or you are not very interested in the subject matter.
4. **Attentive listening.** This is where you pay attention and focus on the words that are being said.
5. **Empathic listening.** This is the highest level, and one that many do not reach.

Empathic listening is a structured listening and questioning technique that allows you to develop and enhance relationships with a stronger understanding of what is being conveyed, both intellectually and emotionally.

### Benefits of Empathic Listening:

- ▶ Builds trust and respect
- ▶ Enables release of emotions
- ▶ Reduces tensions
- ▶ Creates a safe environment that is conducive to collaborative problem solving



## Levels of Listening

Steven Covey suggests there are four developmental stages of empathic listening.

1. *Mimicking content.* This is the least effective method, but it is a useful first stage as it causes you to listen to what the person is saying. It is often part of “active” listening. Mimicking content involves listening to another person’s words and repeating them back. It does not require analysis or interpretation of what has been said, just a mirror of the words.

Example: Person A: “I’m sick of this! Work is horrible!”  
Person B: “You are sick of this. You think work is horrible.”

2. *Rephrasing content.* This is slightly more effective because you put the other person’s meaning into your own words. It shows you have thought about the words and done some logical interpretation of them.

Example: Person A: “I’m sick of this! Work is horrible!”  
Person B: “Things are not going well at work.”

3. *Reflecting feeling.* This is even more effective because you start paying attention to the emotion of the other person. You are listening to how the person feels about the words.

Example: Person A: “I’m sick of this! Work is horrible!”  
Person B: “You’re feeling really frustrated.”

4. *Rephrasing the content and reflecting the feeling.* This is the most effective because you combine logic and emotion in your listening. You listen to the content (the words) and the feeling. Since we all communicate using words, emotion, and body language, we have to listen to all those parts as well.

Example: Person A: “I’m sick of this! Work is horrible!”  
Person B: “You’re really frustrated about work and how things are going.”

## Wrap-Up

Identify one to two specific steps you will take to feel and express empathy toward clients.

1. \_\_\_\_\_
2. \_\_\_\_\_

### Module Wrap-Up

#### Your Commitment

Today you made the following commitment:

“I promise to seek first to understand my clients. I will listen to my clients’ words, emotions, and body language. I will provide care in a respectful and non-judgmental manner to all clients. I will counsel my clients to enable them to make their own decisions.”

Training On Interpersonal Communication and Counselling

Template for Trainee's IPCC 'Back to Workplace Plan'

Organization: \_\_\_\_\_

Department/Division/Unit: \_\_\_\_\_

S/N	Objective	Activities	Frequency	Time Frame		Desired Outcome	Required Resources	Evaluation Indicator
				Date	Time			

Responsible Officer's Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Training on Interpersonal Communication and Counselling  
**Template for Report of IPCC Training Conducted**

Name of Organisation \_\_\_\_\_

Name of Facilitator \_\_\_\_\_

State \_\_\_\_\_

LGA/Ward \_\_\_\_\_

Name of Facility \_\_\_\_\_

Training Venue \_\_\_\_\_

Date \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Number and cadre of providers in attendance \_\_\_\_\_

Number in attendance: Males \_\_\_\_\_ Female \_\_\_\_\_

What topic(s) was stepped down? \_\_\_\_\_

Material(s) used \_\_\_\_\_

Minimum mark                      Maximum mark

Pre test \_\_\_\_\_

Post test \_\_\_\_\_

Participants' comments and recommendation (Bullet point summary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facilitator's comments and recommendation (Bullet point summary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared by \_\_\_\_\_ Position/Cadre \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to: (i). State Health Promotion Officer in your state  
(ii). [healthpromotionnigeria@gmail.com](mailto:healthpromotionnigeria@gmail.com) (**please send e-copy**)

For more information or clarification, call +2348033087892

Federal Ministry Of Health  
 Training of Trainers on Interpersonal Communication and Counselling  
**Agenda Day One**

TIME	ACTIVITY	FACILITATOR(S)
8:00 – 8:30 am (30 mins.)	Arrival and Registration	Secretariat
8:30 – 8:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
8:35 – 8:55 am (20 mins.)	Self-Introduction	All
8:55 – 9:00 am (5 mins.)	Opening Remarks	Permanent Secretary, State Minister of Health
9:00 – 9:05 am (5 mins.)	Logistics	Supporting Organisation(s)
9:05 – 9:10 am (5 mins.)	Objectives of IPCC Training	Facilitator
9:10 – 9:25 am (15 mins.)	Pre-test	Trainees
9:25 – 11:00 am (1hr. 35 mins.)	<b>Session One</b> Introduction to the Client-Centred Approach (CCA) <ul style="list-style-type: none"> <li>● Session Goal and Objectives</li> <li>● What is a Client-Centred Approach?</li> <li>● Basic Elements of Client-Centred Approach</li> </ul>	Facilitator
11:00 – 11:30 am (30 mins.)	<b>TEA BREAK</b>	All
11:30 am – 1:20 pm (1hr. 50 mins.)	<ul style="list-style-type: none"> <li>● Client vs. Provider-focused</li> <li>● Rights of the Clients</li> </ul>	Facilitator
1:20 – 1:30 pm (10 mins.)	Wrap up of Session One	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 4:00 pm (1 hr. 30 mins.)	<b>Session Two</b> Understanding Inter-Personal Communication (IPC) <ul style="list-style-type: none"> <li>● Session Goal and Objectives</li> <li>● What is IPC?</li> <li>● Why is IPC important?</li> </ul>	Facilitator
4:00 – 4:10 pm (10 mins.)	Feed back on day one activities	Trainees
4:10 – 4:20 pm (10 mins.)	<b>TEA BREAK</b> and Closing	All
4:20 – 4:50 pm (30 mins.)	Facilitators meeting	All Facilitators

Federal Ministry Of Health  
 Training on Interpersonal Communication and Counselling  
**Agenda Day Two**

TIME	ACTIVITY	FACILITATOR(S)
8:30 – 9:00 am (30 mins.)	Arrival and Registration	Secretariat
9:00 – 9:05 am (5 mins.)	Opening Prayer: 2nd Stanza of the National Anthem	All
9:05 – 9:15 am (10 mins.)	Recap of Day One Activities	Rapporteur(s)
9:15 – 11:00 am (1hr. 45 mins.)	<b>Session Two continued</b> <ul style="list-style-type: none"> <li>• Key Elements of Effective IPC</li> </ul>	Facilitator
11:00 – 11:30 am (10 mins.)	<b>TEA BREAK</b>	All
11:30 am – 1:20 pm (1hr. 50 mins.)	<ul style="list-style-type: none"> <li>• Verbal and nonverbal communication techniques</li> <li>• Barriers to high quality interpersonal communication</li> </ul>	Facilitator
1:20 – 1:30 pm (10 mins.)	Wrap up of Session Two	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 4:00 pm (1 hr. 30 mins.)	<b>Session Three</b> Counseling <ul style="list-style-type: none"> <li>• Session Goal and Objectives</li> <li>• What is Counselling?</li> <li>• How does Counselling differ from IPC?</li> <li>• Importance of Counseling</li> <li>• Qualities of a good Counselor</li> </ul>	Facilitator
4:00 – 4:10 pm (10 mins.)	Feed back on day 2 activities	Trainees
4:10 – 4:20 pm (10 mins.)	<b>TEA BREAK</b> and Closing	All
4:20 – 4:50 pm (30 mins.)	Facilitators meeting	Facilitators

Federal Ministry Of Health  
 Training of Trainers on Interpersonal Communication and Counselling  
**Agenda Day Three**

TIME	ACTIVITY	FACILITATOR(S)
9:00 – 9:30 am (30 mins.)	Arrival and Registration	Secretariat
9:30 – 9:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
9:35 – 9:45 am (10 mins.)	Recap of Day Two Activities	Rapporteur(s)
9:45 – 11:00 am (1 hr. 15 mins.)	<b>Session Three continued</b> <ul style="list-style-type: none"> <li>• The Counseling Process</li> </ul>	Facilitator
11:00 – 11:30 am (30 mins.)	<b>TEA BREAK</b>	All
11:30 am – 12:40 pm (1hr. 10 mins.)	<ul style="list-style-type: none"> <li>• Using visual aids and other Social and Behaviour Change (SBC) materials for Counselling</li> <li>• Factors that promote effective counselling</li> </ul>	Facilitator
12:40 – 12:50 pm (10 mins.)	Wrap up of session three	Facilitator
12:50 – 1:30 pm (40 mins)	<b>Session Four:</b> Empathic Communication: <ul style="list-style-type: none"> <li>• Session Goal and Objectives</li> <li>• Perception</li> </ul>	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 4:00 pm (1hr. 30 mins)	<ul style="list-style-type: none"> <li>• Values</li> </ul>	Facilitator
4:00 – 4:10 pm (30 mins.)	Feed back on day three activities	Trainees
4:10 – 4:20 pm (10 mins)	<b>TEA BREAK</b> and Closing	All
4.20 – 4.50 pm (30 mins)	Facilitators meeting	Facilitators

Federal Ministry Of Health  
 Training of Trainers on Interpersonal Communication and Counselling  
**Agenda Day Four**

TIME	ACTIVITY	FACILITATOR(S)
9:00 – 9:30 am (30 mins.)	Arrival and Registration	Secretariat
9:30 – 9:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
9:35 – 9:45 am (10 mins.)	Recap of Day three activities	Rapporteur(s)
9:45 – 11:00 am (1hr., 15 mins.)	<b>Session Four continued</b> <ul style="list-style-type: none"> <li>• Empathy (Seek to Understand)</li> </ul>	Facilitator
11:00 – 11:30 am (30 mins.)	<b>TEA BREAK</b>	All
11:30 am – 1:00 pm (1hr. 30 mins.)	<ul style="list-style-type: none"> <li>• Listening</li> </ul>	Facilitator
1:00 – 1:30pm (30 mins.)	Wrap up of session four	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 3:30 pm (1 hr.)	<b>Module Wrap-up</b> (Sessions 1-4) <ul style="list-style-type: none"> <li>• Benefits of IPCC</li> <li>• Motivational letter</li> <li>• Commitment</li> </ul>	Facilitator
3:30 – 3:45 pm (15 mins.)	Post test	Trainees
3:45 – 4:15 pm (30 mins.)	Next Steps	Trainees and Facilitators
4:15 – 4:30 pm (30 mins.)	Feed back on day four activities	Trainees
4:30 – 4:40 pm (20 mins.)	Vote of Thanks	Facilitator
4:40 – 5:00 pm (20 mins.)	Facilitators meeting	Facilitators

## Training On Inter Personal Communication And Counselling

### Criteria for Selection of Trainees

#### 1. Training Duration: 4 Days

#### 2. Selection for IPCC Training:

All participants to be selected for the 4-day IPCC training must:

- Be providing services in either public or private facilities as a permanent employee or volunteer.
- Be recommended by the relevant Health authority confirming willingness to share the knowledge and skills acquire with others at work place.

#### 3. Selection for IPCC Training Facilitator:

All participants to be selected as Facilitator for the 4-day IPCC training must:

- Meet the criterial for selection for IPCC Training
- Be committed to prepare, submit and implement 'Back to Workplace Plan' on completion of 4-day IPCC training
- Be committed to ensure regular submission of certified reports on implementation of the 'Back to Workplace Plan' after 4-day IPCC training.
- Have more than 3 years to retirement from service at the time of attending 4-day IPCC training
- Be willing to sign undertaken to collaborate with IPCC Team at relevant level as appropriate

**Note:** Trainees with experience in facilitation of Training workshop(s) in health promotion/ health communication/ counselling or other health thematic areas will have added advantage

#### 4. Certificate

The 4-day IPCC Training has 2 sets of Certificates to be issued as follows:

- Certificate of Attendance: On successful completion of the 4-day IPCC training, ALL trainees having 90% attendance will be issued Certificate of attendance for 4-day course on "Introduction to Inter-Personal Communication and Counselling" for improve quality of Provider-Client interaction at facility level
- Certificate of Facilitation: Trainees that have 'Certificate of Attendance' will be expected to meet the following criterial before issuance of 'Certificate of Facilitation':
  - ▶ Have a minimum post-test score of 80% on completion of the 4-day IPCC training
  - ▶ Certified reports of at least 5 trainings conducted (or co-facilitated) within 1 year as contained in the submitted 'Back to Workplace Plan'

#### 5. Renewal of Certificate of Facilitation

Certificate will be renewed every 5 years in-line with the following criteria:

Facilitators must:

- Provide evidence of having facilitated or co-facilitated a minimum of 5 IPCC Trainings per year.
- Attend Annual Facilitators' Network Meetings
- Attend at least one refresher training for IPCC Facilitators every 2 years

**Note:** Certificates are issued **ONLY** by the Office of the Head of Family Health Department, Federal Ministry of Health, Abuja.

Organisations interested in conducting IPCC training should contact Health Promotion Division, Family Health Department of the Federal Ministry of Health, Abuja OR Call +234 8033087892









