

TRAUMA  
GUILT

COUNSELLING TRAINING MANUAL

# TRAUMA, GUILT & SELF ESTEEM



INTERNATIONAL PLANNED PARENTHOOD FEDERATION  
South Asia Regional Office

# COUNSELLING TRAINING MANUAL



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South Asia Regional Office

**T**he International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

## Counselling Training Manual Trauma, Guilt and Self Esteem

International Planned Parenthood Federation  
South Asia Regional Office

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The International Planned Parenthood Federation (IPPF) is a global network of 149 Member Associations in 183 countries, and the world's foremost voluntary, non-governmental provider and advocate of sexual and reproductive health and rights. The IPPF South Asia Regional Office (SARO) covers Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan and Sri Lanka, through its Member Associations in these countries.

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# Foreword

**H**undreds of women and men—young and old—from poor and marginalized communities visit IPPF clinics for the sexual and reproductive health (SRH) services that our clinics provide. Our counsellors help them explore their thoughts, feelings and behaviour, reach an understanding of the issues involved, and take appropriate decisions and healthy choices. As more and more people accessed the services we provided, issues such as gender-based violence including physical, emotional, and sexual abuse and early marriage, and the resultant trauma, and feelings of low self esteem and guilt, began to emerge. Our counsellors needed to build their capacity in dealing with these areas and to provide specialized counselling that would equip their clients to deal with these situations.



With an aim to developing a pool of counselling trainers in the region, the IPPF South Asia Regional Office (SARO) organized two 'Training of Trainers' (TOT) programmes for IPPF member associations in 2007. The draft modules used in these TOT programmes were revised, based on the field tests conducted by the newly trained professionals through 'in-country trainings' in their own country situation. Detailed feedback received from field tests has been incorporated in this final training manual, in your hands now.

This manual is the result of long and well-thought out processes, conducted by a team led by Dr. Pratima Mitra, Dr. Jameel Zamir and Dr. K.S. Sebastian of IPPF SARO, with support from Dr. Sushma Mehotra, the technical expert and specialist in this area. I am certain that this manual will meet the long-felt need of our counsellors in the region. I am also confident that this manual will be widely used by counsellors in all SRH organizations in the South Asia region and beyond.

The IPPF Declaration on Sexual Rights will serve as guidance in the integration of our commitment to respect, protect and advance sexual rights through our work, programme and counselling services.

Any feedback that will help improve this manual further is most welcome.

**ANJALI SEN**  
Regional Director (Acting)  
IPPF South Asia Regional Office, New Delhi, India

# An IPPF Declaration

## INTRODUCTION TO THE DECLARATION

**Sexual Rights: An IPPF Declaration** is grounded in core international human rights instruments, authoritative interpretations of international standards and additional entitlements related to human sexuality that IPPF believes are implicit in them.

The Declaration is in accordance with international agreements to which IPPF ascribes. The framework of the Declaration is already broadly embodied in many existing IPPF and Member Associations publications and reflects the mission, vision and values of IPPF. The Declaration is informed by the findings and recommendations of several UN treaty bodies and UN Special Rapporteurs, particularly the 2004 report of the Special Rapporteur on the Right to the Highest Attainable Standard of Health. It was developed by a panel of experts including internationally recognized leaders in the field of sexual and reproductive health and human rights, such as Paul Hunt, UN Special Rapporteur on the Right to Health.

**Sexual Rights: An IPPF Declaration contains three parts**

- A **preamble** which introduces the concept of the Declaration in the context of IPPF's mission and vision, the international agreements and documents relating to sexual and reproductive health and rights and human rights, and also outlines the basic intention of the human rights framework.
- **Seven guiding principles** which provide a framework for all the sexual rights included in the Declaration and will inform and ensure respect, protection and advancement of sexual rights within the Federation. Sexual rights fall within the canon of human rights which is both universal and indivisible, and they are in accordance with the principles of non-discrimination.
- The final part, '**Sexual rights are human rights related to sexuality**', outlines the ten sexual rights. Sexual rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people.

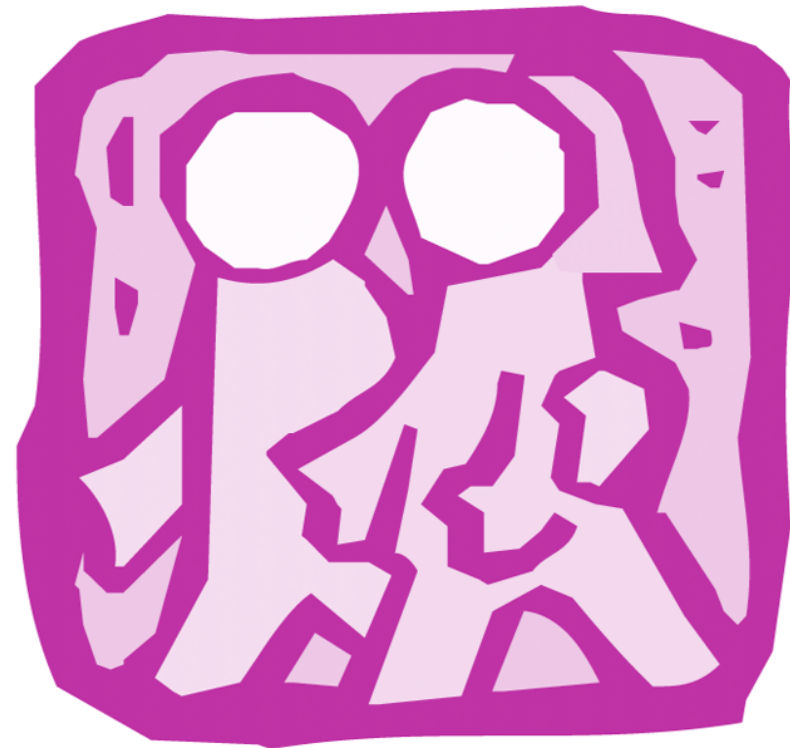
While the significance of national and regional particularities and diverse historical, cultural and religious backgrounds must be borne in mind, organizations and individuals working in all regions of the world can incorporate the framework and underlying principles of the Declaration into their activities, services and/or programmes. This will aid any efforts to promote, defend and advance sexual rights.

Convinced that these comprehensive and integrated human rights based approach to sexuality and sexual health will promote the realization of sexual rights as an aspect of global justice, development and health, we affirm the principles that follow:

**Principle 1. Integral part of the personhood of every human being, for this reason a favorable environment in which everyone may enjoy all sexual rights as part of the process of development must be created.**

Sexuality is an integral part of the personhood of every human being in all societies. While individuals experience their sexualities throughout their lives in ways that vary according to inner and external factors, human rights related to sexuality, their protection and promotion should be part of the daily existence of all individuals, everywhere. In addition, sexuality should be recognized as a positive aspect of life. Sexual rights are universal human rights based on the inherent freedom, dignity and equality of all human beings.

In accordance with the Charter on Sexual and Reproductive Rights, IPPF affirms that the person is the central subject of development and recognizes the importance of creating a favorable environment in



## Sexual Rights

AN IPPF DECLARATION



# An IPPF Declaration

which every individual may enjoy all sexual rights in order to be able to take an active part in processes of economic, social, cultural and political development. Sexuality is an aspect of human and social life which is engaged always with the body, the mind, politics, health and society.

**Principle 2. The rights and protections guaranteed to people under age eighteen differ from those of adults, and must take into account the evolving capacities of the individual child to exercise rights on his or her own behalf.**

IPPF understands that the rights and protections guaranteed to people under age eighteen (18), as a matter of international and national law, sometimes differ from the rights of adults. These differences relate to all aspects of human rights but require particular approaches in regard to sexual rights. IPPF begins from the premise that persons under eighteen (18) are rights holders, and that at different points within the spectrum of infancy, childhood, and adolescence, certain rights and protections will have greater or lesser relevance.

In addition, the principle of evolving capacity combines respect for children, their dignity and entitlement to protection from all forms of harm, while also acknowledging the value of their own contribution towards their protection. Societies must create environments in which children can achieve their optimal capacities and where greater respect is given to their potential for participation in, and responsibility for, decision-making in their own lives.

**Principle 3. Non-discrimination underlines all human rights protection and promotion.**

IPPF understands that a framework of non-discrimination underlines all human rights protection and promotion. This framework of non-discrimination prohibits any distinction, exclusion or restriction on the basis of sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status, including HIV/AIDS, and civil, political, social or other status which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

Individuals experience different barriers to the fulfillment of their sexual rights. Substantive equality requires these barriers to be removed in order for diverse individuals to enjoy fundamental rights and freedoms on an equal basis with others. This may require that particular attention be paid to marginalized and under-served groups.

**Principle 4. Sexuality, and pleasure deriving from it, is a central aspect of being human, whether or not a person chooses to reproduce.**

Sexual health spans a lifetime. Sexuality is an integral factor in almost all reproductive decisions; however it is a central aspect of being human, whether or not one chooses to reproduce.

Sexuality is not merely a vehicle for individuals to satisfy their reproductive interests. The entitlement to experience and enjoy sexuality independent of reproduction, and reproduction independent of sexuality should be safeguarded, paying particular attention to those who, historically and in the present, are denied such an entitlement.



**Principle 5. Ensuring sexual rights for all include a commitment to freedom and protection from harm.**

The right to be protected from and to have recourse against, all forms of violence and harm underpins sexual rights. Sexuality-related harm includes both violence and abuse of a physical, verbal, psychological, economic and sexual nature as well as violence against individuals because of their sex; age; gender; gender identity; sexual orientation; marital status; sexual history or behaviour, real or imputed; sexual practices or how they manifest their sexuality.

All children and adolescents are entitled to enjoy the right to special protection from all forms of exploitation. This includes protection from sexual exploitation, child prostitution and all forms of sexual abuse, violence and harassment, including coercion of a child to engage in any sexual activity or sexual practice and the use of children in pornographic performances and materials.

**Principle 6. Sexual rights may be subject only to those limitations determined by law for the purpose of securing due recognition and respect for the rights and freedoms of others and the general welfare in a democratic society.**

Sexual rights, as other human rights, may be subject only to those limitations determined by law for the purpose of securing due recognition and respect for the rights and freedoms of others and the general welfare in a democratic society, public health and public order, according to human rights law. Such limitations must be non-discriminatory, necessary and proportionate to the achievement of a legitimate aim. The exercise of sexual rights must be guided by awareness of the dynamic relationship between personal and social interests, the recognition of the existence of plurality of visions, and the need to guarantee equality, dignity and respect for difference.

**Principle 7. The obligations to respect, protect and fulfill apply to all sexual rights and freedoms.**

Sexual rights and freedoms include core legal claims as well as access to the means to fulfill those claims. As with other human rights, states have obligations on three levels: to respect, protect and fulfill the sexual rights of all. The obligation to 'respect' requires States to refrain from interfering directly or indirectly with the enjoyment of a particular right, in this case, with sexual rights. The obligation to 'protect' requires States to take measures that prevent third parties from interfering with human rights guarantees. The obligation to 'fulfill' requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right.

## Sexual Rights are Human Rights Related to Sexuality

IPPF affirms that sexual rights are human rights. Sexual rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people. The ten sexual rights are:

**Article 1. Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender**

All human beings are born free and equal in dignity and rights and must enjoy the equal protection of the law against discrimination based on their sexuality, sex or gender.

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## Article 2. The right to participation for all persons, regardless of sex, sexuality or gender

All persons are entitled to an environment that enables active, free and meaningful participation in and contribution to the civil, economic, social, cultural and political aspects of human life at local, national, regional and international levels, through the development of which human rights and fundamental freedoms can be realized.

## Article 3. The rights to life, liberty, security of the person and bodily integrity

All persons have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment in all cases, and particularly on account of sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, and HIV/AIDS status and shall have the right to exercise their sexuality free of violence or coercion.

## Article 4. Right to privacy

All persons have the right not to be subjected to arbitrary interference with their privacy, family, home, papers or correspondence and the right to privacy which is essential to the exercise of sexual autonomy.

## Article 5. Right to personal autonomy and recognition before the law

All persons have the right to be recognized before the law and to sexual freedom, which encompasses the opportunity for individuals to have control and decide freely on matters related to sexuality, to choose their sexual partners, to seek to experience their full sexual potential and pleasure, within a framework of non discrimination and with due regard to the rights of others and to the evolving capacity of children.

## Article 6. Right to freedom of thought, opinion and expression; right to association

All persons have the right to exercise freedom of thought, opinion and expression regarding ideas on sexuality, sexual orientation, gender identity and sexual rights, without arbitrary intrusions or limitations based on dominant cultural beliefs or political ideology, or discriminatory notions of public order, public morality, public health or public security.

## Article 7. Right to health and to the benefits of scientific progress

All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis and treatment of all sexual concerns, problems and disorders.

## Article 8. Right to education and information

All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains.

## Article 9. Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children

All persons have the right to choose whether or not to marry, whether or not to found and plan a family, when to have children and to decide the number and spacing of their children freely and responsibly,



within an environment in which laws and policies recognize the diversity of family forms as including those not defined by descent or marriage.

## Article 10. Right to accountability and redress

All persons have the right to effective, adequate, accessible and appropriate educative, legislative, judicial and other measures to ensure and demand that those who are duty-bound to uphold sexual rights are fully accountable to them. This includes the ability to monitor the implementation of sexual rights and to access remedies for violations of sexual rights, including access to full redress through restitution, compensation, rehabilitation, satisfaction, guarantee of non-repetition and any other means.

**Sexual Rights:** An IPPF Declaration provides a clear framework within which the Member Associations can understand their responsibilities as service providers. They will be better equipped to begin or extend their work on improving access to all, and thereby enable their clients to fully realize their sexual and reproductive rights. The Declaration will also act as a framework for advocacy to remind States of their responsibilities. In particular, in the run up and planning for the next global initiative focusing on sexual and reproductive health and rights, advocacy on the basis of the Declaration will help governmental organizations to understand and make lasting commitments based on the link between sexual rights, public health and development.

**The full Declaration Sexual Rights:** An IPPF Declaration provides complete details of the sexual rights and their background and is readily available at IPPF website <http://www.ippf.org/NR/rdonlyres/9E4D697C-1C7D-4EF6-AA2A-6D4D0A13A108/0/SexualRightsIPPFdeclaration.pdf>. It can also be accessed through IPPF SARO homepage [www.ippfsar.org](http://www.ippfsar.org)



# CLIENTS' RIGHTS &

# PROVIDERS' NEEDS

## INTRODUCTION

The aim of sexual and reproductive health programmes is to improve the quality of life of all women, men, and young people. To achieve this aim, all services that clients receive must be of consistently high quality, and reflect this ideal.

Since the late 1980s, special focus on the concept of quality of care, and an increased attention to its importance, has enhanced client satisfaction and has led to increased demand for, and acceptability of, sexual and reproductive health services, including counselling. A high quality of care ensures that clients are empowered to make informed, confidential and timely decisions about their sexual and reproductive health.

The client should be at the centre of all sexual and reproductive health and family planning activities. A client-centred approach means that providers of these services should be aware of the clients' needs, and must meet and respect their rights. Managers and supervisors should also be aware that if the rights of clients are to be fulfilled, the needs of the service providers must also be met. Taken together, the clients' rights and the service providers' needs form the two pillars of quality of care in the provision of such services.

## CLIENTS' RIGHTS

**RIGHT to information:** All individuals in the community have a right to know about the benefits and availability of sexual and reproductive health services for themselves and their families. They also have a right to know where and how to obtain more information and services for planning their families and for sexual and reproductive health care.

**RIGHT to access:** All individuals in the community have a right to obtain sexual and reproductive health services, regardless of their race, gender or sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability, or any other characteristics which could make individuals vulnerable to discrimination.

**RIGHT of choice:** Individuals and couples have the right to decide freely whether or not to control their fertility and which method to use. When seeking contraceptive services, clients should be given the freedom to choose which method of contraception to use.

**RIGHT to safety:** Clients have a right to be protected from unwanted pregnancy, disease and sexual violence and, when receiving sexual and reproductive health services.

**RIGHT to privacy:** Clients have a right to discuss their needs or concerns in a private environment.

**RIGHT to confidentiality:** Clients should be assured that any information they provide or any details of the services received will not be communicated to third parties without their consent.

**RIGHT to dignity:** Clients have a right to be treated with empathy, courtesy, consideration, attentiveness and with full respect of their dignity regardless of their level of education, social status or any other characteristics which could single them out or make them vulnerable to abuse.

**RIGHT to comfort:** Clients have the right to feel comfortable when receiving services.

**RIGHT of continuity:** Clients have a right to receive sexual and reproductive health services and supplies, such as contraceptives, for as long as needed.

**RIGHT of opinion:** Clients have the right freely to express their views on the services that they receive.

## PROVIDERS' NEEDS

**NEED for training:** Service providers must have access to the knowledge and skills needed to perform all the tasks required to do their work.

**NEED for information:** All service providers need to be kept informed on issues related to their duties.

**NEED for infrastructure:** Service providers need to have the appropriate physical facilities and organization to provide services at an acceptable level of quality.

**NEED for supplies:** Service providers need continuous and reliable supplies of the methods of contraception and materials which are required for provision of sexual and reproductive health services at appropriate standards of quality.

**NEED for guidance:** Service providers need clear, relevant and objective guidance: the type of guidance which will reinforce their commitment and competence for delivery of high-quality services.

**NEED for back-up:** Service providers need to be reassured that whatever the level of care at which they are working – from the community level to the most comprehensive clinical service delivery site – they are members of a larger grouping in which individuals or units can provide support to each other.

**NEED for respect:** Service providers need recognition from the programme of their competence and potential, and respect for their human needs.

**NEED for encouragement:** Service providers need stimulus in the development of their potential and creativity.

**NEED for feedback:** Service providers need feedback concerning their competence and attitudes as judged by others.

**NEED for self-expression:** All service providers, regardless of the level of care at which they are working, need to express their views concerning the quality and efficiency of the programme.

Policy makers and programme managers should assess and care for the needs of service providers in order to ensure good quality of services. This is the best way to meet the rights of the clients and maintain the credibility and reputation of the programme.

# Introduction



## Introduction & USE OF THE MANUAL

Counselling is a vital part of comprehensive sexual and reproductive health services for women, men and young people. Strong counselling skills have been identified as a major area of capacity building to address key challenges in serving the needs of adolescents/youth, combating HIV and AIDS, making abortion safe and increasing access particularly for the poor and the marginalized. Therefore, it is important to build the capacity of the existing counsellors in dealing with trauma, counselling to address guilt and loss of self esteem of the clients.

Trauma, guilt as well as self esteem are specialized areas of counselling. Dealing with self esteem requires an ability to help a person reach her/his projected goal. Trauma counselling requires the ability to help a client deal with an unexpected experience for which there was no psychological readiness and guilt counselling needs to address the mismatch between feeling responsible for something that a person cannot justify to the society. Young women may require guilt and trauma counselling after their first sexual experience during adolescence. This kind of counselling is also needed by women with HIV living in sero discordant relationship.

### Objectives of the Training Manual

1. Develop a manual for counsellors of International Planned Parenthood Federation, South Asia Region (IPPF SAR) Member Associations (MAs) on trauma, guilt and self esteem.
2. Build the capacities of counsellors and service providers of member associations as trainers in three areas, namely self esteem development, dealing with trauma and addressing guilt.
3. To provide practical and hands on training by using participatory teaching methods.
4. Respond to the needs of counsellors so that they can apply knowledge and experience in their respective setting.
5. Refine skills of counselling and maximize service quality.

The capacity building process should respond to the 5 A's (Access, AIDS, Abortions, Adolescents, Advocacy) framework of IPPF. The process will not only build capacities but will also create learning situations whereby the counsellor is empowered to deal with challenges faced in the course of providing counselling. A menu of techniques of counselling e.g., cognitive and behaviour, family and couple counselling and crisis intervention will be used while developing the skills of the counsellors.

### Preparation of the Draft Manual for the Field Testing

IPPF SARO with the technical guidance and support of Sushma Mehrotra, a freelance consultant, has started the preparatory work in 2007. Two meetings were held at Mumbai with the MA staff and the counsellors to understand the nature of professional activities of the counsellors, the type of clients with related problems approaching the clinics and the way counsellors handled the clients. Counsellors from Mumbai also presented cases which paved the way, to the development of a need based curriculum for the training.

Two training of trainers programmes have been successfully organized during the year 2007. This was attended by 27 counsellors and health service providers from the Member Associations in Bangladesh, India, Iran, Nepal, Maldives, Pakistan and Sri Lanka and participants from Bhutan. This programme has facilitated the development of four training modules for counsellors, i.e., Revisiting Counselling, Counselling for Trauma, Counselling for Guilt and Shame and Counselling for Developing Self Esteem. These modules have been field tested through in-country training programmes organized by MAs. A team

# Introduction

of in-country master trainers have been formed to improve the counselling skills of counsellors and service providers in the South Asia Region.

This training package is prepared for counsellors and health care providers who offer sexual and reproductive health services to women, men and young people. The focal areas are trauma, guilt and self esteem. All three are interwoven and it is not uncommon to meet with clients who have gone through experiences which have unnerved them and has impacted their lives. Sometimes the impact is deep and paralyzes these people by impairing their day to day functioning. At times this emotional turmoil reduces personal efficiencies. Similarly, some clients encounter life situations where their decisions for certain actions make them ruminate and repent. They are embarrassed of their behaviour and its consequences that they do not know how to overcome this and move ahead. This situation makes them withdraw into a shell and makes it difficult for them to unwrap and unburden themselves. Both trauma and guilt weaken the self image and self worth of a person. The client blames oneself and she/he may also feel worthless, useless and a burden to society. Counsellors sometimes find it difficult to deal with clients with trauma, guilt and impaired self image.

This five day training package is designed to train the healthcare professionals already counselling in various settings. The focus is to enhance skills to deal with sensitivity and provide services to augment effective problem solving abilities to deal with life situations which have adversely impacted ones functioning.

Clients come with a lot of expectations and hope to find solutions to their problems. The job of counsellors is not to be prescriptive and advise for overcoming the distress but to enhance the skills of the clients to deal effectively with the disturbing state and augment problem solving.

This package is being designed with techniques and methods which will be applicable and relevant for the counsellors. The trainees will have practice sessions, case discussions, demonstrations and interactive strategies besides lectures and power point presentations.

Although the counsellors attending this five day training were already trained for basic skills for counselling, however, some components are included for recapitulation and reinforcement of counselling processes. The inclusion of these contents will provide an opportunity for counsellors to reflect and refresh the skills and techniques of basic counselling.

The training package is designed to have section for the facilitators with step by step session plans, hand outs, activity sheets and power point presentations for bringing standardization and uniformity. Cases are selected from the real experiences of the clients and dealt by the counsellors which would help to simulate and contrive actual conditions which counsellors come across.

## Interactive Training Methodology

This course employs interactive training methodology, allowing instruction, practice and feedback to take place, as it is crucial to address sensitive and confidential issues.

### The Methodology includes:

1. Role play exercises
2. Brainstorming
3. Focused discussions
4. Participatory activities and games
5. Case based small group learning exercises
6. Demonstrations



### Equipment Required for Training Includes

1. Whiteboard or large sheets of paper (e.g. flip chart) and stand
2. Photocopied trainee handouts and activity sheets arranged in a folder
3. LCD projector and a laptop
4. Some pairs of scissors, scotch tape, roles of large brown papers, markers, scarves, rectangular cards, sheets of A4 paper, gum or adhesive and pins
5. Usual stationary and note books for the participants
6. Box for collecting written questions trainees feel unable to ask
7. Box for collecting evaluation forms

### Using the Training Manual

While no training manual can be exhaustive, this package attempts to outline the key activities and information updates required for the counsellors and healthcare providers in sexual and reproductive health centres. The manual contains four modules and is designed as a comprehensive kit divided into two components and includes step by step guide for conducting the session as a specified sequence, power point presentations, activity sheet outlining the process to conduct simulations and exercises and handouts for the participants. The facilitator's section is intended as a resource for those conducting the training and also serves as a reference book and provides information to help build the skills and expand the scope of those who will be conducting the training.

The handout intended for participants additionally includes material that serves as a reference guide to be used back in their work settings. This section includes illustration and matrix which describe steps and technique.

### Checklist of what is needed for the training (supplies and space)

- Timetable
- Room
- Adequate seating
- Personnel (trainers, resource persons, administrative support)
- Participant notebooks and pens

### Key considerations for ensuring successful training

- Ensure that the training materials are prepared in advance.
- All trainees must be present for the entire training.
- Ensure training sessions commence on time. Request all trainees to arrive on time.
- Encourage trainees to use a question box.
- It is important to maintain confidentiality at all times.
- Encourage trainees to respect individual differences.
- Encourage trainees to listen carefully and with empathy, and respect each other's contributions, opinions, and experiences.
- Create an environment in which each participant feels comfortable asking questions.

# Module 1



## Module 1

### Revisiting Counselling

#### 1.1. SESSION PLAN FOR THE FACILITATORS

##### Session Objectives:

##### The participants will be able to:

- Recap the basic skills of counselling
- Review the requirements of counsellors for their settings
- Analyze the counselling qualities and skills they have used so far
- Identify the skills and techniques of counselling that they want to develop
- Demonstrate practicing stages and process of counselling by using skills of counselling in a given case study through role play

**Time allotted:** 6–7 hours

##### Training materials

- LCD projector and screen
- CD with slides
- 4–5 flip charts to discuss brainstorming and activity
- Stationary for participants to write down points for case study
- Handouts and activity sheet

##### Session Instructions for Facilitators:

Start the session with the power point presentation, *Slide 2* and then continue as specified below. The matter in the power points is elaborated in the handouts and the activities are elaborated in the session plan below. A separate activity sheet is available to the participants. The activities are interwoven with the theory.

1. Present objectives of the session, *Slide 2*
2. Conduct activity 1, *Slide 3*

##### Activity 1. Trust Walk

**Material:** Scarf or a long length of material for a blindfold.

**Time allotted:** 30–45 minutes

The purpose is to take a blindfold walk as a pair with one participant as a guide and the other as a companion. It is essential to provide some outdoor or open place where there are some obstacles present such as chairs, a staircase, a garden with plants, an open veranda and other such hindrances in the path. The pair is allowed to communicate as much as they want to, but it is preferred that the guide spends more time listening to the blind folded partner. Explain to the guide that he/she has to make the partner reach the finishing line without touching the obstacles in the path. The guide can touch and hold the hand of the partner. The guide should ensure the safety of his partner.

# Module 1

## Please note:

- Do not specify that the activity is called a trust walk.
- The activity can be conducted outdoors or even indoors, depending on the facility available.

## Instructions (Preparation for the Facilitators):

- Divide the trainees in to two equal groups, one as the guide and other as the blindfolded walker.
- The guides could be further divided into two groups.
- Guide group 1. Guide with instructions to help the blindfolded person.
- Guide group 2. Guide with the instruction to provide minimum help to the blindfolded person.
- Pair the trainees, with one being blindfolded and the other acting as the guide.

## INSTRUCTIONS TO THE GUIDES:

### Instructions to the Guide - Group 1

'You will walk together with one blindfolded partner towards the designated spot. Kindly provide verbal instruction to the blindfolded partner, however, you can touch, hold and nudge when the walker encounter some obstacles. You must try to encourage the blindfolded partner to speak and you should pay attention to what she/he is experiencing and expressing, verbally and non-verbally. Your task is of being a good listener and an observer. You are free to take the partner to the assigned area for 10-15 minutes. Kindly return back to the classroom and remove the blindfold.'

### Instructions to the Guide - Group 2

'You will walk together with one blindfolded partner towards the designated spot. Kindly provide only verbal instruction to the blindfolded partner. You cannot touch, hold and nudge when the walker encounter some obstacle. However, you must protect your partner, if she/he is in danger of any physical injury. Try to encourage the blindfolded partner to speak and pay attention to what she/he is experiencing and expressing verbally and non-verbally. Your task is of being a good listener and an observer. You are free to take the partner to the assigned area for 10-15 minutes. Kindly return back to the classroom and remove the blindfold.'

## General instructions to the blind folded trainees:

*'Simply experience the process and observe your thoughts and feelings during this experience.'*

In complete silence, the guide will lead the blindfolded person towards the designated area. The idea is to create some level of concern on the part of the blindfolded trainee while avoiding real danger, and is not of pushing the blindfolded partner into a feeling of terror.

## Debrief:

The facilitator asks the trainees to arrange their chairs in a circle and asks the blindfolded partners what they thought or felt during the exercise. If you need to break the ice, ask whether it was easier for them to move on their own during the blindfolded state or to be led by verbal interaction along with physical support. Many people will conclude that initially there was uncertainty to start with and that they could not trust the guide. Others will observe that they become anxious when they were not in control.



3. Continue with *Slide 4* and emphasize the need for revisiting counselling

4. Conduct activity 2, *Slide 5*

## Activity 2. My Existing and Future Counselling Expertise/Skills

Time allotted: 30-45 minutes

This activity will help the trainees to understand what skills of counselling are being used by them in their routine practice and which skills need to be developed during this training. For example the counsellors can say that they are good listeners, maintain eye contact, use appropriate words and language, they are warm and they respect their client etc. However, they may say that they want to learn how to reflect feelings, paraphrase the sentences etc.

In the left column, list personal skills that you believe are your strength as a counsellor. In the right column, list skills and qualities you look forward to develop in the future.

List personal skills that you believe are your strength as a counsellor.	List skills you look forward to develop in the future.

**Note:** Make sure you list some of the skills that you wish to develop as it will guide the facilitator to clarify and demonstrate those expertises you are looking forward to be learning.

The participants will be divided into small groups and initially they should be encouraged to work individually and then share their responses with the small group. They should choose a representative who can put together the group response to the existing skills mentioned by the member and also the expertise they want to develop in future.

The responses will be collated and presented by respective group representatives followed by a discussion on skills counsellors have in common and the skills they need to develop further.

5. Following *Slides 6-7*, invite group participation on what is counselling?

6. Conduct activity 3, *Slide 8*



# Module 1



## Activity 3. Large Group Brainstorming for Counsellors' Qualities and Attitudes

Time allotted: 30 minutes

### Rules of brainstorming:

- Each person shares one view/opinion/point at a time. Every person gets the chance and the rounds will start with the first person until every person 'passes'.
- The participants could be given a card to jot down their responses which could assist them during the brainstorming exercise.
- The viewpoints expressed during the brainstorming session should be noted down on the flip chart.

7. Continue with Slides 9, 10 and summarize on qualities of a good counsellor and elements of good counselling
8. Conduct activity 4, Slide 11

## Activity 4. Challenges and Contradictions in Counselling

Time allotted: 60– 90 minutes

The most important component of counselling is to achieve counselling goals by sustaining motivation of the client for a change in behaviour. Despite mastering counselling skill, counsellors face several difficulties in achieving counselling goals. This activity will help the counsellor to identify the challenges they come across in their settings.

The participants initially will be working independently and will be provided with 8–10 flash cards for this activity and following instructions to be given:

- A. 'On the cards provided write challenges you came across as a counsellor. Write only one challenge on one card and you can use as many flash cards as you wish'.
- B. 'On another set of cards, write the methods and techniques which should not be used while counselling. Write only one statement on a card'.

After participants have given their responses, gather the large group in a circle and divide the responses on mutually agreed following the 3 categories for both A & B sets of reactions. (This can be done by displaying three categories on the large flash card on the floor for both responses A & B by keeping sufficient space for putting the responses around the large flashcard prepared by the facilitator)

### For responses A:

- Most difficult to handle
- Sometimes can be handled
- Mostly handled

### For responses B:

- Mostly should be avoided
- Sometimes to be avoided

- should be used as a counselling techniques

Invite participants by rotation to place their responses in the mutually agreed categories and complete the activity by going through the entire group. There will be some common responses which could be eliminated as the group processes are in progress.

9. Continue with Slides 12, 13, 14, 15, 16, 17 to summarize what is not counselling, types of counselling, challenges in counselling and the counselling process.

The stages and process are given in detail in the handouts with practical examples. The presenter should read them prior to the session and elaborate on the each bullet point during the presentation.

10. Conduct activity 5, Slide 18

## Activity 5. Practicing Counselling Skills and Stages

Time allotted: 60–90 minutes

The participants will be practicing the six stages of counselling with role plays. Some practical examples are given below followed by the procedure to conduct the activity by role plays

### Some practical examples

Procedure	Content
Initial contact and first meeting	<ul style="list-style-type: none"> <li>■ <b>Communicating warmth and acceptance:</b> Remember to use your body language to show acceptance and warmth and say: "I welcome you to this centre for seeking our services, kindly be seated." "I am a counsellor in this centre; we help people to overcome problems of various types." "Whatever discussion we have here will be kept confidential." (Ask personal details at this point e.g. name, age, marital status, place of residence, occupation etc.) "Could you please tell me what brought you here today?" "It seems you have some concerns that we will talk about today."</li> <li>■ <b>Reflecting the feelings:</b> The client may say, "I am worried that I may be pregnant for the second time in one year, and won't be able to take care of the young child." The counsellor can say 'you seem to be worried about taking care of your young child in case you are pregnant.'</li> </ul>
Assessment and analysis of the problem	<p>Ask open ended questions like: "I would like to understand the issue that concerns you." "I want to know what you know about contraception." "Tell me why you feel that you are at a risk of getting pregnant." "What do you know about abortion?" "Tell me more about yourself so that I can understand the risk you have about HIV/STI infection."</p>





# Module 1



## Case Studies Provided by the IPPF MA Counsellors:

### CASE STUDY 1

The client Anita was referred to Family Planning Association of India clinic by an NGO where she had gone for the treatment of infertility. She lost her parents in early childhood and was sold by her relatives to a brothel owner in a small town in the south of India when she was 16 years old. She later fled from the brothel and came to Mumbai and became a *bar girl*. She fell in love with a customer and got married to him. She reported having a good relationship with her husband, however, the family members of her husband did not accept her because of her earlier profession of being a *bar girl*. Anita thought of having a child in order to please her in laws and fulfill her married life. An NGO clinic suggested to Anita to undergo HIV test prior to conceiving. During the post HIV test counselling, the counsellor informed her about her HIV positive status. Anita is now aware of her HIV status and is shocked. She is worried about her husband and feels guilty that he too will be found HIV positive. She does not know how to inform her husband about her HIV status.

### CASE STUDY 2

A woman client, aged 28 yrs visited the MA clinic for ANC check up during the third month of her pregnancy. During ANC check up the PSK counsellor gave the client information about HIV/AIDS and the transmission of HIV from mother to child. As she desired to undergo a voluntary HIV testing, she was given pretest counselling and was referred for voluntary HIV testing at the clinic. The voluntary HIV testing result was positive. During the post test counselling the counsellor informed the client about her HIV positive status. The information was shocking to the client. She suffered from trauma and started feeling guilty about her HIV positive status. The client was advised for partner notification and testing. The client informed her husband but he refused to undergo HIV testing for him.

The counsellor also observed that the client's three-year old daughter had rashes on her body. Therefore, the counsellor suggested to the client that she should get voluntary HIV testing of her daughter. The HIV testing revealed that the daughter was also HIV positive. During the post test counselling, after the client came to know the result of HIV test of her daughter, the counsellor discussed with the client about the options available to her either to go for *ART treatment* or to opt for *MTP*. After further discussions and careful consideration of the options, the client decided that she should undergo *MTP*. The client informed that she did not have any other sexual partner besides her husband.

### CASE STUDY 3

Abida, 24 years old, a graduate and unmarried girl approached the centre through telephone counselling. She was profusely crying and was unable to express herself. On giving emotional support through paraphrasing and assuring confidentiality she revealed her story and also came to the centre for personal counselling.

Abida lost her parents when she was 6-7 years old and was brought up by her aunt and uncle. They brought her up with tender love and care and provided support for all her needs. Her aunt and uncle got her engaged to a 46 years old man whom she did not know at all. Abida thinks that she is a burden on her foster parents and in order to get rid of her, they have got her engaged to a much older man. She does not like the idea of getting married to a much older man and also does not find him attractive as he is not very educated. She is attracted towards a cousin who had once proposed to her. She is unable to express her true feelings to her foster parents as she does not want to hurt them.

Abida is undergoing tremendous stress and conflict as she is unable to make any decision.

11. Continue with *Slides 19-22* discussing what benefits will FPAs get with better counselling services? Elaborate on the importance of self awareness and explain the techniques to understand ones own attitudes and style of functioning.
12. Summarize and conclude the module objectives and questions, *Slides 23-24*

# Module 1



## 1.2. ACTIVITY SHEET FOR THE PARTICIPANTS

### Activity 1: Trust Walk

**Time allotted:** 30–45 minutes

**Material:** Scarf or a long length of material for a blindfold.

The large group will be divided into two groups, one as a blindfolded walker and another as a guide. The purpose is to take a blindfold walk in the designated place and to guide the blindfolded partner. The guides will provide instruction for the safety of the blindfolded walkers and to reach the designated area without touching the obstacles in the path. The guide should ensure the safety of the partner.

#### Instructions:

Pair the trainees, with one being blindfolded and the other acting as the guide. In complete silence, the guide should lead the blindfolded person to an outdoor/indoor designated area. Guides should follow the instructions given by the facilitators. A guide walker should clearly understand the instructions provided by the facilitators before starting the walk.

#### Debrief:

The facilitator asks the trainees to arrange their chairs in a circle and asks them what they thought or felt during the exercise.

### Activity 2. My existing and future counselling expertise and skills

**Time allotted:** 30–45 minutes

This activity will help the trainees to understand what skills of counselling are being used by them in their routine practice and which skills need to be developed during this training. For example the counsellors can say that they are good listeners, maintain eye contact, use appropriate words and language, they are warm and respect their client etc. However, they may say that they want to learn how to reflect feelings, paraphrase the sentences etc.

#### Instructions:

In the left column, list personal skills and that you believe are the strength as a counsellor. In the right column, list skills and expertise you look forward to develop in the future.

List personal skills that you believe	List skills you look forward to develop

**Note:** Make sure you list some of the skills that you wish to develop, as it will guide the facilitator to clarify and demonstrate those expertises you are looking forward to be learning.

The participants will be divided into small groups and initially they should be encouraged to work individually and then share their responses with the small group. They should choose a representative who can put together the group's response to the existing skills mentioned by the member and also the expertise the participants want to develop in future.

The responses will be collated and presented by respective group representatives, followed by a discussion on skills counsellors have in common and the further skills they need to develop then.

### Activity 3. Large Group Brainstorming for Counsellors' Qualities and Attitudes

**Time allotted:** 30 minutes

**Rules of brainstorming:** Each person shares one view/opinion/point at a time. Every person gets the chance and the rounds will start with the first person until every person 'passes'.

The participants could be given a card to jot down their responses, which could assist them during the brainstorming exercise. The viewpoints expressed during the brainstorming session should be noted down on the flip chart by the facilitator.

### Activity 4. Challenges and Contradictions in Counselling

**Time allotted:** 60–90 minutes

The most important component of counselling is to achieve counselling goals by sustaining motivation of the client for a change in behaviour. Despite mastering counselling skill, counsellors face several difficulties in achieving counselling goals. This activity will help the counsellor to identify the challenges they come across in their set ups.

**The participants initially will be working independently and will be provided with 8–10 flash cards for this activity and the following instructions are to be given:**

- 'On the cards provided write challenges you came across as a counsellor. Write only one challenge on one card and you can use as many flash cards as you wish'.
- 'On another set of cards, write the methods and techniques which should not be used while counselling. Write only one statement on a card'.

After the participants have given their responses, gather the large group in a circle and divide the responses on mutually agreed following of the 3 categories for both A & B sets of reactions.

#### For responses A:

- Most difficult to handle
- Sometimes can be handled
- Mostly handled

#### For responses B:

- Mostly should be avoided
- Sometimes to be avoided

# Module 1

- Should be used as a counselling technique

Invite participants by rotation to place their responses in the mutually agreed categories and complete the activity by going through the entire group. There will be some common responses, which could be eliminated as the group processes are in progress.

## Some practical examples

Procedure	Content
Initial contact and first meeting	<ul style="list-style-type: none"> <li>■ <b>Communicating warmth and acceptance:</b> Remember to use your body language to show acceptance and warmth and say: "I welcome you to this centre for seeking our services, kindly be seated." "I am a counsellor in this centre; we help people to overcome problems of various types." "Whatever discussion we have here will be kept confidential." (Ask personal details at this point e.g. name, age, marital status, place of residence, occupation etc.) "Could you please tell me what brought you here today?" "It seems you have some concerns that we will talk about today."</li> <li>■ <b>Reflecting the feelings:</b> The client may say, "I am worried that I may be pregnant for the second time in one year, and won't be able to take care of the young child." The counsellor can say 'you seem to be worried about taking care of your young child in case you are pregnant.'</li> </ul>
Assessment and analysis of the problem	<p>Ask open ended questions like:</p> <p>"I would like to understand the issue that concerns you." "I want to know what you know about contraception." "Tell me why you feel that you are at a risk of getting pregnant." "What do you know about abortion?" "Tell me more about yourself so that I can understand the risk you have about HIV/STI infection."</p>
Provision of ongoing supportive counselling	<p>"I wish to know how you handle stress. What did you do in the past that helped you?" "I understand what you are feeling right now." "In the situation you are at the moment, any one will feel miserable. However, one has to find ways to come out of the crisis." "It is ok if you cry as it will help you to ventilate your feelings and I am here to understand your sentiments and difficulty." "We cannot change the situation and circumstances but we can look for other options to deal with the complications you are facing at the moment."</p>
Planning and initiation of steps	<p>"Since the methods you used so far to adjust and deal with the situation have not worked, we should look for other options"; "I would suggest we make a list of things which are under our control and those which aren't. We can then work on things which are under our control". The counsellor can also mention statements like "We can only make this work if you are willing to change. It is difficult to change the world around us, so what would you like to work on today?"</p>
Implementation of the plan	<p>After selecting a course of action, the counsellor can encourage the client by saying "I am confident in your ability to handle the situation" or use metaphors about how one should keep trying to succeed.</p>



## Activity 5. Practicing Counselling Skills, Qualities and Stages

**Time allotted: 60-90 minutes**

The participants will be practicing the six stages of counselling with role plays. Some practical examples are given below followed by the procedure to conduct the activity by role plays.

### Role Play

The large group will be divided into the triads. For each triad 3 case studies will be needed. The case studies will be provided by the facilitator or they will be asked to use one of the case studies from their clients' real life experiences. The participants shall play the role of a client.

### Preparation and Procedure:

- Organize the class into triads (groups of threes). Each triad will comprise a 'counsellor', a 'client' and an 'observer'. Explain that all trainees will rotate between the roles of 'counsellor', 'client' and 'observer'.
- There will be three rounds of cases. One case is to be conducted per round.
- At the conclusion of all rounds, every participant will have participated as a 'counsellor', a 'client' and an 'observer'.
- Three case vignettes which will be given to the participants are real case studies from FPA settings.

**Note:** The following instructions should be issued per round:

- Instruct 'counsellors' to use the counselling stages, process and skills discussed in the role play for the different case studies.
- 'Observers' should follow the observer's guide given below. 'Observers' are to observe the process of the role play and provide feedback to the 'counsellor' at the conclusion of the role-play.
- Facilitators should remind observers that they are not to interrupt the role play.
- Each 'client' is issued a case and is asked not to share the details of the case with the 'counsellor' or 'observer'. They are permitted only to disclose whether they are role playing a 'client' of a different gender. Emphasize that it is up to the 'counsellor' to ask questions in such a way that they get the information from the client.
- Allow a maximum of twenty minutes for the role-play.
- At the conclusion of each round of the role-play, ask the triad to provide a brief feedback to each other on what they experienced during the role play. Allow only five minutes for this activity.

**This is to be followed by requesting the class to regroup and ask the participants to discuss the following:**

1. What made the client feel comfortable?
2. What skills employed by the counsellor were particularly important?
3. How did the trainees manage to balance the provision of information with being responsive to the need of the client's emotions?

- The small group debriefing should last no longer than 10 minutes for each round.





# Module 1

counsellor and client communicate and relate. At times counselling becomes a generic word and also gets diluted. Thus it is essential to know what is not counselling.

- **Counselling is not giving advice:** Advice is mainly one-way. Counselling is a two-way interaction.
- **Counselling is not guidance:** The counsellor avoids telling the client how to solve the problems or what decisions to make or actions to take.
- **Counselling is not health education:** Although education can be an important part of counselling, the information provided in counselling is tailored to the needs of an individual client.
- **Counselling is not ongoing therapy:** The counselling intervention focuses on an immediate problem.
- **Counselling is not a mere conversation:** It is not just people exchanging information and opinions.
- **Counselling is not interrogation:** The client is not being questioned to find out the truth.
- **Counselling is not preaching:** It should not be a forum to voice or promote a counsellor's opinions.
- **Counselling is not a confession:** The client is not being pardoned or absolved.
- **Counselling is not just information giving:** The client does not come to the counsellor solely for information, though information may be given sometimes.

## Role of Counselling in IPPF MAs

**Counselling plays two important roles in IPPF MAs:**

1. Promoting preventive behaviour, safe sexual practices through information on the RCH/SRH for the related problems faced by the attendees.
2. Providing psychosocial support to people attending the centre for various problems, including gender based violence.

## Types of Counselling:

There are different models of counselling which can be used by the counsellors. However, one has to select the method as per the needs and issues related to the problems:

### ■ **Psycho Educational Model:**

Involves active listening, encourages client participation, helps remove misconceptions.

In this technique, the counsellor uses directive methods for helping and provides information related to the issues for enhancing understanding of the clients. The counsellor focuses on the needs of the client and spends time for understanding the needs for which active listening, empathy and effective communication skills are used.

**E.g.:** In contraception counselling, girls and women often have myths and misconceptions about contraception. According to the above model, the counsellor should inquire what the main problem is, and listen without bias or forming any conclusions. The counsellor should then scientifically educate the client about the benefits and limitations of all contraceptive methods, offer different types of family planning methods and provide the client the freedom to choose.

### ■ **Behaviour Therapy:**

Issue focused, solution oriented, helps client arrive at own decision.

Behaviour therapy focuses on changing behaviour for a target or issue. Steps are explained and process

is discussed with the client with some focused outcomes.

**E.g.:** A depressed person can be helped in understanding how change in behaviour leads to change in feeling.

### Some techniques are:

**Self monitoring:** Keeping a detailed log of activities so that the counsellor knows what the client is doing the whole day.

**Schedule of new activities:** This is where the client and counsellor work together to develop new activities that will provide the client with chances for positive experience.

**Role playing:** The counsellor and client practice with each other how to face a social situation.

### ■ **Supportive Therapy:**

Counselling is used in dealing with acute crisis issues. Helps build motivation and break down resistances. It allows building of close and supportive relation between the counsellor and client.

In the time of crisis which may result from gender based violence, knowing HIV status, early marriage, unmarried and adolescent pregnancies, exposure to sexual violence, are some of the examples where supportive therapy can be used. The counsellor 'supports' the client's ego and gives her/him the resource tools to help and deal with the difficulty

**E.g.:** A woman with home based violence is reminded of similar past situations where she was able to handle the task effectively and felt her skills were successful. Those self- skills can be discussed to develop confidence for dealing with the current situation effectively.

### ■ **Cognitive Therapy:**

It helps the client to uncover and alter distortion of thoughts and perceptions which cause psychological problems. The counsellor guides the client to change maladaptive thoughts to adaptive ones.

Cognitive therapists work with the person to challenge his/her thinking pattern. The therapist or counsellor helps the client to review the situation from another perspective. The client works on alternative ways of viewing a situation and ultimately the thoughts change from maladaptive to adaptive mode.

### ■ **Family Counselling:**

Family counselling concentrates on the role of family for resolving the client's problem by involving significant people in the family. The family members are given an active role to jointly review the situation and make decisions for resolving the current issue or problems. It is problem focused and the counsellor does not probe deeply to make in-depth analysis. The counsellor focuses in the here and now of the situation and focuses on the problem from the interpersonal context.

### ■ **Group Counselling:**

Cost effective, helps normalize and reduce negative feelings. Group counselling is most effective while working with people with similar problems e.g. women attending reproductive health clinics, individuals attending programmes for rehabilitation from alcohol and drug use and groups of other vulnerable population. In group counselling clients learn about themselves by interacting with others. They also come to understand that they are not alone in their problems. In addition, they learn social and communication skills that allow them to make better use of self-help programmes.





# Module 1

## Qualities and attitudes of an effective counsellor:

The counsellor can learn the skills by practice and observation but in order to become an effective counsellor it is essential to have certain qualities which can make the client feel comfortable and confident to work for self development. Following are some of the practical qualities and attitude required for successful counselling:

- Understands and respects the client's rights.
- Demonstrates patience and tolerance.
- Has vast knowledge about human behaviour and issues concerning the clients.
- Earns the client's trust by showing genuine interest.
- Understands the cultural and emotional factors that affect a client.
- Uses non judgmental approach.
- Listens actively.
- Understands the effects of non- verbal communication.
- Recognizes his/her limits and is willing to make referrals when needed.

## The counselling process:

Stages of Counselling: The counselling process goes through different stages in a sequential manner.

These stages are:

1. Initial contact and first meeting
2. Assessment and analysis of the problem
3. Provision of ongoing supportive counselling
4. Planning and initiation of steps
5. Implementation of the plan
6. Termination and follow-up

## 1. Initial Contact and First Meeting

The counsellor should convey the traditional style of greetings and provide full attention to the client and this should be followed by a self introduction of one another. Acceptance of and a non judgmental presence during the initial contact gives the client a feeling of comfort and hope. This does not require so many words, but can be communicated with a simple genuine smile with appropriate eye contact and body gestures. Greeting the client in the traditional style and offering a place with warmth gives the message of welcome to the client. Forming an initial rapport helps in gaining the client's trust and further assuring confidentiality facilitates the process of understanding the core issues of vulnerability and the issues to be addressed. Warmth in the atmosphere allows the client to ventilate and express her/his fears and concerns. This is the first step in exploring the needs of the clients. It sets the stage to explore the inner world of the client with the problems in hand and clarifying the client's expectations of counselling. Further it helps in describing what the counsellor can offer and their method of working. Do remember that it is the counsellor who is responsible for the emotional safety of the client. One has to keep the ethics of confidentiality in mind to ensure the respect and concern for the client. The counsellor does not speak what comes to mind but carefully chooses words based on the relevance of the situation.

Sometimes clients do not know much about counselling and may be nervous. It may be a good idea to



explain the purpose, ground rules, outcomes and intentions. Such explanations will help the counsellor to overcome barriers which may arise during establishing a counselling relationship.

This stage is facilitated by a congenial atmosphere with adequate privacy, good seating arrangement, and establishing eye contact with the client.

## 2. Assessment and Analysis of the Problem

A skillful counsellor conducts a good assessment before drawing a treatment plan. Taking a detailed history of the client and focusing specifically on the problem is the first step. The best counsellors identify and assess the gravity of the client's problem by actively listening to the client. The counsellor creates a condition whereby the client tells his/her story without interference and thus collects information to set counselling goals.

The counselling goal at this point is to understand the client. The counsellor should be alert and ask questions related to the clients focal concerns. A counsellor should not only hear the spoken message but also pay attention to the non verbal cues. It is not important what a client says, but, how one says. Course of action and plan can be drawn once the client is able to articulate and understand the facts related to his/her condition.

## 3. Provision of Ongoing Supportive Counselling

After exploring the needs of the client from the perspective of the client, the counsellor should respond with empathy and understanding. The counsellor should not be prescriptive and provide a solution. Instead with the full participation and involvement of the client, options should be identified. During this phase there may be emotional outbursts and ambivalence. Counsellors should give assurance of help and support to the client by being with him/her. In the process the existing coping skills need to be identified and the counsellor should explore how in the past the crisis situations were faced by the client. A counsellor can also look into developing a new set of coping skills as the situation demands. Brainstorming and working together will help to facilitate the process of exploring options and also develop confidence in the client.

Remember that ownership of options and actions to be taken are the decisions of the client. It is the client who has to think and feel that lifestyle changes are to be made, to deal effectively with the current situation. A counsellor works together with the client to support and guide him/her through the crisis situation and to make decisions for lifestyle changes.

A counsellor provides support to monitor the behaviour change and alter and modify the plans as per arising needs and situations. The counsellor also fills the gap by providing information for referrals to other services for treatment, care and support.

## 4. Planning and Initiation of Steps

Counselling is an ongoing process and not restricted to one or two meetings. After an initial exploration of options and skills shown by the client, the counsellor should assist in setting attainable and achievable goals. At this stage, the client needs to be motivated for behaviour change. Options need to be assessed and evaluated along with its implications and outcomes before moving forward. A counsellor should encourage participatory discussions with actions to be taken.

# Module 1



## 5. Implementation of the Plan

After planning, ways of implementations need to be examined. There would be consequences and effects on the client as well as on the significant others. At times it is distressing to face the altered reactions of others. Clients would require a lot of support and reassurance from the counsellor during the process of coping with arising needs and situations. There may not be one best solution or a single plan of action. One has to select one of the options from the many available. A counsellor must help the client to select a plan of action and ways of implementing it. After a few successful or unsuccessful attempts it will be possible to put a feasible plan into action and sequence the intervention activities. The counsellor should monitor the behaviour changes and ways of adaptable measures taken by the client in follow up sessions. The clients require sufficient hand holding, assurance, encouragement and emotional support during the transition phase of implementation of strategies.

## 6. Termination and Follow Up

As mentioned before, the ownership of decision taken for behaviour change should be that of the client; a counsellor is just a facilitator of change. The counsellor should assist in assessing the progress of behaviour change and the coping resources. Follow up counselling is important to reinforce by ensuring that:

- The client is acting on plans
- The client is continuing to maintain the gains achieved so far
- The client is managing and coping with daily functioning, and
- The client has a support system, which is being accessed

The termination of counselling should not be abrupt and must be phased out by increasing the duration between the sessions. Assurance should be provided to the client of the option of returning to counselling as and when necessary. Referrals and after care arrangements should be made as per the needs of the client.

### Some practical examples

Procedure	Content
Initial contact and first meeting	<ul style="list-style-type: none"> <li>■ <b>Communicating warmth and acceptance:</b> Remember to use your body language to show acceptance and warmth and say: "I welcome you to this centre for seeking our services, kindly be seated." "I am a counsellor in this centre; we help people to overcome problems of various types." "Whatever discussion we have here will be kept confidential." (Ask personal details at this point e.g. name, age, marital status, place of residence, occupation etc.) "Could you please tell me what brought you here today?" "It seems you have some concerns that we will talk about today."</li> <li>■ <b>Reflecting the feelings:</b> The client may say, "I am worried that I may be pregnant for the second time in one year, and won't be able to take care of the young child." The counsellor can say "you seem to be worried about taking care of your young child in case you are pregnant."</li> </ul>

Procedure	Content
Assessment and analysis of the problem	<p>Ask open ended questions like:</p> <p>"I would like to understand the issue that concerns you."            "I want to know what you know about contraception."            "Tell me why you feel that you are at a risk of getting pregnant."            "What do you know about abortion?"            "Tell me more about yourself so that I can understand the risk you have about HIV/STI infection."</p>
Provision of ongoing supportive counselling	<p>"I wish to know how you handle stress. What did you do in the past that helped you?"            "I understand what you are feeling right now."            "In the situation you are at the moment, any one will feel miserable. However, one has to find ways to come out of the crisis."            "It is ok if you cry as it will help you to ventilate your feelings and I am here to understand your sentiments and difficulty."            "We cannot change the situation and circumstances but we can look for other options to deal with the complications you are facing at the moment."</p>
Planning and initiation of steps	<p>"Since the methods you used so far to adjust and deal with the situation have not worked, we should look for other options"; "I would suggest we make a list of things which are under our control and those which aren't. We can then work on things which are under our control".            The counsellor can also mention statements like "We can only make this work if you are willing to change. It is difficult to change the world around us, so what would you like to work on today?"</p>
Implementation of the plan	<p>After selecting a course of action, the counsellor can encourage the client by saying "I am confident in your ability to handle the situation" or use metaphors about how one should keep trying to succeed.</p>

### Benefits of Counselling in IPPF MAs:

- Addresses psycho social elements related to sexual and reproductive health
- Improves health
- Increases acceptance
- Reduces conflicts and helps client make decisions
- Removes misconceptions
- Promotes effective compliance with treatment of reproductive health
- Increases client satisfaction
- Improves self esteem and confidence
- Improves quality of life

### Challenges in Counselling

The most important component of counselling is to achieve counselling goals by sustaining the motivation of the client for the behaviour change. The most compelling dilemma a counsellor faces is high

# Module 1

attrition rate of clients. Other challenges are overdependence of clients on the counsellor, inability to follow up and maintain regular monitoring of counselling outcomes. Counselling sessions sometimes remain inconclusive and incomplete due to the following reasons:

- Diverse cultural practices
- Touching on very sensitive issues without adequate background e.g. sexual practices which people are inhibited to open up
- Inadequate training for handling sex and sexuality
- Insufficient supervision

## Elements of Good Counselling

Several agreed-upon elements are necessary to ensure effective counselling:

**Sufficient time:** Providing the client with adequate time is important from the very beginning. The counselling process cannot be rushed: time is necessary to build a helping relationship.

**Acceptance:** Counsellors should not be judgmental of clients, but rather should try to accept clients, regardless of their socioeconomic, ethnic, or religious background, occupation, or personal relationships.

**Accessibility:** Clients need to feel they can ask for assistance or call on a counsellor at any time. Counsellors need to be available to clients at appropriate times and should have systems in place to respond to clients' needs as appropriate (e.g., provide services after hours or work during lunchtime on a rotating system).

**Consistency and accuracy:** Information provided through counselling should be consistent both in content and over time.

**Confidentiality:** Trust is the most important factor in the counsellor-client relationship. Effective counselling involves, trust, communication, empathy, understanding, and action.

**Showing empathy:** The ability to empathize is one of the most essential counselling skills. Empathy involves identifying with the client, understanding their thoughts and feelings, and communicating that understanding to the client. Empathy requires sensitivity and a moment-by-moment awareness of fear, rage, tenderness, confusion, or whatever the client may be experiencing. To understand what the client is feeling, the counsellor must be attentive to the client's verbal and nonverbal cues.

**The counsellor needs to ask himself/herself:** "What feelings is the client expressing?" "What experiences and behaviours underlie these feelings?" "What is most important in what the client is saying to me?"

For example if the client is narrating an incident which has caused her/him a great emotional pain and the client is also crying a few words like, "I can understand what you are going through", "It is perfectly ok if you cry, it hurts when you have undergone such experience."

As discussed earlier reflection technique is a powerful technique to make a client feel that she/he has been accepted and understood.



**Acknowledging difficult feelings:** The presence of difficult feelings is a substantial and unavoidable component of counselling. To help address difficult feelings, counsellors should:

- Be aware of their own feelings
- Acknowledge clients' feelings and realities
- Understand that it is not the counsellor's job to take feelings away or to fix them
- Articulate and respond to non-verbal messages
- Normalize and validate clients' feelings

**Offering acceptance:** For clients to be honest in describing their problems and concerns during counselling, it is critical that he/she feel acceptance. The counsellor can facilitate this by being non-judgmental and accepting, irrespective of socioeconomic, ethnic or religious background, occupation, or personal relationships. Counsellors should recognize feelings such as anger, sadness and fear in a direct, unemotional way, indicating in words and behaviour, "Your feelings are very strong. I accept them, and I accept you."

**Using a non-directive approach:** Exploring options rather than issuing directives minimizes the chance a power struggle between the counsellor and client. When discussing behaviour change, counsellors should avoid such directive statements as, "You have to use a condom every time you have sex!" Instead they can put responsibility in the client's hands by asking, for instance, "What do you think you could do to protect yourself?"

## Counsellors' Self Awareness

It is useful for counsellors to assess their own needs and feelings continually and discuss them with peers and supervisors. The following questions will aid counsellors in increasing self-awareness:

### ■ 'Do I feel uncomfortable with a client or with a particular subject area?'

Often, counsellors are uneasy with a certain type of client, or with controversial subjects such as drugs or sex. It is important for counsellors to recognize this discomfort and decide on an honest approach to deal with it. If a counsellor feels he/she cannot overcome an issue, the client should be referred to another counsellor.

### ■ 'Am I aware of my own avoidance strategies?'

It is important for counsellors to recognize when they avoid certain topics. Counsellors aware of their own avoidance strategies can say to themselves, "This seems to be really bothering me. I'd better figure out what's going on so that I can really be helpful to this client." Counsellors unaware of their own avoidance strategies will not be able to serve the client properly because they will skip over important topics.

### ■ 'Can I be completely honest with the client?'

Counsellors want to be liked and accepted like most people. Counsellors who have a strong need to be liked may offer reassuring, supportive responses too often, thereby diminishing the clients' ability to develop responsibility and independence. Thus, it is important that counsellors are able to say things the client may not like, to ensure that the client has the right information. By agreeing with the client when he or she should differ, the counsellor gives the false impression that the client is on the right track.

# Module 1

## ■ 'Do I always need to be in control of the situation?'

While counsellors may prefer a degree of structure and direction to achieve goals and objectives, it is also important to pay attention to how they feel when a client disagrees or wants to pursue a different topic. For example, there may be times when the counsellor wants to change the approach but the client refuses. Instead of feeling angry or rebuffed, the counsellor should try to accept the client's feelings and propose alternatives. Responsive listening is a safeguard against controlling. Through self-reflection, counsellors must learn to distinguish clearly between themselves and their clients, between what "belongs" to the counsellor and what 'belongs' to the client.

## How can a Counsellor Develop Self Awareness?

To develop self awareness, a counsellor can use the following strategies:

**Self-disclosure:** Sharing something about one's self the other person doesn't know is self disclosure. The counsellors should be encouraged to form a peer group where they could have a platform for self disclosure and peer support for enhancing their counselling skills.

**Introspection:** Reflecting one's own feelings and reactions with either peers or seniors is another method to be aware of their own knowledge, attitudes and perceptions. Workshops and meetings for self searching initiatives are forums which gives one an opportunity to look within and develop oneself for better performance.

**Accepting feedback:** As an ongoing activity learning from others how one's behaviour affects them, is the best method of self awareness. Occasional surveys, responses from clients about satisfaction of services and developing systems for monitoring of services would facilitate feedback at individual or at service delivery levels.

## References and Further Reading:

Corey, G. Theory and Practice of Counselling and Psychotherapy, Brooks/Cole Publishing Company USA, 1977.

Kottler, J. Brown, R.W. Introduction to Therapeutic Counselling, Voices from the Field, Brooks/Cole Publishing Company, USA, 2000.

Nelson-Jones, R. Human Relationship Skills, Holt, Rinehart and Winston New York, 1986.

Voluntary HIV Counselling and Testing Manual for Training of Trainers Part I, World Health Organization Regional Office for South-East Asia New Delhi, India, 2004.



## 1.4. Power Point Slides

<p>Revisiting Counselling</p> <p>Slide 1</p>	<p>Session Objectives</p> <p>The participants will be able to:</p> <ul style="list-style-type: none"><li>Recap the basic skills of counselling</li><li>Review the requirements of counsellors for their settings and region</li><li>Analyze the counselling qualities and skills they have used so far</li><li>Identify the skills and techniques of counselling they want to develop</li><li>Demonstrate practicing stages and process of counselling by using skills of counselling in a given case study through role play</li></ul> <p>Slide 2</p>
<p>Activity 1</p> <p>Walking up with the blind fold</p> <p>Slide 3</p>	<p>Why Revisiting Counselling?</p> <p>The counsellors attending this training have already undergone training for counselling and thus the basics of counselling are well established. However, during the course of this training we will revisit counselling knowledge and expertise and take it further for advancement and for additional progression.</p> <p>Slide 4</p>
<p>Activity 2</p> <p>My existing and future counselling expertise and skills</p> <p>In the left column of the format given in the activity sheet, list personal skills that you believe are the strength of a counsellor. In the right column, list skills you look forward to develop in the future.</p> <p>Slide 5</p>	<p>What is Counselling?</p> <p>Understanding counselling through large group discussion.</p> <p>Slide 6</p>
<p>What is Counselling?</p> <p>Counselling is an ongoing process wherein the client and counsellor work together to assist the client to resolve his/her problems. In this process, the counsellors enable clients to get a better perspective of their problems and facilitate to generate possible alternatives to resolve them. Within the given support of the counselling relationship, the client feels comfortable enough to initiate relevant alternatives to change attitudes and behaviours.</p> <p>Slide 7</p>	<p>Activity 3</p> <p>Large group brainstorming for Counsellors' Qualities and Attitudes</p> <p>Slide 8</p>



# Module 1



## Qualities and Attitudes of an Effective Counsellor

- Understand and respect the rights of the client. Earn the client's trust
- Understand the cultural and emotional factors that affect a client
- Use non judgmental approach
- Listen actively
- Understand the effects of nonverbal communication.
- Recognizes his/her limits and is willing to make referrals when needed.

Slide 9

## Elements of Good Counselling

- Sufficient time
- Acceptance
- Accessibility
- Consistency and accuracy
- Confidentiality
- Showing empathy
- Acknowledging difficult feelings
- Using a non-directive approach

Slide 10

## Activity 4

### Challenges and Contradictions in Counselling

- Instructions-2 sets of cards will be provided
- On one set of cards, write challenges you came across as a counsellor. Write only one challenge on one card. You can use as many flash cards as you wish.
  - On another set of cards, write the methods and techniques which should not be used while counselling. Write only one statement on a card.

Slide 11

## What is Not Counselling?

- Counselling is not giving advice
- Counselling is not guidance
- Counselling is not health education
- Counselling is not ongoing therapy
- Counselling is not a mere conversation
- Counselling is not interrogation
- Counselling is not preaching
- Counselling is not a confession
- Counselling is not just information giving

Slide 12

## Types of Counselling

- Psycho Educational Model: Involves active listening, encourages client participation, helps remove misconceptions.
- Behaviour Therapy: Issue focused, solution oriented, helps client arrive at own decision.
- Supportive Therapy: Counselling is used in dealing with acute crises issues. Helps build motivation and break down resistances. Allows building of close and supportive relation between counsellor and client.
- Cognitive Therapy: Helps client to uncover and alter distortion of thoughts and perceptions which causes psychological problems. The counsellor guides the client to change maladaptive thoughts to adaptive ones

Slide 13

## Family Counselling

- Concentrates on the role of the family for resolving the client's problem by involving significant people.
- The family members are given an active role to jointly review the situation and make decisions
- It is problem focused and counsellor does not probe into deeper level to make in depth analysis
- The counsellor focuses in here and now of the situation and focuses on the problem from the interpersonal context.

Slide 14

## Group Counselling

- Cost effective
- Group therapy is most effective in working with people with similar problems e.g. women attending family planning clinics and individuals attending programmes.
- They come to understand that they are not alone in their problems.
- They learn social and communication skills that allow them to make better use of self-help programmes.

Slide 15

## Challenges in Counselling

- High attrition rate of clients
  - Overdependence of clients on the counsellor
  - Inability to follow up and maintain regular monitoring of counselling outcomes.
- Following could be the reasons:
- Diverse cultural practices
  - Touching on very sensitive issues e.g. sexual practices which people are inhibited to open up
  - Inadequate training for handling sex and sexuality
  - Insufficient supervision

Slide 16

## The Counselling Process

### Stages of Counselling

The counselling process goes through different stages in a sequential manner.

These stages are:

1. Initial contact and first meeting
2. Assessment and analysis of the problem
3. Provision of ongoing supportive counselling
4. Planning and initiation of steps
5. Implementation of the plan
6. Termination and follow-up

Slide 17

## Activity 5

### Practicing Counselling Skills and Stages

Participants should refer to the activity sheet for the understanding of their roles

Slide 18

## Benefits of Counselling in FPAs

- Addresses psycho social elements related to sexual and reproductive health
- Improves health
- Increases acceptance
- Reduces conflicts and helps client make decisions
- Removes misconceptions
- Promotes effective compliance with treatment of reproductive health
- Increases client satisfaction
- Good decision making
- Self esteem and confidence
- Improves quality of life

Slide 19

## Counsellors' Self Awareness

### Some useful questions:

- 'Do I feel uncomfortable with a client or with a particular subject area?'
- 'Am I aware of my own avoidance strategies?'
- 'Can I be completely honest with the client?'
- 'Do I always need to be in control of the situation?'

Slide 20

## How can a Counsellor Develop Self-Awareness?

- Self-disclosure: Sharing something about one's self that the other person doesn't know.
- Introspection: reflecting one's own feeling and reactions.
- Accepting feedback: learning from others how one's behaviour affects them.

Slide 21

## Self Awareness through Value Exploration

Counsellors deal with people of all types, races, tribes and ages. The social environment where people grow up plays a role in developing stereotypes and prejudices about other people and groups that have a major impact on social and interpersonal interactions with others. Thus, it is important to understand how stereotypes, prejudices, beliefs, values, and culture impact the counselling process.

Slide 22

## Conclusion: Key points

- Explored the existing skills and counselling practices
- Revisited counselling definitions, skills and process
- Revisited counsellors' attitude and approach
- Reviewed challenges
- Practiced counselling stages and process through role play
- Understood the importance of self awareness

Slide 23

## Questions and Answers

Slide 24

# Module 2



## Module 2 Counselling for Trauma

### 2.1. SESSION PLAN FOR THE FACILITATOR

#### Session Objectives:

##### The participants will be able to:

- Understand the impact of trauma on the wellbeing of individuals attending reproductive health/family planning clinics
- Learn the signs and symptoms of trauma through case discussion and experience sharing
- Practice the techniques of trauma counselling by role play, activities and demonstration

**Time allotted:** 8–9 hours

#### Training materials

- LCD projector and screen
- CD with slides
- 4–5 flip charts to discuss brainstorming and activity
- Stationary for the participants to write down points for case study
- Handouts and activity sheet

#### Session Instructions for Facilitators:

Start the session with the power point presentation, *Slide 2* and then continue as specified below. The matter given in the power points is elaborated in the handouts and the activities are elaborated in the session plan below for you. A separate activity sheet is available to participants. The activities are interwoven with the theory.

1. Present objectives of the session, *Slide 2*
2. Conduct activity 1, *Slide 3*

#### Activity 1. Self Reflection

**Time allotted:** 30 minutes

The objective of this activity is to help the participants experience how a traumatic or stressful situation can impact our physical and psychological well being.

Invite the participants to consider the following on their own for a few minutes.

'Think back on your own life and identify any occasion when you experienced a shock, jolt, and blow which had a lasting impression. When you recall the experience, notice the emotions associated and how it feels today?

It may have been a small trauma (t) or a big trauma (T), but it had an impact on you at the time.'

After a few minutes, ask everyone to choose a partner and share as much of their experience as they wish. Each person should talk for a few minutes and then listen to the partner's story.

Invite everyone to join the full circle. Encourage them to explore links between how people deal with



# Module 2

trauma and ways in which it may affect their life.

We all experience some trauma/disturbance/shock at some time.

Then invite participants to link this discussion with their counselling work. How can they understand the clients experience and its consequences?

Debrief and summarize

### 3. Conduct activity 2–Slide 4

## Activity 2. Building a Demographic Profile of a Family

Time allotted: 60 minutes

During this activity participants will discuss how families are tied up in a social network and relate to the lifestyle of their culture.

Building a demographic profile of a family is a small group activity to develop a case study by using projection. Participants should be divided into 3–4 groups depending on the number of the participants and availability of time.

**Step I.** Cut outs of human figures of different age groups to be provided to the groups and the members are instructed to pick up any number of figures they need to build a story of a family. Group members have to weave a story by using their imagination and projection for a family of x members which are decided by the group.

**Step II.** The stories are then shared by the members of other groups by inviting them to their table or floor where figures are placed and one of the group members tells the story of the family with detailed demographic information of their family members to the large group.

**Step III.** Facilitator asks the group to leave the room and puts a red dot at the back of one of the family members. The facilitator then calls the group back to the classroom to join the same group and tells the group member to imagine one of the 'A' (AIDS, Abortion, Adolescent trauma including sexual abuse) occurring to the specified family member who has got a red dot put at the back. The group members are encouraged to discuss the consequences keeping in mind the sign and symptoms of trauma and its impact on the family members and weave back the story as per the trauma experienced by a particular member or the whole family.

The group will be instructed to discuss the following:

- The traumatic event that is faced by the various members of the family.
- The symptoms reported by family members.
- The distinctive features of the family and their attitude changes towards the family member experiencing the trauma.
- How the family members reacted to the traumatic event?



After collating the above on a flip chart from the group representatives of each group, any three of the participants could be invited to share a case study.

These trauma ridden outcome based stories are built as cases for practicing the counselling skills for the subsequent sessions using supportive techniques for crisis intervention, cognitive behaviour modification and family intervention.

### 4. Continue with Slides 5–19 explaining various facets of trauma and approaches of supportive and crisis intervention

### 5. Conduct activity 3, Slide 20

## Activity 3. Role Play for Supportive Technique and Crisis Intervention

Time allotted: 45 minutes

The objective of this activity is to practice supportive counselling techniques in crisis situation.

Use the same vignettes that emerged from the participants' contributions of Activity 2. Practice skills of counselling learned so far.

### Guidelines in Crisis Counselling

- Remain calm and show confidence
- Listen actively
- Show acceptance and be non-judgemental
- Show empathy and reflection of feelings
- Provide a relaxing atmosphere/an office
- Allow the clients to speak freely, with minimal interruption
- Allow ventilation of feelings
- Explore immediate crisis rather than underlying causes
- Assess the symptoms experienced
- Assess suicide risk, ask the client about suicidal feelings
- Do not minimize the crisis
- Agree on a plan of action; do not prescribe
- Prioritize; agree on aspects that can easily be dealt with
- Avoid going into the past and attend to immediate concerns
- Have local resources to help, consider the available support system.

### Instructions for the Participants:

The participants will be divided into triads (groups of 3). Each group will practice with the same 3 cases discussed during activity 2. In each group, one person will play the role of the counsellor; the other 2 will be the client and the observer respectively. The roles of each will be reversed for every case so that each person will get the opportunity to play all 3 roles.

Participants should remember to practice the counselling process and use counselling skills while conducting this activity and review the helpful hints given above for guidelines in crisis counselling. At the

# Module 2

conclusion of each round of the role play, each triad should provide a brief feedback to each other and log them down too on what they experienced in the role-play (with an emphasis on their observations, thoughts, opinions and feelings).

## Helpful Hints for Role-Play

**Role of client:** Read the case history carefully. Identify yourself as a client and try to act naturally. You can add your own few details to maintain the flow of communication with the counsellor.

**Role of observer:** Observe the counsellor and the client. Do not interrupt while the role play is in progress. Make notes if possible to provide feedback and discuss at the end of each role play. Fill the following checklist:

Observing on the following topics (to observe the counsellor and client)	How was the task addressed?	Comments and recommendations
Rapport building		
Listening skills		
Non verbal skills/body language, eye contact etc		
Questioning		
Assessment of the symptoms		
Assessment of suicidal thoughts		
Assessment of coping skills		
Assessment of social support		
Any other observations including immediate safety		

6. Continue with *Slides 21-23: Cognitive and Behavioural Approach*

7. Conduct activity 4., *Slide 24*

## Activity 4. Role Play for Practicing Cognitive and Behavioural Approach

**Time allotted: 45 minutes**

During this activity participants will be able to practice cognitive and behavioural approaches of counselling in a given case study.

The same triads and case studies could be used with participants in each group and they should follow the guidelines given below for practicing cognitive and behavioural approach.

- Assessment and cognitive appraisal
- Recognizing beliefs and thoughts associated with the event



- Analyzing how these thoughts are interweaving and blocking the process of healing
- Changing and replacing maladaptive thoughts with adaptive thoughts
- Cognitive rehearsal and listening to the inner voice
- Step by step practice to change the self talk
- Creating safe space
- Encouraging self care techniques
- Making note of the changes experienced due to changed self talk, following safe space and self care techniques
- Monitoring the changes by home work assignment
- Seeking social support and increasing outreach
- Engaging in other productive activities
- Relaxation and stress reduction technique
- Follow up for sustained change
- Developing referrals and linkages for care and support

Remember, any traumatic event does not have the same impact across individual. Thus, it is essential to assess and evaluate before progressing for intervention. Following are some of the points to be kept in mind:

- What was the incident?
- How did it affect the individual?
- How did the person react emotionally, physically, behaviourally and socially?

Observing on the following topics (to observe the counsellor and client)	How was the task addressed?	Comments and recommendations
Assessment and cognitive appraisal		
Recognizing beliefs and thoughts associated with the event		
Changing and replacing maladaptive thoughts with adaptive thoughts		
Creating safe space		
Encouraging self care techniques		
Home work assignment		
Seeking social support and increasing outreach		
Engaging in other productive activities		
Follow up for sustained change		
Developing referrals and linkages for care and support		

8. Continue with *Slides 25-26, counselling approaches for system strengthening of the family.*

9. Conduct activity 5, *Slide 27*

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## Activity 5. Demonstration and Role Play for Family Counselling

Time allotted: 60 minutes

During this activity the participants will observe the techniques of family counselling to deal with a situation which arises due to some traumatic experience shared by the family as a unit. This activity will be demonstrated by the facilitator.

Following are the steps and processes of family counselling:

- Initial contact with counsellor: Initiated by a family member or through referrals.
- First interview: Rapport, 'ice-breaking', introduction of all members, understanding their positions and the power they hold on one another.
- Family functioning evaluated in the 'here and now' with focus on current issues in the clients' and their families' lives.
- Less emphasis on diagnosis of trauma.
- Establishing ground rules: The counsellor should avoid getting trapped in situations wherein confidential information is given by any one member of the family. The counsellor should also not be prejudiced by information given by one family member about the other.
- Focus to be shifted from the individual to the family.
- Restructure the family system.
- The 'blame' game should be discouraged and prevented as far as possible.

### Family Counselling Essentially uses the Basic Stages of Counselling as

1. Rapport-building
2. Assessment of the problem(s)
3. Analysis of the problem(s)
4. Planning and initiating steps
5. Implementation
6. Termination and follow-up

Participants will be requested to volunteer for the role play and participate in a discussion after the demonstration is over.

10. Continue with *Slides 28-33*

11. Encourage question answers, *Slide 34*

12. Conclude the session by discussing the key points, *Slide 35*



## 2.2. ACTIVITY SHEET FOR THE PARTICIPANTS

### Activity 1. Self Reflection

Time allotted: 30 minutes

The objective of this activity is to help the participants experience how a traumatic or stressful situation can impact our physical and psychological well being.

Invite the participants to consider the following scenarios on their own for a few minute. 'Think back on your own life and identify any occasion when you experienced a shock, jolt, and blow which had a lasting impression. When you recall the experience, notice the emotions associated and how it feels today?

It may have been a small trauma (t) or a big trauma (T), but it had an impact on you at the time!

After a few minutes, ask everyone to choose a partner and share as much of their experience as they wish. Each person should talk for a few minutes and then listen to the partner's story.

Invite everyone to join the full circle. Encourage them to explore links between how people deal with trauma and ways in which it may affect their life.

Then invite participants to link this discussion with their counselling work. How can they understand the clients experience and its consequences?

### Activity 2. Building a Demographic Profile of a Family

Time allotted: 60 minutes

During this activity participants will discuss how the families are tied up in a social network and relate to the lifestyle of their culture.

Building a demographic profile of a family is a small group activity to develop a case study by using projection. Participants should be divided into 3-4 groups depending on the number of the participants and availability of time.

**Step I.** Cut outs of human figures of different age groups are to be provided to the groups and the members are instructed to pick up any number of figures they need to build a story of a family. Group members have to weave a story by using their imagination and projection for a family of x members which are decided by the group.

**Step II.** The stories are then shared by the members of other groups by inviting them to their table or floor where figures are placed and one of the group members tells the story of the family with detailed demographic information of their family members to the large group.

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## Activity 3. Role Play for Supportive Technique and Crisis Intervention

Time allotted: 45 minutes

The objective of this activity is to practice supportive counselling technique in crisis situation. Use the same vignettes that emerged from the participants' contributions from Activity 2. Practice skills of counselling learned so far.

### Guidelines in Crisis Counselling

- Remain calm and show confidence
- Listen actively
- Show acceptance and be non-judgemental
- Show empathy and reflection of feelings
- Provide a relaxing atmosphere/an office
- Allow clients to speak freely, with minimal interruption
- Allow ventilation of feelings
- Explore immediate crisis rather than underlying causes
- Assess the symptoms experienced
- Assess suicide risk, ask the client about suicidal feelings
- Do not minimize the crisis
- Agree on a plan of action; do not prescribe
- Prioritize; agree on aspects that can easily be dealt with
- Avoid going into past and attend to immediate concerns
- Have local resources to help, consider the available support system.

### Instructions for the Participants:

The participants will be divided into triads (groups of 3). Each group will practice with the same 3 cases discussed during Activity 2. In each group, one person will play the role of the counsellor; the other 2 will be the client and the observer respectively. The roles of each will be reversed for every case so that each person will get the opportunity to play all 3 roles.

Participants should remember to practice the counselling process and to use the counselling skills while conducting this activity and review the helpful hints given above for guidelines in crisis counselling. At the conclusion of each round of the role-play, each triad should provide a brief feedback to each other and log them down too on what they experienced in the role-play (with an emphasis on their observations, thoughts, opinions and feelings).

### Helpful Hints for Role-Play:

**Role of client:** Read the case history carefully. Identify yourself as a client and try to act naturally. You can add your own few details to maintain the flow of communication with the counsellor.

**Role of observer:** Observe the counsellor and the client. Do not interrupt while the role play is in progress. Make notes if possible to provide feedback and discuss at the end of each role play. Fill the following checklist:

Observing on the following topics (to observe the counsellor and client)	How was the task addressed?	Comments and recommendations
Rapport building		
Listening skills		
Non verbal skills/body language, eye contact etc		
Questioning		
Assessment of the symptoms		
Assessment of suicidal thoughts		
Assessment of coping skills		
Assessment of social support		
Any other observations including immediate safety		

## Activity 4. Role Play for Practicing Cognitive and Behavioural Approach

Time allotted: 45 minutes

During this activity participants will be able to practice cognitive and behavioural approaches of counselling in a given case study.

The same triads and case studies could be used with participants in each group and they should follow the guidelines given below for practicing cognitive and behavioural approach.

- Assessment and cognitive appraisal
- Recognizing beliefs and thoughts associated with the event
- Analyzing how these thoughts are interweaving and blocking the process of healing
- Changing and replacing maladaptive thoughts with adaptive thoughts
- Cognitive rehearsal and listening to the inner voice
- Step by step practice to change the self talk
- Creating safe space
- Encouraging self care techniques
- Making note of the changes experienced due to changed self talk, following safe space and self care techniques
- Monitoring the changes by home work assignment
- Seeking social support and increasing outreach
- Engaging in other productive activities
- Relaxation and stress reduction technique
- Follow up for sustained change
- Developing referrals and linkages for care and support

Remember, any traumatic event does not have the same impact across different individuals. Thus, it is essential to assess and evaluate before progressing for intervention. Following are some of the points to be kept in mind:

- What was the incident?
- How it affected the individual?
- How did the person react emotionally, physically, behaviorally and socially?

# Module 2



Observing on the following topics (to observe the counsellor and client)	How was the task addressed?	Comments and recommendations
Assessment and cognitive appraisal		
Recognizing beliefs and thoughts associated with the event		
Changing and replacing maladaptive thoughts with adaptive thoughts		
Creating safe space		
Encouraging self care techniques		
Home work assignment		
Seeking social support and increasing outreach		
Engaging in other productive activities		
Follow up for sustained change		
Developing referrals and linkages for care and support		

## Activity 5. Demonstration and Role Play for Family Counselling

**Time allotted: 60 Minutes**

During this activity participants will observe the techniques of family counselling, to deal with a situation which arises due to some traumatic experience shared by the family as a unit.

*This activity will be demonstrated by the facilitator.*

Following are the steps and processes of family counselling:

- Initial contact with counsellor: Initiated by a family member or through referrals.
- First interview: Rapport, 'ice-breaking', introduction of all members, understanding their positions and the power they hold on one another.
- Family functioning evaluated in the 'here and now' with focus on current issues in the clients' and their families' lives.
- Less emphasis on diagnosis of trauma.
- Establishing ground rules: The counsellor should avoid getting trapped in situations wherein confidential information is given by any one member of the family. The counsellor should also not be prejudiced by information given by any one family member about the other.
- Focus to be shifted from the individual to the family.
- Restructure the family system.
- The 'blame' game should be discouraged and prevented as far as possible.

Family counselling essentially uses the basic stages of counselling as

1. Rapport-building
2. Assessment of the problem(s)
3. Analysis of the problem(s)
4. Planning and initiating steps
5. Implementation
6. Termination and follow-up

Participants will be requested to volunteer for the role play and participate in a discussion after the demonstration is over.



# Module 2



## 2.3. HANDOUT FOR THE PARTICIPANTS

### Session Objectives:

#### The participants will be able to:

- Understand the impact of trauma on the wellbeing of individuals attending reproductive health/family planning clinics
- Learn the signs and symptoms of trauma through case discussion and experience sharing
- Practice the techniques of trauma counselling by role play, activities and demonstration

### Introduction

'Trauma' has both a medical and a psychiatric definition. Medically, 'trauma' refers to a serious or critical bodily injury, wound, or shock. In psychiatry, 'trauma' has assumed a different meaning and refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects.

The word trauma brings to mind the effects of such major events as war, rape, kidnapping, abuse, or surviving a natural disaster. The emotional aftermath of such events, recognized by the medical and psychological communities, and increasingly by the general public, is known as Post-Traumatic Stress Disorder (PTSD). Now there is a new field of investigation 'emotional or psychological trauma.' Trauma and abuse are correlated. Abuse could be emotional, physical or sexual by nature.

Trauma begins with an event or experience that overwhelms an individual's normal coping mechanism. Trauma is any stressor that occurs in a sudden and forceful way and the experience is overwhelming. Women who have experienced traumatic events describe feelings of intense fear, helplessness, and horror (Covington, 2003).

### What is Emotional or Psychological Trauma?

The ability to recognize emotional trauma has changed radically over the course of history. Recent research has revealed that emotional trauma can result from such common occurrences as an auto accident, the breakup of a significant relationship, a humiliating or deeply disappointing experience, the discovery of a life-threatening illness or disabling condition, or other similar situations. Traumatizing events can take a serious emotional toll on those involved, even if the event did not cause physical damage.

### Women and Trauma

Compared to men, women are more likely to be exposed to physical abuse, rape, sexual molestation, childhood parental neglect and childhood physical abuse. Although women are at greater risk for negative consequences following traumatic events, many often hesitate to seek mental health treatment. Survivors often wait for years to receive help, while others never receive treatment at all.

Untreated post-traumatic symptoms not only have tremendous mental health implications, but can also lead to adverse effects on physical health. Female survivors may encounter physical symptoms including headaches, gastro-intestinal problems, and sexual dysfunction.

Although the mental and physical symptoms of post-traumatic stress can be quite debilitating, trauma is often undiagnosed by health professionals due to a lack of training, time, and resources.

### Responses to Trauma

How can an event cause an emotionally traumatic response in one person and not in another? There is no clear answer to this question, but it is likely that one or more of these factors are involved:

- The severity of the event ( e.g., A woman who has been raped may be more traumatized than a woman who has been verbally abused)
- The individual's personal history (e.g., A person who was abused as a child will experience more distress if she has a violent husband who also abuses her. Her coping skills will be different as compared to a non abused woman)
- The larger meaning the event represents for the individual (which may not be immediately evident.) e.g., An individual who has seen a car crash may experience more symptoms than say a person who was abused. This is because the individual who has witnessed the crash may have unresolved issues of the past and poorer coping skills.
- Coping skills, values and beliefs held by the individual. Some individuals have temperaments and personalities which make them more dependent or which make them more aggressive. In these cases their response to trauma may be entirely different as compared to another individual with a more stable personality profile.
- The reactions and support from family, friends, and/or professionals

Anyone can become traumatized. Even professionals, who work with trauma, or other people close to a traumatized person, can develop symptoms of 'vicarious' or 'secondary' traumatization. Developing symptoms is never a sign of weakness. Symptoms should be taken seriously and steps should be taken to heal, just as one would take action to heal these symptoms from a physical ailment. And just as with a physical condition, the amount of time or assistance needed to recover from emotional trauma will vary from one person to another.

### What are the Symptoms of Emotional Trauma?

There are common effects or conditions that may occur following a traumatic event. Sometimes these responses can be delayed, for months or even years after the event. Often people do not initially associate their symptoms with the precipitating trauma. The following are symptoms that may result from a more **commonplace, unresolved trauma**, especially if there were earlier, overwhelming life experiences.

### Symptoms of Emotional Trauma

Symptoms	Characteristics
Physical	<ul style="list-style-type: none"> <li>■ Eating disturbances (more or less than usual)</li> <li>■ Sleep disturbances (more or less than usual)</li> <li>■ Sexual dysfunction</li> <li>■ Low energy</li> <li>■ Chronic, unexplained pain</li> <li>■ Fatigue, headache and exhaustion</li> <li>■ Gastrointestinal distress</li> <li>■ Somatic complaints</li> <li>■ Infertility</li> <li>■ Impotency</li> <li>■ Change in menstrual cycles</li> <li>■ Increased risk of blood pressure and diabetic mellitus</li> <li>■ Decreased resistance to infections</li> </ul>



# Module 2



Symptoms	Characteristics
Emotional	<ul style="list-style-type: none"> <li>Depression, spontaneous crying, despair and hopelessness</li> <li>Anxiety</li> <li>Panic attacks</li> <li>Fearfulness</li> <li>Compulsive and obsessive behaviours (repetitive behaviour which one tries to control but is unsuccessful, and leads to anxiety)</li> <li>Feeling out of control</li> <li>Irritability, anger and resentment</li> <li>Emotional numbness</li> <li>Withdrawal from normal routine and relationships</li> </ul>
Cognitive	<ul style="list-style-type: none"> <li>Memory lapses, especially about the trauma</li> <li>Decreased ability to concentrate</li> <li>Confusion</li> <li>Disorientation</li> <li>Recurring dreams or nightmares regarding traumatic events</li> <li>Precipitations with traumatic events</li> <li>Trouble in attention, concentration and remembering things</li> <li>Difficulty in decision making</li> </ul>
Social	<ul style="list-style-type: none"> <li>Isolated from society</li> <li>Disturbed marital and family life</li> <li>Difficulty to perform his or her job and education</li> <li>Poor interpersonal relationship</li> <li>Economical problems</li> <li>Addictive behaviour which effect client's social life</li> </ul>
Behavioural	<ul style="list-style-type: none"> <li>Sleep problems</li> <li>Crying or weeping</li> <li>Avoiding reminders</li> <li>Restlessness and irritability</li> <li>Difficulty in assertiveness</li> <li>Increased conflicts with family members</li> <li>Anger</li> <li>Addiction</li> <li>Unsafe sexual behaviour</li> </ul>

The following additional symptoms of emotional trauma are commonly associated with a severe precipitating event, such as a natural disaster, exposure to war, rape, assault, violent crime, major car or airplane crashes, or child abuse. Extreme symptoms can also occur as a delayed reaction to the traumatic event.

## Additional Symptoms Associated with a Severe Precipitating Event

Symptom	Characteristics
Re-experiencing the trauma	<ul style="list-style-type: none"> <li>Intrusive thoughts</li> <li>Flashbacks or nightmares</li> <li>Sudden floods of emotions or images related to the traumatic event</li> </ul>

Symptom	Characteristics
Emotional numbing and avoidance	<ul style="list-style-type: none"> <li>Amnesia</li> <li>Avoidance of situations that resemble the initial event</li> <li>Detachment</li> <li>Depression</li> <li>Guilt feelings</li> <li>Grief reactions</li> <li>An altered sense of time</li> </ul>
Increased arousal	<ul style="list-style-type: none"> <li>Hyper-vigilance, jumpiness, an extreme sense of being "on guard"</li> <li>Overreactions, including sudden unprovoked anger</li> <li>General anxiety</li> <li>Insomnia</li> <li>Obsession with death</li> </ul>

## Phases of Traumatic Reactions

- Warning of Threat**
- Impact:** During the impact phase, some people respond in a way that is disorganized and are stunned, and they may not be able to respond appropriately to protect themselves. Such disorganized or apathetic behaviour may be transient or may extend into the post disaster period, so that people may be found wandering helpless in the devastation afterwards. These reactions may reflect cognitive distortions in response to the severe disaster stressors and may for some indicate a level of dissociation.
- Rescue or Heroic:** Emotional reactions will be variable and depend on the individual's perceptions and experience of the different stressor elements noted earlier. Necessary activities of the rescue phase may delay these reactions, and they may appear more as the recovery processes get under way. Reactions may include:
  - Numbness
  - Denial or Shock
  - Flashbacks and Nightmares
  - Grief Reactions to Loss
  - Anger
  - Despair
  - Sadness
  - Hopelessness

Conversely, relief and survival may lead to feelings of elation, which may be difficult to accept in the face of the destruction the disaster has wrought.

- Reconstruction and Recovery:** The recovery phase is the prolonged period of adjustment or return to equilibrium that the community and individuals must go through. It commences as rescue is completed and individuals and communities face the task of bringing their lives and activities back to normal. Much will depend on the extent of devastation and destruction that has occurred as well as injuries and lives lost (Raphael, 1993). A disillusionment phase may soon follow when the disaster is no longer on the front pages of newspapers, organized support starts to be withdrawn, and the realities of losses, bureaucratic constraints, and the changes wrought by the disaster must be faced and resolved.

# Module 2



## What are the Possible Effects of Emotional Trauma?

Even when unrecognized, emotional trauma can create lasting difficulties in an individual's life. One way to determine whether an emotional or psychological trauma has occurred, perhaps even early in life before language or conscious awareness were in place, is to look at the kinds of recurring problems one might be experiencing. These can serve as clues to an earlier situation that caused a deregulation in the structure or function of the brain.

## Common Personal and Behavioural Effects of Emotional Trauma

- Substance abuse
- Compulsive behaviour patterns
- Self-destructive and impulsive behaviour
- Uncontrollable reactive thoughts
- Inability to make healthy professional or lifestyle choices
- Dissociative symptoms ('splitting off' parts of the self)
- Feelings of ineffectiveness, shame, despair, hopelessness
- Feeling permanently damaged
- A loss of previously sustained beliefs

## Common Effects of Emotional Trauma on Interpersonal Relationships

1. Inability to maintain close relationships or choose appropriate friends and mates
2. Sexual problems
3. Hostility
4. Arguments with family members, employers or co-workers
5. Social withdrawal
6. Feeling constantly threatened

## Techniques of Dealing with Trauma

### 1. Supportive Technique and Crisis Intervention

Generally soon after the traumatic event, personal attempts at solving the problem fail. There seems to be no satisfactory solution to the problem. The individual feels a sense of helplessness and loss of control. The client may desire to be helped by others; they are amenable to outside intervention as they know that coping without support is difficult

### Principles of crisis counselling

One can use an eclectic approach while counselling in a crisis situation arising out of trauma. The counsellor should focus on the immediate concerns of the client and should not spend more time in history taking and assessment. The assessment should be problem focused and the approach should be to give quick relief to the disturbance based on the experience.

#### Counselling should:

- Be brief
- Be directive; it requires the counsellor to play an active and direct role

- Deal with the individual, his/her family and social network
- Focus on the client's present problems
- Be reality-oriented, should enable the client to have a clear cognitive perception of the situation
- Help the client develop more adaptive mechanisms for coping with future problems and crises

#### Guidelines in Crisis Counselling

- Remain calm and show confidence
- Listen actively
- Show acceptance and be non-judgemental
- Show empathy and reflection of feelings
- Provide a relaxing atmosphere/an office
- Allow client to speak freely, with minimal interruption
- Allow ventilation of feelings
- Explore immediate crisis rather than underlying causes
- Assess the symptoms experienced
- Assess suicide risk, ask the client about suicidal feelings
- Do not minimize the crisis
- Agree on a plan of action; do not prescribe
- Prioritize; agree on aspects that can be easily dealt with
- Avoid going into past and attend to immediate concerns
- Have local resources to help, consider the available support system.

## 2. Cognitive and behavioural approach

### ■ Assessment and cognitive appraisal

During the history taking phase, the counsellor should ask questions to understand what the impact of trauma on the client is. The impact of the same event differs from client to client. The impact depends upon the way the client perceives the situation. Understanding the thought process of the client is known as cognitive appraisal.

### ■ Recognizing beliefs and thoughts associated with the event

Based on the impact of an event, the counsellor should explore the beliefs and thoughts of the client. Simple questions can be asked, e.g. "when you think of the incident what thought comes to your mind?"

### ■ Analyzing how these thoughts are interweaving and blocking the process of healing

The counsellor should explore if the thoughts are repetitive and makes the client unable to find solutions. The counsellor can ask the client, "how often do these thoughts occur to you and how do they affect your daily life?"

### ■ Changing and replacing maladaptive thoughts with adaptive thoughts

Use of some of the ABC technique explained in the module of overcoming "Guilt and Shame"

### ■ Cognitive rehearsal and listening to the inner voice

Cognitive rehearsal helps the client to practice the adaptive thoughts which have emerged during the session.

# Module 2

## ■ Step by step practice to change the self talk

Encouraging the client to practice positive self talk in a role play situation

## ■ Creating safe space

The clients should be taught to relax by closing the eyes and focusing on breathing using deep breathing techniques and scanning their body and being aware of any physical discomfort. While in a relaxed position, they should be asked to imagine a real or imaginary comforting situation where the client feels secure and comfortable. The safe place created should be used as a comfort zone whenever the discomfort level is high. Clients are asked to use this safe place exercise even when they are alone and feel helpless.

## ■ Encouraging self care techniques

The clients should be encouraged to explore the methods they can use to make them feel relaxed and free from traumatic thoughts. Usually clients prefer different methods as some prefer home based methods e.g. reading, cooking, sewing, playing with children or watching TV or outdoor activities e.g. going for walks, exercises (gym), swimming, movies depending on the social, cultural and economic conditions. The responsibility of the counsellor is to ensure that the clients take time out from the routine where the disturbing thought reoccurs most of the time.

In order to see the long term effect of the trauma counselling, following methods can be used:

- Making note of the changes experienced due to changed self talk, following safe space and self care techniques
- Monitoring the changes by home work assignment
- Seeking social support and increasing outreach
- Engaging in other productive activities
- Relaxation and stress reduction technique
- Follow up for sustained change
- Developing referrals and linkages for care and support

## Assessment and appraisal

Remember, any traumatic event does not have the same impact across individuals. Thus it is essential to assess and evaluate before progressing for intervention. Following are some of the points to be kept in mind:

- What was the incident?
- How did it affect the individual?
- How did the person react emotionally, physically, behaviourally and socially?

## 3. Counselling Approaches for System Strengthening for the Family

The traumatic incident/event may occur to an individual or to more members of the family. Many times the trauma impacts the whole family or a part of the family. Dealing with family should be done with caution and for the best interest of the individual. Remember if the perpetrator is a family member, there will be power dynamics and engaging the family to help the client may prove undesirable. It is prudent to



initially work with the affected individual and if the concern of family involvement is perceived by the counsellor, it is advisable to conduct family counselling.

Due to interdependence if any family member undergoes a crisis situation it causes concerns for the entire unit. A counsellor while working with the family needs to view the problem from the larger perspective. When a crisis situation arises, e.g. due to HIV infection of one of the member, intra familial dynamics affect the relationship between the family members. Often there is a breakdown in the structure and systems become weak, thus the crisis becomes unmanageable.

Family counselling can be defined as a systematic effort to produce beneficial changes in a family unit by introducing changes in the patterns of interaction between members of the family. Its aim is the establishment of more satisfying ways of living for the entire family and for individual members.

Following are the steps and processes of family counselling:

- **Initial contact with counsellor:** Initiated by a family member or through referrals
- **First interview:** Rapport, 'ice-breaking', introduction of all members, understanding their positions and the power they hold on one another
- Family functioning evaluated in the 'here and now' with focus on current issues in the clients' and their families' lives
- Less emphasis on diagnosis of trauma
- **Establishing ground rules:** The counsellor should avoid getting trapped in situations wherein confidential information is given by any one of the family members. The counsellor should also not be prejudiced by information given by one family member about the other
- Focus to be shifted from the individual to the family
- Restructure the family system
- The 'blame' game should be discouraged and prevented as far as possible.

Family counselling essentially uses the basic stages of counselling as

1. Rapport-building
2. Assessment of the problem(s)
3. Analysis of the problem(s)
4. Planning and initiating steps
5. Implementation
6. Termination and follow-up

Position of the counsellor in family counselling

- The counsellor and co-counsellor form an integral part of family counselling
- The counsellor facilitates identification and definition of the problem
- The counsellor has to involve all concerned family members and significant others in the counselling process
- The counsellor is the facilitator and provides support to the family

# Module 2

## The counsellor should avoid the following

- Condescending attitude and negative opinions towards the trauma affected person
- Inhibitions and personal prejudices (isolating/avoiding) against any family members involved in the session
- Discussing sensitive details of abuse particularly if it is sexual abuse
- Encouraging the affected individual to repeat the traumatic event in front of the other family members

## Techniques Used in Family Counselling

- **Role-play:** Re-enactment
- **Homework:** Noting behavioural patterns in the family
- **Skills training/facilitation of interpersonal communication**
- **Cognitive restructuring:** This involves recognizing and changing unclear or incorrect thoughts with clear and correct thoughts, which will help the client adjust to the situation
- **Group therapy:** Learning from each other's experience
- **Behaviour counselling**

## References and Further Reading

Covington, S. S. Beyond Trauma, A Healing Journey for Women, Hazelden, USA, 2003.

Excerpted from Raphael, Disaster Mental Health Response Handbook, NSW Health, 2000.

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Haley, J. The First Therapy Session, Jossey-Bass, San Francisco, 1980.

Parnell, L. EMDR in The Treatment of Adult Abused as Children, W. W. Norton and Co, NY, London, 1999.

Shapiro, F. Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures (2nd ed.), Guilford Press, NY, London, 2001.



## 2.4. Power Point Presentations

<p><b>Counselling for Trauma</b></p> <p>Slide 1</p>	<p><b>Session Objectives</b></p> <p>The participants will be able to:</p> <ul style="list-style-type: none"><li>■ Understand the impact of trauma on the wellbeing of individuals attending reproductive health/family planning clinics</li><li>■ Learn the signs and symptoms of trauma through case discussion and experience sharing</li><li>■ Practice the techniques of trauma counselling by role play activities and demonstration</li></ul> <p>Slide 2</p>
<p><b>Activity 1</b></p> <p><b>Small group discussion</b></p> <p>'Think back on your own life and identify any occasion when you experienced shock, jolt, and blow which had a lasting impression. When you recall the experience, notice the emotions associated and how it feels today? It may have been a small trauma (t) or a big trauma (t), but it had an impact on you at the time.'</p> <p>Slide 3</p>	<p><b>Activity 2</b></p> <p><b>Building a demographic profile of a family</b></p> <p>Slide 4</p>
<p><b>What is Emotional or Psychological Trauma?</b></p> <p>Emotional trauma can be caused by any man made or natural disaster which displaces people from normal life style. It can also result from such common occurrences as:</p> <ul style="list-style-type: none"><li>■ An auto accident</li><li>■ The breakup of a significant relationship</li><li>■ A humiliating or deeply disappointing experience</li><li>■ The discovery of a life-threatening illness or disabling condition</li></ul> <p>Slide 5</p>	<p>Traumatizing events can take a serious emotional toll on those involved, even if the event did not cause physical damage.</p> <p>Slide 6</p>
<p><b>Traumatic event does not have uniform impact because of:</b></p> <ul style="list-style-type: none"><li>■ The severity of the event</li><li>■ The individual's personal history (which may not even be recalled)</li><li>■ The larger meaning the event represents for the individual (which may not be immediately evident)</li><li>■ Coping skills, values and beliefs held by the individual (some of which may have never been identified)</li><li>■ The reactions and support from family, friends, and/or professionals</li></ul> <p>Slide 7</p>	<p><b>Symptoms of Emotional trauma</b></p> <p><b>Physical</b></p> <ul style="list-style-type: none"><li>■ Eating disturbances (more or less than usual)</li><li>■ Sleep disturbances (more or less than usual)</li><li>■ Sexual dysfunction</li><li>■ Low energy</li><li>■ Chronic, unexplained pain</li><li>■ Fatigue, Headache and Exhaustion</li><li>■ Gastrointestinal distress</li><li>■ Miscellaneous somatic complaints</li><li>■ Change in menstrual cycles</li><li>■ Increased risk of blood pressure and diabetic mellitus</li><li>■ Decreased resistance to infections</li></ul> <p>Slide 8</p>

# Module 2



## Symptoms of Emotional Trauma

### Emotional

- Depression, spontaneous crying, despair and hopelessness
- Anxiety
- Panic attacks
- Fearfulness
- Compulsive and obsessive behaviours
- Feeling out of control
- Irritability, anger and resentment
- Emotional numbness
- Withdrawal from normal routine and relationships

Slide 9

## Symptoms of Emotional Trauma

### Cognitive

- Memory lapses, especially about the trauma
- Decreased ability to concentrate
- Confusion
- Disorientation
- Recurring dreams or nightmares regarding traumatic events
- Precipitations with traumatic events
- Trouble in attention, concentration and remembering things
- Difficulty in decision making

Slide 10

## Symptoms of Emotional Trauma

### Social

- Isolated from society
- Disturbed marital and family life
- Difficult to perform his or her job and education
- Poor interpersonal relationship
- Economical problems
- Addictive behaviour which effect client's social life

Slide 11

## Symptoms of Emotional Trauma

### Behavioural

- Crying or weeping
- Avoiding reminders
- Restlessness and irritability
- Difficulty in assertiveness
- Increased conflicts with family members
- Anger
- Addiction
- Unsafe sex behaviour

Slide 12

## Distinctive Features

### Re-experiencing the trauma

- Intrusive thoughts
- Flashbacks or nightmares
- Sudden floods of emotions or images related to the traumatic event

Slide 13

## Distinctive Features

### Emotional numbing and avoidance

- Amnesia
- Avoidance of situations that resemble the initial event
- Detachment
- Guilt feelings
- Grief reactions
- An altered sense of time

Slide 14

## Distinctive Features

### Increased arousal

- Hyper-vigilance, jumpiness, an extreme sense of being "on guard"
- Overreactions, including sudden unprovoked anger
- General anxiety
- Insomnia

Slide 15

## Phases of Traumatic Reactions

- Warning of threat
- Impact
- Rescue or heroic
- Reconstruction and recovery

Slide 16

## Techniques of Dealing with Trauma

- Crisis intervention
- Cognitive and behavioural approach
- Family counselling

Slide 17

## Supportive Technique and Crisis Intervention

### Guidelines in crisis counselling

- Remain calm and show confidence
- Listen actively
- Show acceptance and be non-judgemental
- Show empathy and reflection of feelings
- Provide a relaxing atmosphere/an office
- Allow client to speak freely, with minimal interruption
- Allow ventilation of feelings

Slide 18

## Guidelines in Crisis Counselling

- Explore immediate crisis rather than underlying causes
- Assess the symptoms experienced
- Assess suicide risk, ask the client about suicidal feelings
- Do not minimize the crisis
- Agree on a plan of action; do not prescribe
- Prioritize; agree on aspects that can be easily dealt with
- Avoid going into past and attend to immediate concerns
- Have local resources to help, consider the available support system

Slide 19

## Activity 3 Role play on Supportive Technique and Crisis intervention

Slide 20

## Cognitive and Behavioural Approach

- Assessment and cognitive appraisal
- Recognizing beliefs and thoughts associated with the event
- Analyzing how these thoughts are interweaving and blocking the process of healing
- Changing and replacing the maladaptive thoughts with the adaptive thoughts
- Cognitive rehearsal and listening to the inner voice

Slide 21

## Cognitive and Behavioural Approach

- Step by step practice to change the self talk
- Creating safe space
- Encouraging self care techniques
- Making note of the changes experienced due to changed self talk, following safe space and self care techniques

Slide 22

## Cognitive and Behavioural Approach

- Monitoring the changes by home work assignment
- Seeking social support and increasing outreach
- Engaging in other productive activities
- Relaxation and stress reduction technique
- Follow up for sustained change
- Developing referrals and linkages for care and support

Slide 23

## Activity 4 Role play on Cognitive and Behavioural Approach

Slide 24



# Module 2



## Counselling Approaches for System Strengthening for the Family

The traumatic incident/event may occur to an individual or to more individuals from a family. Many times the trauma impacts the whole family or a part of the family. Dealing with family should be done with caution and for the best interest of the individual.

Slide 25.

## Counselling Approaches for System Strengthening for the Family

Remember if the perpetrator is a family member, there will be power dynamics and engaging a family to help the client may prove undesirable.

It is prudent to initially work with the affected individual and if the concern of family involvement is perceived by the counsellor, it is advisable to conduct family counselling.

Slide 26.

## Techniques used in Family Counselling

- Role-play: Re-enactment
- Homework: Noting behavioural patterns in the family
- Skills training/facilitation of interpersonal communication
- Cognitive restructuring: This involves recognizing and changing unclear or incorrect thoughts with clear and correct thoughts, which will help the client adjust to the situation
- Group therapy: Learning from each other's experience
- Behaviour counselling

Slide 33.

## Questions & Answers

Any clarifications on family counselling and techniques being used

Slide 34.

## Activity 5

Demonstration and role play on Family Counselling

Slide 27.

## Steps and Processes of Family Counselling

- Initial contact with counsellor: Initiated by family member or through referrals
- First interview: Rapport, 'ice-breaking', introduction of all members, understanding their positions and power they hold on one another
- Family functioning evaluated in the 'here and now' with focus on current issues in the clients' and their families' lives
- Less emphasis on diagnosis of trauma

Slide 28.

## Conclusion: Key Points

- Discussed how a traumatic event can impact people differently
- Reviewed the signs and symptoms of trauma
- Practiced counselling stages and process through role play by using the following techniques:
  - Crisis intervention
  - Cognitive and behavioural approach
  - Family counselling

Slide 35.

## Steps and Processes of Family Counselling

- Establishing ground rules: The counsellor should avoid getting trapped in situations wherein confidential information is given by any one of the family members. The counsellor should also not be prejudiced by information given by one family member about the other
- Focus to be shifted from the individual to the family
- Restructure the family system
- The 'blame' game should be discouraged and prevented as far as possible.

Slide 29.

## Stages of Counselling in the Family

1. Rapport-building
2. Assessment of the problem(s)
3. Analysis of the problem(s)
4. Planning and initiating steps
5. Implementation
6. Termination and follow-up

Slide 30.

## Position of the Counsellor in Family Counselling

- The counsellor and co-counsellor form an integral part of family counselling
- Counsellor facilitates identification and definition of the problem
- The counsellor has to involve all concerned family members and significant others in the counselling process
- The counsellor is the facilitator and provides support to the family

Slide 31.

## The counsellor should avoid the following

- Moralizing attitude and negative opinions towards the trauma affected person
- Inhibitions and personal prejudices (isolating/avoiding) against any family members involved in the session
- Discussing sensitive details of abuse particularly if it is sexual abuse
- Encouraging the affected individual to repeat the traumatic event in front of the other family members

Slide 32.

# Module 2

## 2. 5. Relaxation Technique

Relaxation restores harmony and helps to create conditions for optimum living. It is the releasing of physical and mental tensions. Some people need help and training to understand how to release physical and mental tensions.

Relaxation therapy has a range of techniques to create a profound level of relaxation and through them, into an enhanced psychological integration.

### Techniques:

#### Cool air in, warm air out

First close your eyes and start breathing deeply. As you breathe in, become aware of the air coming in your nostrils. As you breathe out, be aware of the sensations of the air passing back out. Perhaps you notice that the air coming in tends to be cooler and the air you breathe out tends to be warmer. Just be aware of cool air in; warm air out.

#### Relaxation of muscles

Continue breathing deeply and concentrate on your feet and legs. If you find any tenseness in them, start loosening the muscles slowly. Concentrate on your breathing. Now move upward towards your thigh, buttock muscles, stomach. (The facilitator has to cover the whole body, till all the muscles are relaxed)

OR

#### Breathing tensions away

Gently focus your attention on your feet. As you take in a slow, deep breath, imagine collecting all the tension in your feet and legs, breathing them into your lungs and expelling them as you exhale. Then with a second deep breath, all the tensions in your trunk, hands and arms, expel that. With a third one, collect and expel all those in your shoulders, neck and head. With practice, some people are able to collect tension in the entire body in one deep inhalation.

#### Ideal relaxation

After the body is relaxed, with your eyes closed, take a moment to create, in your mind's eye, an ideal spot for relaxation. You can make it any place, real or imagined. Perhaps it is a favourite room, a beautiful meadow, an ocean beach, or a floating cloud. See yourself in comfortable clothes. Now, once you have created it, go back there and tell yourself, 'I am at peace', 'I am relaxed here'.

Concentrate on your breathing and gradually open your eyes.

# Module 3



## Module 3 Counselling for Guilt and Shame

### 3.1. SESSION PLAN FOR THE FACILITATORS

#### Session Objectives:

The participants will be able to understand:

- The constituents and elements of guilt and shame
- How guilt and shame affect the wellbeing of the person
- The linkage between the thoughts and feelings which constitute the inner strength
- How we hold our feelings which block our thinking and functioning
- The ABC approach to overcome strong feelings
- How to help clients to dispute their irrational beliefs and replace them with empowering self position and disposition

**Time allotted:** 7-8 hours

#### Training materials:

- LCD projector and screen
- CD with slides
- 4-5 flip charts to discuss brainstorming and activity
- Stationary for participants to write down the points for case study
- Handouts and activity sheet

#### Session Instructions for Facilitators:

Start the session with the power point presentation, *Slide 2* and then continue as specified below. The matter in the presentations is elaborated in the handouts and the activities are elaborated in the session plan below for you. A separate activity sheet is available to the participants. The activities are interwoven with the theory,

1. Present objectives of the session, *Slide 2*
2. Conduct activity 1, *Slide 3*

#### Activity 1. The Observer Self

**Time allotted:** 15-20 minutes

The objective of this activity is to allow the participants to be in touch with their thoughts, feelings and body awareness particularly while passing through a situation of guilt or shame.

#### Instruction:

Recall any recent or past situation where you felt ashamed or guilty. Now close your eyes and get totally involved in the scene of the situation. Keep your focus on the situation and notice the discomfort in your body. Be aware of the thoughts which occur while visualizing the situation. Make note of the words which

# Module 3

can define and describe your thoughts. Observe the feelings associated with the situation and the thoughts. Make a note of and give word to your feelings. Take a deep breath and open your eyes.

Kindly put down your experience in the given table

What was the situation?	What were your spontaneous thoughts?	How did you feel?	Body sensations and where it feels?

Invite feedback from some of the participants on their introspection and debrief them explaining the link between their thoughts and feelings.

3. Continue with *Slides 4-7* introducing guilt and shame and what is their impact on self growth.
4. Conduct activity 2, *Slides 8-9*

## Activity 2. Let it Go

**Time allotted:** 15–20 minutes

The purpose of this activity is to make the participants understand that they are in charge of holding their feelings.

### Following Instructions to be Given:

'Pick up a pen, a pencil, or some small object that you would be willing to drop without giving it a second thought. Now, hold it in front of you and really grip it tightly. Notice the pain or discomfort it causes you.'

Debrief by saying, 'Now, open your hand and roll the object around in it. Notice that you are the one holding on to it; it is not attached to your hand. The same is true with your feelings, too. Your feelings are as attached to you as this object is attached to your hand.'

Discuss that we hold on to our feelings and forget that we are holding on to them. It's even in our language. When we feel angry or sad, we don't usually say, "I feel angry," or, "I feel sad." We say, "I am angry," or, "I am sad." Without realizing it, we are misidentifying that we are the feeling. Often, we believe a feeling is holding on to us. This is not true... we are always in control and just don't know it.

### Now, let the object go.

What happened? You let go of the object, and it dropped to the floor. Was that hard? Of course not. That's what we mean when we say "let go."



**You can do the same thing with any emotion: Choose to let it go.**

**Sticking with this same analogy:** If you walked around with your hand open, wouldn't it be very difficult to hold on to the pen or any other object you're holding? Likewise, when you allow or welcome a feeling, you are opening your consciousness, and this enables the feeling to drop away all by itself—like the clouds passing in the sky or smoke going up a chimney with the flue open. It is as though you are removing the lid from a pressure cooker.

Now, if you took the same object— a pencil, pen, or pebble— and magnified it large enough, it would appear more and more like empty space. You would be looking into the gaps between the molecules and atoms. When you dive into the very core of a feeling, you will observe a comparable phenomenon: nothing is really there.

Encourage discussion and participation for sharing the experience of each participant.

5. Explain ABC technique using *Slides 10-11*

6. Conduct activity 3, *Slide 12*

## Activity 3. Knowing your Irrational and Rational Beliefs

**Time allotted:** 30– 40 minutes

This activity helps counsellors to understand the difference between irrational and rational beliefs.

To initiate this activity prepare twenty cards indicating ten rational and ten irrational beliefs. Mix them up and distribute them in a random order to the participants and ask them not to discuss in advance what is written on the card. Prepare two stations at a distance, one for rational beliefs and the other for irrational beliefs indicated by a signage. Invite the participants to sit in a circle and ask them to see the cards one by one and place each in the station it belongs to. After the designated participant has placed the belief card, invite the opinion of the rest of the participants and discuss the appropriateness of the placement of the card. Go as per the majority view to put the card in the proper section.

After all the cards are placed you should check from the handout the appropriateness of their position and explain irrational beliefs as the cause of emotional problems.

7. Discuss irrational beliefs *Slides 13-14*

8. Elaborate the application of ABC technique from *Slides 15-17*.

9. Discuss the case of Sheila using *Slides 18-20* and review the ABC context from the handouts in detail.

### CASE STUDY

Sheila, a 31 years old married woman who had been sexually abused during her childhood constantly thinks that it was her fault as she did not take care of herself. She has never shared her past experience with anyone who is significant in her life as she feels that it was her mistake that led to the situation. Informing others will not help to resolve any problem. She thinks that sharing with others will make her more vulnerable. She blames her destiny and is always doubtful of her actions. She always consults significant others for all her decisions.

# Module 3



She tries to please everyone around because she feels that she may get into some kind of trap if she disobeys anyone around. She is oversensitive and generalizes her fears to other situations. She fears meeting and facing all men and occasionally doubts her ability to protect herself from any outside harm. She is self doubting and guilt ridden. She is unable to understand her self defeating ideas and in spite of her high level of education prefers to stay at home and do household chores with dedication. Sheila has two children, a girl aged 5 and a boy aged 2. She overprotects them and does not permit them to do several normal things children at their age should be doing. She blames herself for any behavioural problems of her children and her self talk is that "I am a useless mother," "I am responsible for not giving happiness to others," "I should improve my behaviour otherwise.....," "I am not as lucky as others," "this is not the time for me to enjoy," "I should do my duties diligently."

At home, her husband constantly ridicules and often beats her for her 'inefficiency'. Her in-laws blame her for the 'poor upbringing' of the children as they are not 'socially apt' and for not being an 'efficient' housewife. Sheila takes all the blame in a submissive way and hardly asserts herself for any issues that arise in her family. Sheila at this stage does not want to get pregnant and she wants to seek guidance for contraception and approaches the family planning clinic. Sheila needs help.

**Some examples for ABC techniques:** Sheila attended family planning/ reproductive health centre for contraception counselling and the counsellor finds out through her case history that she is suffering from guilt and shame due to some past incidents. In order to work in ABC context the counsellor can proceed by taking the following steps.

Some examples to understand ABC paradigm from the story of Sheila:

Situation	Beliefs	Experienced Emotions
<b>Who</b> (I was sexually abused during childhood )	<b>What did I think?</b> (It was my fault, I can't take care of myself, how can I take care of my children? I am a sinful person)	<b>What did I feel?</b> ( I felt ashamed, guilty and depressed)
<b>What</b> (My husband hits me)	<b>What did I assume?</b> (I am not worthy of being a good wife)	<b>How did it affect me?</b> (I am ashamed of myself)
<b>When</b> (My in laws accuse me of not taking care of home and children)	<b>What did I imagine?</b> (They are bad people and do not love me)	<b>What was my experience?</b> (I feel rejected and dejected)
<b>Where</b> (I have come to the clinic for preventing more childbirths)	<b>What did I believe?</b> (My life is full of miseries as I can't keep people happy, I can't make right decisions, I am not sure what to do? I should learn to take care of myself and my children, I am ignorant, stupid, useless)	<b>Where did it cause discomfort?</b> (My head feels heavy most of the time, I get cramps in my stomach)

10. Conduct activity 4, Slide 21

## Activity 4. Working as Pairs with Role Play for ABC Techniques

**Time allotted:** 60-90 minutes

This activity will help the participants to apply ABC technique in a role play simulation.

### Case study for the role play:

Peter, a 35 years old male approached the reproductive health centre for counselling. He is married and has two young children aged 4 and 2. His wife is pregnant and regularly comes to the centre for her checkups.

He has decided to take an HIV test at the suggestion of his friend. He reluctantly reports that he often has sex with other women, the most recent occasion being 3 weeks ago. He reports that this usually occurs when he has been drinking alcohol and that he does not use condoms. His wife is unaware of his sexual practices. He does not use condoms with his wife. He most recently had sex with his wife 2 weeks ago. He is unsure what he would do if he tested HIV positive. He is particularly concerned about how he would tell his wife and how she may react. He is worried about his family and has recurrent thoughts of ending his life.

### Reiterate ABC Technique before Starting the Practice Session:

- A Activation agent or situation
- B Belief towards A
- C Consequences or the experienced emotions

Situation/activating agent	Beliefs towards A	Experienced Emotions/consequences
Who	What did she/he think?	What did she/he feel?
What	What did she/he assume?	How did it affect her/him?
When	What did she/he imagine?	What was her/his experience?
Where	What did she/he believe?	Where did it cause discomfort?

### Applying ABC Technique:

After analyzing A, B and C we should add D, E and F for behaviour change

- D Your changed belief by disputing the original belief (B)
- E Your effective rational belief
- F Your feelings and behaviour after effective rational beliefs

Based on your understanding work on changing the irrational beliefs in a given format:

Event in an abbreviated form	Your thoughts/ beliefs towards A	Your associated emotions/ consequences	Your changed belief by disputing the original	Effective rational beliefs	Feeling and behaviour
(A)	(B)	(C)	(D)	(E)	(F)



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Check the list given below to identify some of the irrational thoughts.

## Irrational Thinking Involved in Shame and Guilt Feelings:

- I was responsible for the bad things that happened to me in my childhood.
- How can I face others with what happened to me?
- I am an awful person for that to have happened to me.
- I must have asked for what I got in the past.
- I am a bad person for what happened to me in the past.
- I can never tell others what happened to me in my past.
- I do not deserve to be happy.
- I am responsible for my family's (spouse's) happiness.
- There is only one "right" way to do things.
- It's bad to feel hurt and pain.
- My children should never suffer in their childhood like I did in mine.
- My kids should have more material things than I did.
- It is my fault if others in my life are not happy.
- If my kids fail in any way, it's my responsibility.
- It is wrong to be concerned about myself.
- People are constantly judging me, and their judgment is important to me.
- It is important to save face with others.
- It is wrong to accept the negative aspects of my life without believing that I am responsible for them myself.
- I am responsible if either positive or negative events happen to the members of my family.
- I must not enjoy myself during a time when others expect me to be in mourning, grief, or loss.
- I must never let down my guard; something I'm doing could be evil or wrong.
- I must always be responsible, conscientious, and giving to others.
- How others perceive me is important as to how I perceive myself.
- No matter what I do, I am always wrong.
- I should never feel shame and guilt.
- If you feel shame and guilt, then you must be or have been wrong.

## Review the Steps of ABC Technique:

### Steps for ABC Techniques:

(Please refer to the case study of Sheila)

1. Assess study and analyze the situation which has caused one discomfort (situational analysis of activating agent).
2. Be aware of your thoughts and beliefs and take responsibility for your own thoughts.
3. Review the consequences, the resulting emotions and their link with your beliefs.
4. Notice the impact on your body and behaviour by becoming a self observer.
5. Dispute your thoughts and beliefs and tell yourself that I am capable of controlling my own thoughts.
6. Revisit your changed beliefs for consequent emotions.

7. Feel your emotions with your changed beliefs.
8. Notice the changes in your reactions, behaviour and emotions.
9. Maintain a work book/diary.

Divide the participants into pairs and both should discuss the case of Peter. Role play alternatively as a counsellor and a client following all the steps of ABC technique.

11. Gather the participants and ask for their experience and encourage questions on the ABC technique, Slide 22.

12. Conduct activity 5, Slide 23.

## Activity 5. Case Discussion on the Premise of ABC Technique

Time allotted: 30–40 minutes

Divide the participants into 3–4 groups and ask them to carefully study the case study given below. They should analyze the situation, thoughts & beliefs, consequences. After reviewing the A, B & C they should work in the above format for completing D, E & F for the expected outcomes.

### CASE STUDY

Rebecca, an 18-year-old girl studying in the 12th standard is an adopted child. She has a brother and a sister, who were born after her adoption. As the years passed her parents started showing discrimination towards her while showering affection on their 'own' children. Rebecca grew up in an insecure environment, so she avoided talking to people around her and particularly to strangers and didn't make friends with anyone.

She was not doing well in her academics and was not interested in any extra curricular activities. Robert, a young boy from the neighborhood entered her life three years back, when she was 15. Gradually they became close. Robert supported Rebecca in her studies, by helping her do her homework, in solving mathematical problems etc. and motivated her to do better in her studies and also to take part in extra curricular activities.

Robert introduced Rebecca to his parents and other family members and expressed his earnest wish to marry Rebecca. The no-objection to their friendship from Robert's parents, led to mutual caressing and physical intimacy the same afternoon.

Robert met with a road accident and he died on the spot.

Robert's death was a great shock to Rebecca in addition to the feeling of guilt about indulging in sex before marriage. She was tense and worried about her missing periods. She was worried whether she had become pregnant, And if yes, what would happen next? How would she face her parents? What should she do?

13. Conclude the session with key points, Slide 24

# Module 3



## Rational and Irrational Beliefs

I wanted to be loved and approved of, but I can't be loved by everyone.
I want to do things well, but I accept I will occasionally make mistakes.
I must be loved or liked and approved of by everyone.
I must be competent, never make mistakes and achieve all the time if I have to be considered worthwhile.
Most of us do bad things, but making myself upset will not change that.
Many people are bad, wicked or evil and they should be punished for that.
I can cope if things are just not right.
It is the end of the world when things are not how I want them to be.
Problems may be influenced by the factors outside my control, but my reactions to them are under my control.
My bad feelings are caused by things outside my control.
Worrying about something won't stop it happening. But I can prepare for possible problems.
I should worry a lot about things that might be dangerous or unpleasant.
Putting off problems does not make them any easier to face up to.
It is easier to put off difficult or unpleasant things than to face them.
The only person I really need to rely on is myself.
I need to depend on someone stronger than myself.
My problems may stem from the past, but what keeps it (them) going now are my own thoughts and actions.
My problems were caused by events in my past, so I can't do anything about it.
I won't be able to help people in trouble if I become miserable over them.
I should be upset by other people's problems and difficulties.

## 3.2. ACTIVITY SHEET FOR THE PARTICIPANTS

### Activity 1. The Observer Self

**Time allotted:** 15-20 minutes

The objective of this activity is to allow participants to be in touch with their thoughts, feelings and body awareness particularly while going through a situation experiencing guilt or shame.

#### Instruction:

'Recall any recent or past situation where you felt ashamed or guilty. Now close your eyes and get totally involved in the scene of the situation. Keep your focus on the situation and notice the discomfort you feel in the body. Be aware of the thoughts which occur while visualizing the situation. Make note of the words which can define and describe your thoughts. Observe the feelings associated with the situation and the thoughts. Make a note of and give word to your feelings. Take a deep breath and open your eyes.'

Kindly put down your experience in the given table:

What was the situation?	What were your spontaneous thoughts?	How did you feel?	Body sensations and where it feels?

### Activity 2. Let it Go

**Time allotted:** 15-20 minutes

Pick up a pen, a pencil, or some small object that you would be willing to drop without giving it a second thought. Now, hold it in front of you and really grip it tightly. Notice the pain or discomfort it causes to you. Now, open your hand and roll the object around in it. Notice that you are the one holding on to it; it is not attached to your hand. The same is true with your feelings, too. Your feelings are as attached to you as this object is attached to your hand.

We hold on to our feelings and forget that we are holding on to them. It's even in our language. When

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we feel angry or sad, we don't usually say, "I feel angry," or, "I feel sad." We say, "I am angry," or, "I am sad." Without realizing it, we are misidentifying that we are the feeling. Often, we believe a feeling is holding on to us. This is not true... we are always in control and just don't know it.

Now, let the object go.

What happened? You let go of the object, and it dropped to the floor. Was that hard? Of course not. That's what we mean when we say "let go."

**You can do the same thing with any emotion:** choose to let it go.

**Sticking with this same analogy:** If you walked around with your hand open, wouldn't it be very difficult to hold on to the pen or any other object you're holding? Likewise, when you allow or welcome a feeling, you are opening your consciousness, and this enables the feeling to drop away all by itself- like the clouds passing in the sky or smoke going up a chimney with the flue open. It is as though you are removing the lid from a pressure cooker.

## Activity 3. Knowing your Irrational and Rational Beliefs

**Time allotted:** 30–40 minutes

Discuss the case of Sheila and review the ABC context from the handouts in detail.

### CASE STUDY

Sheila, a 31 years old married woman who had been sexually abused during her childhood constantly thinks that it was her fault as she did not take care of herself. She has never shared her past experience with anyone who is significant in her life as she feels that it was her mistake that led to the situation. Informing others will not help to resolve any problem. She thinks that sharing with others will make her more vulnerable. She blames her destiny and is always doubtful of her actions. She always consults significant others for all her decisions.

She tries to please everyone around because she feels that she may get into some kind of trap if she disobeys anyone around. She is oversensitive and generalizes her fears to other situations. She fears meeting and facing all men and occasionally doubts her ability to protect herself from any outside harm. She is self doubting and guilt ridden. She is unable to understand her self defeating ideas and in spite of her high level of education prefers to stay at home and do household chores with dedication. Sheila has two children, a girl aged 5 and a boy aged 2. She overprotects them and does not permit them to do several normal things children at their age should be doing. She blames herself for any behavioural problem of her children and her self talk is that "I am a useless mother," "I am responsible for not giving happiness to others," "I should improve my behaviour otherwise.....," "I am not as lucky as others," "this is not the time for me to enjoy," "I should do my duties diligently."

At home, her husband constantly ridicules and often beats her for her 'inefficiency'. Her in-laws blame her for the 'poor upbringing' of the children as they are not 'socially apt' and for not being an 'efficient' housewife. Sheila takes all the blame in a submissive way and hardly asserts herself for any issues that arise in her family. Sheila at this stage does not want to get pregnant and she wants to seek guidance for contraception and approaches the family planning clinic. Sheila needs help.



**Some examples for ABC techniques:** Sheila attended family planning centre for contraception counselling and counsellor finds out through her case history that she is suffering from guilt and shame due to some past incidents. In order to work in ABC context the counsellor can proceed by taking the following steps.

**Some examples to understand ABC paradigm from the story of Sheila:**

Situation	Beliefs	Experienced Emotions
<b>Who</b> (I was sexually abused during childhood )	<b>What did I think?</b> (It was my fault, I can't take care of myself, how can I take care of my children? I am a sinful person)	<b>What did I feel?</b> ( I felt ashamed, guilty and depressed)
<b>What</b> (My husband hits me)	<b>What did I assume?</b> (I am not worthy of being a good wife)	<b>How did it affect me?</b> (I am ashamed of myself)
<b>When</b> (My in laws accuse me of not taking care of home and children)	<b>What did I imagine?</b> (They are bad people and do not love me)	<b>What was my experience?</b> (I feel rejected and dejected)
<b>Where</b> (I have come to the clinic for preventing more childbirths)	<b>What did I believe?</b> (My life is full of miseries as I can't keep people happy, I can't make right decisions, I am not sure what to do? I should learn to take care of myself and my children, I am ignorant, stupid, useless)	<b>Where did it cause discomfort?</b> (My head feels heavy most of the time, I get cramps in my stomach)

## Activity 4. Working as Pairs with Role Play for the ABC Techniques

**Time allotted:** 60–90 minutes

This activity will help the participants to apply the ABC technique in a role play simulation.

### CASE STUDY

Peter, a 35 year old male approached the family planning centre for counselling. He is married and has two young children aged 4 and 2. His wife is pregnant and regularly comes to the centre for her checkups.

He has decided to have an HIV test at the suggestion of his friend. He reluctantly reports that he often has sex with other women, the most recent occasion being 3 weeks ago. He reports that this usually occurs when he has been drinking alcohol and that he does not use condoms. His wife is unaware of his sexual practices. He does not use condoms with his wife. He most recently had sex with his wife 2 weeks ago. He is unsure what he would do if he is tested HIV positive. He is particularly concerned about how he would tell his wife and how she may react. He is worried about his family and has recurrent thoughts of ending his life.

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## Reiterate the ABC Technique before Starting the Practice Session:

- A Activation agent or situation
- B Belief towards A
- C Consequences or the experienced emotions

Situation/activating agent	Beliefs towards A	Experienced Emotions/consequences
Who	What did she/he think?	What did she/he feel?
What	What did she/he assume?	How did it affect her/him?
When	What did she/he imagine?	What was her/his experience?
Where	What did she/he believe?	Where did it cause discomfort?

## Applying ABC Technique:

### After Analyzing A, B and C we should Add D, E and F for Behaviour Change

- D Your changed belief by disputing the original belief (B)
- E Your effective rational belief
- F Your feelings and behaviour after effective rational beliefs

Based on your understanding work on changing the irrational beliefs in a given format:

Event in an abbreviated form	Your thoughts/ beliefs towards A	Your associated emotions/ consequences	Your changed belief by disputing the original	Effective rational beliefs	Feeling and behaviour
(A)	(B)	(C)	(D)	(E)	(F)

Check the list given below to identify some of the irrational thoughts and irrational thinking involved in shame and guilt feelings:

- I was responsible for the bad things that happened to me in my childhood.
- How can I face others with what happened to me?
- I am an awful person for that to have happened to me.
- I must have asked for what I got in the past.
- I am a bad person for what happened to me in the past.
- I can never tell others what happened to me in my past.
- I do not deserve to be happy.
- I am responsible for my family's (spouse's) happiness.
- There is only one "right" way to do things.
- It's bad to feel hurt and pain.

- My children should never suffer in their childhood like I did in mine.
- My kids should have more material things than I did.
- It is my fault if others in my life are not happy.
- If my kids fail in any way, it's my responsibility.
- It is wrong to be concerned about myself.
- People are constantly judging me, and their judgment is important to me.
- It is important to save face with others.
- It is wrong to accept the negative aspects of my life without believing that I am responsible for them myself.
- I am responsible if either positive or negative events happen to the members of my family.
- I must not enjoy myself during a time when others expect me to be in mourning, grief, or loss.
- I must never let down my guard; something I'm doing could be evil or wrong.
- I must always be responsible, conscientious, and giving to others.
- How others perceive me is important as to how I perceive myself.
- No matter what I do, I am always wrong.
- I should never feel shame and guilt.
- If you feel shame and guilt, then you must be or have been wrong.

## Review the Steps of ABC Technique:

### Steps for ABC Techniques:

(Please refer to the case study of Sheila)

1. Assess study and analyze the situation which has caused one discomfort (situational analysis of activating agent).
2. Be aware of your thoughts and beliefs and take responsibility for your own thoughts.
3. Review the consequences, the resulting emotions and their link with your beliefs.
4. Notice the impact on your body and behaviour by becoming a self observer.
5. Dispute your thoughts and beliefs and tell yourself that I am capable of controlling my own thoughts.
6. Revisit your changed beliefs for consequent emotions.
7. Feel your emotions with your changed beliefs.
8. Notice the changes in your reactions, behaviour and emotions.
9. Maintain a workbook/diary.

Divide the participants into pairs and both should discuss the case of Peter. Role -play alternatively as a counsellor and a client following all the steps of ABC technique. Gather the participants and ask for their experience and encourage questions on the ABC technique.

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## Activity 5. Case Discussion on the Premise of ABC Technique

Time allotted: 30–40 minutes

Divide the participants into 3–4 groups and ask them to study the case study given below carefully. They should analyze the situation, thoughts & beliefs and consequences. After reviewing the A, B & C they should work in the above format for completing D, E & F for the expected outcomes.

### CASE STUDY

Rebecca, an 18-year-old girl studying in the 12th standard is an adopted child. She has a brother and a sister, who were born after her adoption. As the years passed her parents started showing discrimination towards her while showering affection on their 'own' children. Rebecca grew up in an insecure environment, so she avoided talking to people around her and particularly to strangers and didn't make friends with anyone.

She was not doing well in her academics and was not interested in any extra-curricular activities. Robert, a young boy from the neighborhood entered her life three years back, when she was 15. Gradually they became close. Robert supported Rebecca in her studies, by helping her do homework, in solving mathematical problems etc. and motivated her to do better in her studies and in taking part in extracurricular activities.

Robert introduced Rebecca to his parents and other family members and expressed his earnest wish to marry Rebecca. The no-objection to their friendship from Robert's parents, led to mutual caressing and physical intimacy the same afternoon.

Robert met with a road accident and he died on the spot.

Robert's death was a great shock to Rebecca in addition to the feeling of guilt about indulging in sex before marriage. She was tense and worried about her missing periods. She was worried whether she had become pregnant and if yes, what would happen next? How would she face her parents? What should she do?

## 3.3. HANDOUT FOR THE PARTICIPANTS

### Session Objectives:

#### The participants will be able to understand:

- The constituents and elements of guilt and shame
- How guilt and shame affect the wellbeing of the person
- The linkage between the thoughts and feelings which constitute the inner strength
- How we hold our feelings which block our thinking and functioning
- The ABC approach to overcome strong feelings
- How to help clients to dispute their irrational beliefs and replace them with empowering self position and disposition

### Introduction:

When things go wrong, we look for reasons and explanation. We either look outside or turn inward. If we look outside, we may turn on others for our failure and blame them for unwanted outcomes. However, if we look within the blame is turned to one self. Self blame as such is more difficult to deal with than blaming others. If we look closely the emotions from these two types of blame are quite different. The responsibility and accountability of results decide the consequences and its impact on our emotions. Anger strongly represents the consequence for blaming others and guilt is the result of self blame. Both anger and guilt channel our energy towards destruction and they bring in a lot of strong feelings.

Guilt and shame are closely connected emotions. We tend to feel guilty when the outcomes are contrary to our set standards. We feel guilty when we judge ourselves to have done something wrong. If we think we should have not done something and should have behaved differently the consequent thoughts leads us towards feelings of guilt. Generally guilt and shame are not expressed overtly and the person indulges in activities which suppress and curb ones normal reactions. One tends to withdraw and hesitates to face social situations. In fact, most of us are ashamed about feeling shame. As a result shame is rarely acknowledged to others, or even to oneself.

If the consequences and inner thoughts linger for a sustained period, they begin to turn into self defeating beliefs. The beliefs of self doubt and thoughts 'I should not have done it this way', 'I must behave differently' lead to belittling the inner self. If such negative beliefs about one persist and self doubting mechanism prevails, we are victims of guilt. Self criticism thinking is a learned habit. It does not necessarily reflect the truth about oneself (Fennell 1999).

Shame is often experienced as the inner, critical voice that judges whatever we do as wrong, inferior, or worthless. Clearly these shaming inner voices can do considerable damage to our self esteem. These self criticisms, that we are stupid, selfish, a show-off, etc., become, in varying degrees, how we see ourselves. For some of us, the inner critical judge is continuously providing a negative evaluation of what we are doing, moment-by-moment. When we feel ashamed we assume that we have done wrong means that we are 'not good', 'inadequate', 'hopeless', 'appalling', 'awful', 'inexcusable' and often 'horrible'.



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Following are the experiences linked with shame and guilt.

Alienated	Weak
Inadequate	Insecure
Helpless	Uncertain
Powerless	Shy
Defenseless	Ineffectual
Inferior	Flawed
Unworthy	Exposed
Hurt	Intimidated
Defeated	Rejected
Dumped	Rebuffed
Stupid	Bizarre
Odd	Peculiar

## What are Shame and Guilt?

Shame and guilt are the:

- Feelings of embarrassment, blame and responsibility for negative circumstances that have taken place to yourself or others.
- Feelings of regret for your real or imagined misdeeds, both past and present.
- Sense of repentance for thoughts, feelings, or attitudes that were or are negative, uncomplimentary, or non-accepting concerning yourself or others.
- Feelings of obligation for not pleasing, not helping, or not placating another.
- Feelings of bewilderment and lack of balance for not responding to a situation in the 'correct way'.
- Feelings of loss for not having done or said something to someone who is no longer available to you.
- Accepting of responsibility for someone else's misfortune or problem because it bothers you to see that person suffer.
- Strong moral sense of right and wrong that inhibits you from choosing a course of action.
- Driving forces or masks behind which irrational beliefs hide.

## How do others Play on your Feelings of Shame and Guilt?

People can and sometimes will:

- Make you believe they will suffer greatly if you do not respond positively to their requests.
- Call on your shame and guilt to respond to their requests, even when it means violating your rights.
- Respond to your irrational self by reinforcing your irrational thinking, giving you a sense of blame for past, present, or future actions.
- Build up a verbal or imagined scenario that portrays you at fault for inaction.
- Accuse you of misdeeds, words, or actions to arouse your sense of shame and guilt and make you believe you are the one with a problem in an interpersonal relationship difficulty. (This effectively

takes the pressure off them.)

- Reinforce your negative self-perceptions, encouraging you to be shame ridden, and guilt ridden and self-judgmental for their benefit.
- Build a case with moral absolutes to convince you of the 'right way' to do things, avoiding that negative feeling of shame and guilt for themselves.
- Set up situations for you in which you will believe your alternatives are limited to that which results in the least sense of shame and guilt.
- Simulate or fake hardship, illness, discomfort, unhappiness, incompetence, or other negative behaviour to arouse your sense of shame and guilt and have you take over those tasks or duties, bringing imagined negative consequences with them.
- Threaten negative consequences, like going to leave home, to the hospital, dying, or divorce. This manipulation uses your shame and guilt to their benefit.

## What can Shame and Guilt do to you?

Shame and guilt can lead you to become:

- **Over-responsible.** You strive to make life 'right'. 'You overwork. You over give yourself. You are willing to do anything in your attempt to make everyone happy.'
- **Over-conscientious.** You worry over every action you take as to its possible negative consequence to others, even if this means that you must ignore your needs and wants.
- **Over-sensitive.** You see decisions about right and wrong in every aspect of your life and become obsessed with the shaky nature of all your personal actions, words, and decisions. You are sensitive to the cues of others where any implication of your wrongdoing is intimated.
- **Immobilized.** You can have the apprehension of doing, acting, saying, or being 'wrong' that, you eventually collapse, give in, and choose inactivity, silence, and the status quo.
- **Poor decision maker.** It is so important to always be 'right' in your decisions that you become unable to make a decision for fear that it may be a wrong one.
- **Hidden by the mask of self-denial.** Because it is less shame and guilt inducing to take care of others first instead of yourself, you hide behind the mask of self-denial. You honestly believe it is better to serve others first, unaware that 'shame' and 'guilt' are the motivators for such 'generous' behaviour.
- **Pulled in.** You ignore the full array of emotions and feelings available to you. Overcome by shame and guilt or the fear of them, you can become emotionally blocked or closed off. You are able neither to enjoy the positive fruits of life nor experience the negative aspects.
- **Motivated to change.** Because you feel shame and guilt and the discomfort they bring, you can use them as an indicator of the need to change things in your life and rid yourself of the shame and guilt.
- **Hidden by a mask of negative self-belief.** You may actually have self-esteem, but claim the reason for your negativity is the overwhelming sense of shame and guilt you experience.
- **Irrational.** Because many irrational beliefs lie behind shame and guilt, you may be unable to sort out your feelings. It is important to be objective with yourself when you are experiencing shame and guilt; be sure that your decisions are based on sound, rational thinking.

## Irrational Thinking Involved in Shame and Guilt Feelings:

- I was responsible for the bad things that happened to me in my childhood.
- How can I face others with what happened to me?

# Module 3

- I am an awful person for that to have happened to me.
- I must have asked for what I got in the past.
- I am a bad person for what happened to me in the past.
- I can never tell others what happened to me in my past.
- I do not deserve to be happy.
- I am responsible for my family's (spouse's) happiness.
- There is only one 'right' way to do things.
- It's bad to feel hurt and pain.
- My children should never suffer in their childhood like I did in mine.
- My kids should have more material things than I did.
- It is my fault if others in my life are not happy.
- If my kids fail in any way, it's my responsibility.
- It is wrong to be concerned about myself.
- People are constantly judging me, and their judgment is important to me.
- It is important to save face with others.
- It is wrong to accept the negative aspects of my life without believing that I am responsible for them myself.
- I am responsible if either positive or negative events happen to the members of my family.
- I must not enjoy myself during a time when others expect me to be in mourning, grief, or loss.
- I must never let down my guard; something I'm doing could be evil or wrong.
- I must always be responsible, conscientious, and giving to others.
- How others perceive me is important as to how I perceive myself.
- No matter what I do, I am always wrong.
- I should never feel shame and guilt.
- If you feel shame and guilt, then you must be or have been wrong.

## Overcoming Guilt and Shame

To overcome guilt one has to take stock of the situation and assess the inner self beliefs, thoughts and review the feelings associated with it. The ABC approach of Rational Emotive Therapy (Ellis 1972, 1995) is a helpful technique for helping the individual to overcome self defeating demeaning ideas. Let us reflect on ABC paradigm:

- A Activation agent or situation
- B Belief towards A
- C Consequences or the experienced emotions

### CASE STUDY

Sheila, a 31 years old married woman who had been sexually abused during her childhood constantly thinks that it was her fault as she did not take care of herself. She has never shared her past experience with anyone who is significant in her life as she feels that it was her mistake that led to the situation. Informing others will not help to resolve any problem. She thinks that sharing with others will make her more vulnerable. She blames her destiny and is always doubtful



of her actions. She always consults significant others for all her decisions.

She tries to please everyone around because she feels that she may get into some kind of trap if she disobeys anyone around. She is oversensitive and generalizes her fears to other situations. She fears meeting and facing all men and occasionally doubts her ability to protect herself from any outside harm. She is self doubting and guilt ridden. She is unable to understand her self defeating ideas and in spite of her high level of education prefers to stay at home and do household chores with dedication. Sheila has two children, a girl aged 5 and a boy aged 2. She overprotects them and does not permit them to do several normal things children at their age should be doing. She blames herself for any behavioural problems of her children and her self talk is that "I am a useless mother," "I am responsible for not giving happiness to others," "I should improve my behaviour otherwise.....," "I am not as lucky as others," "this is not the time for me to enjoy," "I should do my duties diligently."

At home, her husband constantly ridicules and often beats her for her 'inefficiency'. Her in-laws blame her for the 'poor upbringing' of the children as they are not 'socially apt' and for not being an 'efficient' housewife. Sheila takes all the blame in a submissive way and hardly asserts herself for any issues that arise in her family. Sheila at this stage does not want to get pregnant and she wants to seek guidance for contraception and approaches the family planning clinic. Sheila needs help.

**Some examples for ABC techniques:** Sheila attended family planning/ reproductive health centre for contraception counselling and counsellor finds through her case history that she is suffering from guilt and shame due to some past incidents. In order to work in ABC context the counsellor can proceed by taking the following steps.

Some examples to understand ABC paradigm from the story of Sheila:

Situation	Beliefs	Experienced Emotions
<b>Who</b> (I was sexually abused during childhood )	<b>What did I think?</b> (It was my fault, I can't take care of myself, how can I take care of my children? I am a sinful person)	<b>What did I feel?</b> ( I felt ashamed, guilty and depressed)
<b>What</b> (My husband hits me)	<b>What did I assume?</b> (I am not worthy of being a good wife)	<b>How did it affect me?</b> (I am ashamed of myself)
<b>When</b> (My in laws accuse me of not taking care of home and children)	<b>What did I imagine?</b> (They are bad people and do not love me)	<b>What was my experience?</b> (I feel rejected and dejected)
<b>Where</b> (I have come to the clinic for preventing more childbirths)	<b>What did I believe?</b> (My life is full of miseries as I can't keep people happy, I can't make right decisions, I am not sure what to do? I should learn to take care of myself and my children, I am ignorant, stupid, useless)	<b>Where did it cause discomfort?</b> (My head feels heavy most of the time, I get cramps in my stomach)

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It is assumed that we can not avert the situation as it may or may not be in our hand. More so it has already occurred, thus we have no control over it. The situation leads and triggers the inner mechanism to make one feel miserable however, the control of this consequence lies within us. The beliefs or ideas could be rational or irrational. Let us see the examples given in the given table:

Rational ideas	Irrational beliefs
1. I wanted to be loved and approved of, but I can't be loved by everyone.	1. I must be loved or liked and approved of by everyone.
2. I want to do things well, but I accept I will occasionally make mistakes.	2. I must be competent, never make mistakes and achieve all the time if I am to be considered worthwhile.
3. Most of us do bad things, but by making myself upset nothing will change.	3. Many people are bad, wicked or evil and they should be punished for that.
4. I can cope if things are just not right.	4. It is the end of the world when things are not how I want them to be.
5. Problems may be influenced by factors outside my control, but my reaction to them are under my control.	5. My bad feelings are caused by things outside my control.
6. Worrying about something won't stop it happening. But I can prepare for possible problems.	6. I should worry a lot about things that might be dangerous or unpleasant.
7. Putting off problems does not make them any easier to face up to.	7. It is easier to put off difficult or unpleasant things than to face them.
8. The only person I really need to rely on is myself.	8. I need to depend on someone stronger than myself.
9. My problems may stem from the past, but what keeps it (them) going now are my own thoughts and actions.	9. My problems were caused by events in my past, so I can't do anything about it.
10. I won't help people in trouble by making myself miserable over them.	10. I should be upset by other people's problems and difficulties.

## Steps for ABC Techniques:

### 1. Assess, study and analyze the situation which has caused one discomfort (situational analysis of activating agent).

The client is guided to review the situation (Activating agent or A) as the consequences related to feeling miserable are connected to the situation. For example, Sheila from the above example is being accused by her in laws for not taking good care of the house, her husband does not respect her and beats

her sometimes, and she cannot make decisions herself. She has a history of sexual abuse during her childhood and blames herself for not taking care of her children as well as for her inability for being an ineffective housewife and mother.

### 2. Be aware of your thoughts and beliefs and take responsibility of your own thoughts.

In this technique the responsibility of the counsellor is to help the client review the thoughts which keep circulating in the mind and sends the message of one being awful. Generally people don't like a shift in their way of thinking and keep ruminating over the irrational thoughts. As per ABC paradigm the thoughts are the main source of misery, thus these thoughts require a rework or alteration. The counsellor helps the client to differentiate between the maladaptive thoughts and the situation and link the consequences (emotional disturbance) with the thoughts. For example, if Sheila thinks that she is not a capable mother and housewife, she blames the circumstances, luck and people for her miseries, her thoughts are self defeating (see the table above), she has to be made to think that blame, shame, being miserable and guilt feelings arise from the thoughts and not from the incident. She must be taught to review the thoughts and be made responsible to have control over her thoughts.

### 3. Review the consequences, the resulting emotions and their link with your beliefs.

Consequently, the woman stated in the above example needs to be motivated to review and change the recurring thoughts with more adaptive ones. Once the client understands that the cause of feeling miserable are one's own thoughts, she or he is willing to rethink about the situation. For example the counsellor has to make Sheila think differently if she wants to have positive outcomes. What is important is to make Sheila understand that she is feeling awful because of the thoughts and beliefs and not because of the events that take place in her life.

### 4. Notice the impact on your body and behaviour by becoming a self observer.

There is a connection between the mind and the body. A disturbed mind leads to a dysfunctional body. The counsellor helps the client to notice the reactions taking place in the body and makes her or him aware that irrational thoughts lead to somatic imbalance. For example, Sheila's headaches and cramps in the stomach are to be linked with what is going on in her mind as self talk.

### 5. Dispute your thoughts and beliefs and tell yourself that I am capable of controlling my own thoughts.

Thus, the clients are gradually taught to dispute the maladaptive thoughts and replace them with more adaptive ones. The client is actively taught by didactic methods to replace the old maladaptive thoughts with fresh appropriate thoughts. At this stage the counsellor and the client are both actively involved in the process and the counsellor uses a directive approach.

For example, the counsellor will have to actively tell Sheila to dispute each of her listed self defeating thoughts if she wants to provide new thoughts by replacing the existing one. She has to evaluate her self talk and tell herself "I have to first give up these thoughts to make way for the new adaptive thoughts". Alternatively Sheila is assisted to think of adaptive phrases which give her a sense of control, feeling strong, capable, assertive and confident. Some examples are, "when I was sexually abused, I was weak and young, but now I am strong", "I will take my own decisions as I am educated, intelligent and confident." "I will give reasons to my husband and discuss the family matters openly", "I will ask my in laws what is expected from me and will respond accordingly", "I will ask more questions from my in laws and voice my

# Module 3

likes and dislikes", "I will allow my children to play with the neighbouring children but I will keep an eye on them for safety."

Most of the changed thoughts emerge by role play, active discussion and encouraging the clients that they are capable of thinking for themselves. The counsellor should refrain from giving new thoughts as they may not fit in the context of the client. The client by trial and error will produce the best fitting thoughts in the prevailing conditions.

## 6. Revisit your changed beliefs for consequent emotions

The client is reminded to notice the changes in emotion as a result of changed beliefs, thoughts and views about self. The counsellor continuously interacts with the client and facilitates the change process.

For example, if Sheila can be made aware of the internal changes taking place due to the undergoing alterations in her thought process, she may begin to feel energized, confident and thus strong.

## 7. Feel your emotions with your changed beliefs

The client is made to feel the differences in the emotions which have resulted due to changed self talk. The technique is based on the premise that feelings are results of thoughts and not due to the events. Thus changed adaptive thoughts pave the way for suitable emotions, thus bringing the equilibrium in the system.

For example, Sheila needs to be reminded to notice the changes in her emotional state with the new thoughts. She may say "I don't feel guilty if I think this way." "I feel strong now and I am sure I will be able to speak and give reasons when my in laws get angry this time."

## 8. Notice the changes in your reactions, behaviour and emotions

The thoughts lead to emotions, which, in turn brings behavioural changes. The body language of the client often changes once the self talk changes and the confidence level rises. The counsellor reminds the client to be aware of the mind-body changes through effective control of thoughts.

For example, the counsellor will have to provide feedback to Sheila about the changes in her bodily reactions and emotional conditions with the changed self talk. Remember the self talk should be appropriate and applicable to the client.

## 9. Maintain a workbook/diary

Usually a session ends with a homework assignment to work on several past beliefs and attending to them one by one, as a practice to develop adaptive pattern of thinking for reacting to the coming events. It is believed that the clients develop new methods of coping and more lasting results.

For instance, Sheila has to be encouraged to practice at home with her existing thoughts in the form of home work by using past incidents, original thoughts and later replacing them with the new thoughts and its consequences first at an imaginable level which could have the properties for being transferred in future when the client faces a similar situation.

Every time Sheila comes to visit, the counsellor has to review the homework and assess its applicability and appropriateness and once again practice for lasting changes.



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# Module 3



## 3.4. Power Point Slides

**Counselling for Guilt and Shame**

Slide 1

**Session Objectives**

The participants will be able to understand

- The constituents and elements of guilt and shame
- How guilt and shame affect the wellbeing of the person?
- The linkage between the thoughts and feelings which constitute the inner strength
- How we hold back our feelings which block our thinking and functioning?
- The ABC approach to overcome strong feelings
- How to help clients to dispute their irrational beliefs and replace them with empowering self position and disposition?

Slide 2

**Activity 1**

**The Observer Self**

- Recall any recent or past situation where you felt ashamed or guilty. Now close your eyes and focus on the situation. Observe the feelings associated with the situation and the thoughts. Take a deep breath and open your eyes.
- Kindly put down your experience in the given table.

Slide 3

**What is Guilt?**

**Guilt and shame are closely connected emotions**

We tend to feel guilty

- When the outcomes are contrary to our set standards
- We judge ourselves to have done something wrong
- When we feel, we should have not done something and we should have behaved differently.

Generally guilt and shame are not expressed overtly.

Slide 4

**What is Shame?**

- Shame is often experienced as the inner, critical voice that judges whatever we do as wrong, inferior, stupid, selfish or worthless.
- Shaming inner voices can do considerable damage to our self esteem.
- For some of us, the inner critical judge is continuously providing a negative evaluation of what we are doing, moment-by-moment.

Slide 5

**What can shame and guilt do to you?**

**Shame and guilt can lead you to become:**

- Over-responsible
- Over-conscientious
- Over-sensitive
- Immobilized

Slide 6

**What can shame and guilt do to you?**

- Poor decision maker
- Hidden by the mask of self-denial
- Pulled in
- Motivated to change
- Hidden by mask of negative self-belief
- Irrational

Slide 7

**Activity 2**

**Let it Go**

Pick up a pen or pencil, or some small object that you would be willing to drop without giving it a second thought.

Hold it in front of you and really grip it tightly.

Notice the pain or discomfort it causes to you.

Slide 8

**Activity 2**

**Let it Go**

Open you hand and roll the object around it.

Notice that you are the one holding on to it; it is not attached to your hand.

The same is true with your feelings, too.

Your feelings are as attached to you as this object is attached to your hand.

Slide 9

**ABC Technique**

The ABC approach of Rational Emotive Therapy is a helpful technique for helping the individual to overcome self defeating demeaning ideas:

- A. Activation agent or situation
- B. Belief towards A
- C. Consequences or the experienced emotions

Slide 10

**Analyzing ABC Through 10 Irrational Beliefs**

- It is hypothesized that cause of our emotions are our belief systems.
- Although we may focus on the event and the situatuion and we may like to change or avoid the same.
- Analyzing ABC through irrational beliefs gives an insight into our faculty thinking.

Slide 11

**Activity 3**

**Knowing your Irrational and Rational Beliefs**

Slide 12

**10 Irrational Beliefs**

1. I must be loved or liked and approved of by everyone.
2. I must be competent, never make mistakes and achieve all the time if I am to be considered worthwhile.
3. Many people are bad, wicked or evil and they should be punished for that.
4. It is the end of the world when things are not how I want them to be.
5. My bad feelings are caused by things outside my control.

Slide 13

**10 Irrational Beliefs**

6. I should worry a lot about things that might be dangerous or unpleasant.
7. It is easier to put off difcult or unpleasant things than to face them.
8. I need to depend on someone stronger than myself.
9. My problems were caused by events in my past, so I can't do anything about it.
10. I should be upset by other people's problems and difficulties.

Slide 14

**Applying ABC Techniques**

After analyzing A, B & C we should add D, E & F for behaviour change

- D. Your changed belief by disputing the original belief (B)
- E. Your effective rational belief
- F. Your feelings and behaviour after effective rational beliefs

Slide 15

**Steps for ABC Technique**

- Assess study and analyze the situation which has caused one discomfort (situational analysis of activating agent).
- Be aware of your thoughts and beliefs and take responsibility of your own thoughts.
- Review the consequences, the resulting emotions and their link with your beliefs.

Slide 16



# Module 3

## Steps for ABC Techniques

- Notice the impact on your body and behaviour by becoming a self observer.
- Dispute your thoughts and beliefs and tell yourself that I am capable of controlling my own thoughts.
- Feel your emotions with your changed beliefs.
- Notice the changes in your reactions, behaviour and emotions.
- Maintain a workbook/diary.

Slide 17.

## Activity 3

### Brainstorm and identify what shame and guilt has done to Sheila

Sheila, a 31 years old married woman who had been sexually abused during her childhood constantly thinks that it was her fault that she did not take care of herself. She has not shared her past experiences with anyone who is significant in her life as she feels that it was her mistake that led to the situation. Informing others will not help to resolve any problem. She thinks that sharing with others will make her more vulnerable. She blames her destiny and is always doubtful of her actions. She always consults significant others for all her decisions.

Slide 18.

**Contd...** She tries to please everyone around because she feels that she may get into some kind of trap if she disobeys anyone around. She is oversensitive and generalizes her fears to other situations. She fears meeting and facing all men and occasionally doubts her ability to protect herself from any outside harm. She is self doubting and guilt hidden. She is unable to understand her self defeating ideas and in spite of her high level of education prefers to stay at home and do household chores with dedication. Sheila has two children, a girl aged 5 and a boy aged 2. She overprotects them and does not permit them to do several normal things children at their age should be doing.

Slide 19.

**Contd...** She blames herself for any behavioural problems of her children and herself talk that "I am a useless mother", "I am responsible for not giving happiness to others", "I should improve my behaviour otherwise...", "I am not as lucky as others", "this is not the time for me to enjoy", "I should do my duties diligently". At home, her husband constantly ridicules her for her inefficiency. Her in laws blame her for the poor upbringing of the children as they are not socially apt. Sheila takes all the blame in a submissive way and hardly asserts herself for any issues that arise in her family. Sheila at this stage does not want to seek guidance for contraception and approaches the family clinic. Sheila needs help.

Slide 20.

## Activity 4

### Role Play Using ABC Technique

Slide 21.

## Questions, Answers and Clarifications

Slide 22.

## Activity 5

### Case discussion in small groups on using ABC technique

### Case study from FPAI for the case discussion

Slide 23.

## Conclusion: Key points

- Explored our own thoughts, feelings and body sensations related to guilt and shame.
- Reviewed the role of irrational thoughts and beliefs.
- Analyze ABC technique by using examples.
- Practised ABC technique by role play.
- Understood the cognitive and behavioural technique of ABC in the context of FPAs through case discussion.

Slide 24.

# Module 4



## Module 4 Developing Self Esteem

### 4.1. SESSION PLAN FOR THE FACILITATORS

#### Session objectives:

##### Participants will be able to:

- Understand the importance of self esteem for self enhancement.
- Understand how self esteem develops.
- Practice to understand how self critical thinking and self talk shapes our actions.
- Learn to modify self critical thoughts and experience by developing a practical action plan.

Time allotted: 6–7 hours

##### Training materials:

- LCD projector and screen
- CD with slides
- 4–5 flip charts to discuss brainstorming and activity
- Stationary for participants to write down the points for case study
- Handouts and activity sheet

##### Session instructions for facilitators:

Start the session with the power point presentation, *Slide 2* and then continue as specified below. The matter in the power points is elaborated in the handouts and the activities are elaborated in the session plan below for you. A separate activity sheet is available to participants. The activities are interwoven with the theory,

1. Present objectives of the session, *Slide 2*
2. Continue with *Slides 3–4* and encourage the participants to respond, for defining and understanding self esteem and how it helps personal growth. The focus should be on how one develops one's self talk.
3. Conduct activity 1, *Slide 5*.

#### Activity 1. Use of Non-Preferred hand

Time allotted: 30 minutes

Participants through this activity will be able to attempt and explore some of the unachievable actions they can perform if they make an effort.

In the large group each one should write one sentence or their name with their preferred hand. As a second step, the same sentence or word should be written with the other hand.

Participants should be asked to share their experience and proceed for a debriefing discussion linking this understanding to explore their hidden talents.

# Module 4

4. Continue with *Slide 6* explaining the importance of healthy self esteem.
5. Conduct activity 2, *Slide 7*.

## Activity 2. Being in Touch with Your Potentials

**Time allotted:** 30 minutes

This activity helps the trainees to discover their own achievements which are usually ignored in one's day to day life.

Divide the participants in 3-4 groups.

### Instruction:

Each one of you should make a list of up to 50 things you have accomplished in your life- up to 50 things you have learned or done well. Begin with the things you've done recently. Then share it with your group. You will find yourself jotting down forgotten memories, surprising yourself with activities from your childhood.

Share your experiences with the small group and one of the representatives should present the group outcomes with the larger group.

6. Continue with *Slides 8,9,10* and link the previous two activities with self esteem development with early and late life experiences.
7. Conduct activity 3 of body mapping, *Slide 11*.

## Activity 3. Body Mapping

**Time allotted:** 60-90 minutes

The outcome of this activity will be improved self esteem, awareness of one's self and others, socially appropriate feedback and team work.

**Material:** Large roll of paper, scissors, markers

### Preparation and Procedure:

Participants should lie down on a piece of paper that is as big as their body size. They are encouraged to lie in the position in which they are most comfortable. Their body is outlined by another participant, and then this outline is cut out.

Participants are then asked to write their first name, and draw a picture or write a word that best describes what they feel is their most positive attribute.

Other participants then 'make rounds' around the room, writing something POSITIVE that they feel or know about that person. All the groups come together to review how this activity helped.

**Please Note:** This activity can be modified as per the availability of time and group size. In a group size of



more than 20, participants can be divided into smaller groups and one cut out can be made for each group by requesting any one to be a volunteer. Participants as a group could contribute and build a story of an imaginary person by writing the attributes on the cut out and then present it to the large group.

8. Conduct activity 4, *Slide 11*.

## Activity 4: Promoting Self Worth

**Time allotted:** 60 minutes

The objective of this activity is to identify self strengths for enhancing self esteem.

**Materials:** Magazines, scissors, glue, paper, markers, pencils

### Preparation and Procedure

Introduce the group to advertisements. Talk about their purpose and the method in which advertisements get the message across- visually and with words. Advertisements promote positive aspects of a product, the finer qualities. They also persuade a person into buying the product. The individual's task in this project is to come up with an advertisement persuading someone to be their friend. Individuals should depict positive aspects of themselves through pictures, words, or a combination of the two.

If an individual has a difficult time thinking of reasons someone would want to be their friend, have them think of characteristics they look for in a friend. At the end of the session, have participants share advertisements with one another. Let other participants confirm the positive qualities of the presenter.

9. Continue with the *Slides 12-17* to emphasize on knowing and altering the self talk as basic steps to change self defeating ideas.
10. Conduct activity 5, *Slide 18*.
11. Conduct activity 6, *Slide 18*.

## Activity 5. Expressing both your Feelings Positive and Negative

**Time allotted:** 30 minutes

The participants through this activity will be able to articulate their feelings to their partners which will help them to express their views and thoughts in a relaxed situation.

1. Work in pairs. Imagine a person you are not able to face because you are not comfortable with him/her. Share with your partner the attributes of that person by describing his or her appearance, body language, tone of voice, social position and mannerisms. Ask your partner to behave like a double/dummy. Sit in front of each other and create a scene where the double/dummy behaves like the person you have described. Now try to speak those words that come naturally to your mind, make

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gestures and enact the tone, you have always wanted to. Gather the participants in a circle and ask every one to share their experience.

- In the second part of this exercise, think of an event, time of your life when some insight or self understanding became a thrust or driving force for a significant enduring change. Talk to your partner and associate your thoughts and beliefs and explain how this event / experience has made a difference in your life.

## Activity 6. Self Instruction Training

**Time allotted:** 30-40 minutes

This exercise helps the trainees to introspect about their uniqueness and qualities. Additionally, one proceeds to prepare an action plan for self enhancement.

Divide the participants into pairs. Ask them to work on the given worksheet and complement their partner during the exercise.

### Worksheet:

**The words I would use to describe the negative aspects of my personality:**

- \_\_\_\_\_ The feeling I experience most.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ The feeling I experience the least.

After filling the above worksheet the partners should sit together and the following questions should be asked to one another:

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the negative aspects of your personality.
- Spend time thinking how you could change the negative to positive.
- How can you fulfill your expectations by changing your self talk?

Similarly as a second step, one should identify the self valued associates. The best way is to choose the words from the internal self talk and put them in a serial order:



### Worksheet

**The words I would use to describe the positive aspects of my personality:**

- \_\_\_\_\_ My most positive quality.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ My least positive quality.

After filling the above worksheet the partners should sit together and the following questions should be asked to one another:

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the positive aspects of your personality.
- Spend time thinking about the feelings associated with the above experience.
- How can you spend more time by thinking and self talking about your good qualities and accordingly prepare a work plan?

Work together and complement your partner to prepare an action plan in the format given below:

### Combating Self Critical Thoughts and Negative Self Talk

Date/ time	Situation	Emotions and body sensations	Self critical thoughts	Alternative perspective	Outcome

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## Daily Activity Plan:

Time (hrs)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-9							
9-11							
11-13							
13-15							
15-17							
17-19							
19-21							
21-23							

12. Conclude with the following slogan, *Slide 19*.

Practice everyday a self help method developed by Emile Coue in the 1920s, using this daily mantra twice, 'Everyday, and in every way, I am becoming better and better'.

## 4.2. ACTIVITY SHEET FOR THE PARTICIPANTS

### Activity 1: Use of Non-Preferred Hand

**Time allotted:** 30 minutes

Participants through this activity will be able to attempt and explore some of the unachievable actions they can perform if they make an effort.

In the large group each one should write one sentence or their name with their preferred hand. As a second step, the same sentence or word should be written with the other hand.

Participants should be asked to share their experience and proceed for a debriefing discussion linking this understanding to explore the hidden talents.

### Activity 2. Being in Touch with your Potentials

**Time allotted:** 30 minutes

This activity helps the trainees to discover their own achievements which are usually ignored in one's day to day life.

Divide the participants into 3-4 groups.

#### Instruction:

Each one of you should make a list of 50 things you have accomplished in your life- 50 things you have learned or done well. Begin with the things you've done recently. Then share it with your group. You will find yourself jotting down forgotten memories, surprising yourself with activities from childhood.

Share your experience with the small group and one of the representatives should present the group outcomes to the larger group.

### Activity 3. Body Mapping

**Time allotted:** 60-90 minutes

The outcome of this activity will be improved self esteem, awareness of self and others, socially appropriate feedback and team work.

**Training materials:** Large roll of paper, scissors, markers

#### Preparation and Procedure:

Participants lie down on piece of a paper that is as big as their body size. They are encouraged to lie in a position in which they are most comfortable. Their body is outlined by another participant, and then this outline is cut out. Participants are then asked to write their first name, and draw a picture or write a word



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that best describes what they feel is their most positive attribute. Other participants then 'make rounds' around the room, writing something POSITIVE that they feel or know about that person. All the groups come together to review how this activity helped.

## Activity 4. Promoting Self Worth

**Time allotted:** 60 minutes

The objective of this activity is to identify self strengths for enhancing self esteem.

**Training materials:** Magazines, scissors, glue, paper, markers, pencils

### Preparation and Procedure:

Introduce the group to advertisements. Talk about their purpose and the method in which advertisements get the message across - visually and with words. Advertisements promote positive aspects of a product, the finer qualities. They also persuade a person into buying the product. The individual's task in this project is to come up with an advertisement persuading someone to be their friend. Individuals should depict positive aspects of themselves through pictures, words, or a combination of the two.

If an individual has a difficult time thinking of reasons someone would want to be their friend, have them think of characteristics they look for in a friend. At the end of the session have participants share advertisements with one another. Let other participants confirm the positive qualities of the presenter.

## Activity 5. Expressing both your Feelings Positive and Negative

**Time allotted:** 30 minutes

The participants through this activity will be able to articulate their feelings to their partners which will help them to express their views and thoughts in a relaxed situation

1. Work in pairs. Imagine a person you are not able to face because you are not comfortable with him/her. Share with your partner the attributes of that person by describing his or her appearance, body language, tone of voice, social position and mannerisms. Ask your partner to behave like a double/dummy. Sit in front of each other and create a scene where the double/dummy behaves like the person you have described. Now you should try to speak those words that come naturally to your mind, make gestures and enact the tone you have always wanted to. Gather the participants in a circle and ask every one to share their experience.
2. In the second part of this exercise, think of an event, time of your life when some insight or self understanding became a thrust or driving force for significant enduring change. Talk to your partner and associate your thoughts and beliefs and explain how this event/experience has made a difference in your life.



## Activity 6. Self Instruction Training

**Time allotted:** 30-40 minutes

This exercise helps the trainees to introspect about their uniqueness and qualities. Additionally, one proceeds to prepare an action plan for self enhancement.

Divide the participants into pairs. Ask them to work on the given worksheet and complement their partner during the exercise:

### Worksheet

The words I would use to describe the negative aspects of my personality:

1. \_\_\_\_\_ The feeling I experience most.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_ The feeling I experience the least.

After filling the above worksheet the partners should sit together and the following questions should be asked to one another:

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the negative aspects of your personality.
- Spend time thinking how you could change the negative to positive.
- How can you fulfill your expectations by changing your self talk?

Similarly as a second step, one should identify the self valued associates. The best way is to choose the words from the internal self talk and put them in a serial order:

### Worksheet

The words I would use to describe the positive aspects of my personality:

1. \_\_\_\_\_ My most positive quality.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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9. \_\_\_\_\_  
 10. \_\_\_\_\_ My least positive quality.

After filling the above worksheet the partners should sit together and the following questions should be asked to one another:

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the positive aspects of your personality.
- Spend time thinking about the feelings associated with the above experience.
- How can you spend more time by thinking and self talking about your good qualities and accordingly prepare a work plan?

Work together and complement your partner to prepare an action plan in the format given below

## Combating Self Critical Thoughts and Negative Self Talk

Date/ time	Situation	Emotions and body sensations	Self critical thoughts	Alternative perspective	Outcome



## Daily Activity Plan:

Time (hrs)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-9							
9-11							
11-13							
13-15							
15-17							
17-19							
19-21							
21-23							

Conclude with the following slogan: Practice everyday a self help method developed by Emile Coue in the 1920s, using this daily mantra twice, 'Everyday, and in every way, I am becoming better and better'.

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## 4.3. HANDOUT FOR THE PARTICIPANTS

### Session Objectives:

#### Participants will be able to:

- Understand the importance of self esteem for self enhancement.
- Understand how self esteem develops.
- Practice to understand how self critical thinking and self talk shapes our actions.
- Learn to modify self critical thoughts and experience by developing a practical action plan.

### Introduction:

Self esteem has an influence over the way we feel about ourselves as well as others. A high self esteem enables the individual to deal confidently with issues in non-threatening ways, build healthy relationships and find success in various aspects of life. An individual with high self esteem is confident, dynamic, appreciative, achievement-oriented, content and open to change. On the contrary, research has shown that low self esteem is linked with feelings of hopelessness and suicidal tendencies. If one does not value or cherish oneself, then there is no incentive to protect or work for the progress of that self.

Self esteem is essential for psychological survival. Numerous definitions of self esteem have been proposed depending on the particular focus. In its broadest sense, self esteem refers to one's sense of self worth. It is related to concepts of self concept (of which self esteem is a subset) and self efficacy (which translates self esteem into willingness to act and confidence in gaining an expected outcome).

Self esteem basically is a driving force built within the individual. Generally speaking what we think about our self constitutes self esteem. If our self talk consists of encouraging contents (e.g. I like myself as I am, I can do it, I am worth it, I am confident, I am capable, I am sure of myself, I am presentable, I look beautiful/handsome, I like my friends and associates, everyone loves me and I am so lucky), we have high self esteem. If we have discouraging self concept (e.g. I am not very talented. I don't have sufficient skills, I don't have confidence, I can't make my decisions, I need to be helped, I am not being loved, I am not good looking and I am not OK), one suffers from low self esteem.

### A healthy self esteem is based on:

- An ability to assess the self accurately
- An ability to accept and value the self unconditionally.
- Realistically acknowledge strengths and limitations
- Accepting the self as worthy and worthwhile without conditions or reservations.

### How does Low Self Esteem Develop?

No one is born with low self esteem. Just like many other attitudes and beliefs, low self esteem builds up with one's experiences and with the process of evolution. In other words, judgments about our self worth are learned. Learning comes from many sources – direct experiences e.g. success and failures, observation, media, listening to what people around us say and watching what they do. Generally it is believed that early experience and some of later life experiences contribute to your thinking about you as a person and self perception.

### Some of the early experiences contributing to self image are:

- Early childhood shaping through reward and punishment.
- Parental dispute and inconsistencies in disciplining.
- Controlled parenting and failing to meet parental expectation.
- Comparison with other siblings or peers.
- School pressure and neglect by teachers.
- Peer pressure and inability to live up to their expectation.
- Belonging to a social group which is the focus of prejudice.
- Lack of acceptance by siblings and peers.

### Some late experiences are:

- Exposure to traumatic experience.
- Workplace stressors.
- Competition and detrimental interpersonal relationship with colleagues.
- Marital conflicts and family disputes.
- Mid age crisis.
- Mental illness.

### Impact of Life Experiences on your Self Talk

The interaction with significant others from the family or outside during the developmental phase contributes to one's self image, self concept, self perception, self acceptance, self worth, self respect, self confidence and other corollaries. The bottom line e.g. the conclusions, judgments and views about oneself are established. Some of the samples from self talk are:

- I am bad and awful
- I am not capable
- I can't do it
- I am a burden on others
- I am not worthy
- I am stupid
- I am \_\_\_\_.

### The Impact of Self Criticism

People with low self esteem are hard on themselves. People with low self esteem criticize themselves for all the things they should be doing and also for all the things they should not be doing. They live with the conviction that 'I am not ok, you are ok.'

Generally speaking self criticism paralyzes you and blocks your ability to learn new things as your self talk will be 'I can't do it,' 'I am not capable' etc.

### Following are the ways, we criticize ourselves:

- We compare ourselves unfavorably with other people.
- We degrade ourselves by sweeping comments rather than being specific e.g. 'I am not good' rather than 'I am not good at \_\_\_\_'.
- We say to ourselves, 'I am not worth it but you are.'

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- We believe that other people have a right to exist but not me/us.
- We believe what other people say to us.
- We rely too much on others approvals, such as our peers.
- We believe that our success is due to luck, while other people's success is due to ability.
- We believe that being submissive and passive is culturally appropriate.
- We believe that people in authority are always right

The counsellor can help the client to identify self critical thoughts as a first step towards modifying their inner world. Given below is the chart to assist the client to prepare a log for the identification of self critical talks and association reaction at behaviour level.

## Spotting Self Critical Thoughts

Date/time	Situation	Emotions and body sensations	Self critical thoughts	Self defeating behaviour

### Importance of knowing how to self talk as the first step for changing your beliefs and behaviour

Low self esteem distorts judgments about self perception. The knowledge about one's self critical thinking is the first step in helping to modify one's belief system which leads to formation of strong convictions. It is not necessary that self perception and reality are at the same level.

### Steps and techniques to refute and modify self talk

Once the bottom line is understood and the individual is aware of self defeating ideas, the counsellor can take further steps to alter the self talk and inner messages, which will bring about behaviour changes.

The first step a counsellor should take is to identify the self negating associates. The best way is to ask the client to choose the words from the internal self talk and put them in a serial order:

### The words I would use to describe the negative aspects of my personality:

1. \_\_\_\_\_ The feeling I experience most.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_ The feeling I experience the least.

### Following questions should be asked after completing the above exercise.

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the negative aspects of your personality.
- Spend time thinking how you could change the negative to positive.
- How can you fulfill your expectations by changing your self talk?

Similarly as a second step, the counsellor should ask the client to do the reverse. The client should be asked to identify the self valued associates. The best way is to ask the client to choose the words from the internal self talk and put them in a serial order:

### The words I would use to describe the positive aspects of my personality:

1. \_\_\_\_\_ My most positive quality.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_ My least positive quality.

### Following questions should be asked after completing the above exercise.

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the positive aspects of your personality.
- Spend time thinking about the feelings associated with the above experience.
- How can you spend more time by thinking and self talking about your good qualities and accordingly prepare a work plan?

Practice everyday a self help method developed by Emile Coue in the 1920s, using this daily mantra twice: 'Everyday, and in every way, I am becoming better and better'.







## 4.4. Power Point Slides

### Counselling for Developing Self Esteem

Slide 1

### Session Objectives

Participants will be able to

- Understand the importance of self esteem for self enhancement.
- Understand how self esteem develops.
- Practice to understand how self critical thinking and self talk shapes our actions.
- Learn to modify self critical thoughts and experience by developing practical action plan.

Slide 2

### Defining Self Esteem

Self esteem is the value we place on ourself. A high self esteem is a positive value, a low self esteem results from attacking negative value to ourselves. High self esteem facilitates the individual to face difficulties and setback in life, whereas a low self esteem seems to be linked to pessimism and lowered expectations.

Slide 3

### Self Esteem and its Development

- Self-esteem refers to one's sense of self-worth. It is related to self-concept and self-efficacy.
- No one is born with low self esteem. Just like many other attitudes and beliefs, low self esteem builds up with one's experience and with the process of evolution.
- Generally it is believed that early experiences and some of later life experiences contribute to your thinking about you as a person and self perception.

Slide 4

### Activity 1

#### Using preferred and non-preferred hand

Slide 5

### Importance of Self Esteem

An individual with a high self esteem is confident, dynamic, appreciative, achievement-oriented, content and open to change.

On the contrary, reserach has shown that low self esteem is linked with feelings of hopelessness and suicidal tendencies.

If one does not value or cherish oneself, then there is no incentive to protect or work for the progress of that self.

Slide 6

### Activity 2

#### Being in touch with your Potentials

Slide 7

### Self Esteem and its Basis

A healthy self-esteem is based on:

- An ability to assess the self accurately.
- An ability to accept and value the self unconditionally.
- Realistically acknowledge strengths and limitations.
- Accepting the self as worthy and worthwhile without conditions or reservations.

Slide 8

### Early Experiences and Self Esteem

Some of the early experiences contributing to self image are:

- Early childhood shaping through reward and punishment.
- Parental dispute and inconsistencies in disciplining.
- Controlled parenting and failing to meet parental expectations.
- Comparison with other siblings or peers.
- School pressure and neglect by teachers.
- Peer pressure and inability to live up to their expectations.
- Belonging to a social group which is the focus of prejudice.
- Lack of acceptance by siblings and peers.

Slide 9

### Late Experience and Self Esteem

Some late experiences:

- Exposure to traumatic experiences.
- Workplace stressors.
- Competition and detrimental interpersonal relationship with colleagues.
- Marital conflicts and family disputes.
- Mid age crisis.
- Mental illness.

Slide 10

### Activity 3 & 4

#### Body Mapping Promoting your Self Worth

Slide 11

### Impact of Life Experiences on Your Self Talk

The bottom line e.g. the conclusions, judgements and views about oneself are established

- I am bad and awful
- I am not capable
- I can't do it
- I am a burden on others.
- I am not worthy
- I am stupid
- I am.....

Slide 12

### Importance of knowing how to self talk as the first step for changing your beliefs and behaviour

- Low self esteem distorts judgement about self perception.
- The knowledge about one's self critical thinking is the first step in helping to modify one's belief system which lead to formation of strong convictions.
- It is not necessary that self perception and reality are at the same level.

Slide 13

### Steps and techniques to refute and modify self talk

The first step a counsellor should take is to identify the self negating associates. The best way is to ask the client to choose the words from the internal self task and put them in a serial order. The words I use to describe the negative aspects of my personality:

- The feeling I experience the most.
- 
- 
- 
- The feeling I experience the least.

Slide 14

### Following questions should be asked

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the negative aspects of your personality.
- Spend time thinking how you could change the negative to positive.
- How can you fulfill your expectations by changing your self talk?

Slide 15

### Second Step

The counsellor should ask the client to do the reverse. The client should be asked to identify the self valued associates. The best way is to ask the client to choose the words from the internal self talk and put them in a serial order. The words I use to describe the negative aspects of my personality:

- My most positive quality.
- 
- 
- 
- My least positive quality.

Slide 16

# Module 4

## Following questions should be asked

- Give reasons, why you chose those words to describe yourself.
- Think of situations where you experience the positive aspects of your personality.
- Spend time thinking about the feelings associated with the above experience.
- How can you spend more time by thinking and self talking about your good qualities and accordingly prepare a work plan?

Slide 17.

## Activity 5 & 6

Expressing both your feelings, positive and negative Self instruction training

Slide 18.

## A Note to Remember

Practice everyday a self help method developed by Emile Coue in the 1920s, using this daily mantra twice:

**'Everyday, and in every way,  
I am becoming better and better'**

Slide 19.

# Annexures



# Annexures

## SAMPLE TRAINING PROGRAMME SCHEDULE

(The schedule may begin at 09.00 and conclude at 17.30 hours. The schedule assumes adherence to the specified break times: 10.30 - 10.45 morning tea; 13.00 - 14.00 lunch; 15.00 - 15.15 afternoon tea. The schedule is tentative and subject to change as per the local norms.)

### Day 1 Revisiting Counselling

08.00	09.00	Registration and welcome
09.00	09.30	Introduction, orientation and expectations
09.30	10.30	Revisiting counselling (PPT and activity)
10.30	10.45	<b>Morning Tea</b>
10.45	13.00	Overview of counselling (PPT, discussion and role plays)
13.00	14.00	<b>Lunch</b>
14.00	15.00	Overview of counselling (PPT, discussion and role plays)
15.00	15.15	<b>Afternoon Tea</b>
15.15	16.30	Qualities of counsellors (PPT, practice sessions)
16.30	17.30	Questions and answers

### Day 2 Revisiting Counselling and Counselling for Trauma

09.00	09.15	Participants Summary
09.15	10.30	Steps and phases of counselling (practice session)
10.30	10.45	<b>Morning Tea</b>
10.45	13.00	Steps and phases of counselling (practice session)
13.00	14.00	<b>Lunch</b>
14.00	15.00	What is Trauma? Understanding trauma and expressions of trauma (PPT and group work)
15.00	15.15	<b>Evening tea</b>
14.00	17.00	Assessment of trauma and setting goals (case work and practice sessions)
17.00	17.30	Questions and answers

### Day 3 Counselling for Trauma

09.00	09.15	Participants summary
09.15	10.30	Counselling approaches and techniques for trauma (demonstration, case work and role play)
10.30	10.45	<b>Morning Tea</b>

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10.45	13.00	Counselling approaches and techniques for trauma (demonstration, case work and role play)
13.00	14.00	<b>Lunch</b>
14.00	15.00	Counselling approaches for developing resources, (practice sessions)
15.00	15.15	<b>Evening Tea</b>
15.15	17.00	Counselling approaches for system strengthening for the family (demonstration and practice session)
17.00	17.30	Questions and answers

## Day 4 Counselling for Guilt and Shame

09.00	09.15	Participants summary
09.15	10.30	Understanding guilt among subgroups, guilt and emotional correlates (group work)
10.30	10.45	<b>Morning Tea</b>
10.45	13.00	Understanding belief system and working through ABC techniques (demonstration and practice session)
13.00	14.00	<b>Lunch</b>
14.00	15.00	Case discussion and role play for ABC technique
15.00	15.15	<b>Evening Tea</b>
15.15	17.00	Practice session for ABC approach
17.00	17.30	Questions and answers

## Day 5 Counselling for Enhancing Self Esteem

09.00	09.15	Participants summary
09.15	10.30	What is self esteem and self image, assessment and goal setting (PPT, demonstration, role play and group work)
10.30	10.45	<b>Morning Tea</b>
10.45	13.00	Behaviour change techniques (PPT, role plays and case demonstration)
13.00	14.00	<b>Lunch</b>
14.00	15.00	Self instruction techniques ( PPT, role play and practice sessions)
15.00	15.15	<b>Evening Tea</b>
15.15	16.00	Practice session
16.00	17.30	Questions and answers, programme evaluation, discussions and feedback

# Glossary

## Glossary

**Aggression:** It refers to behaviour that is intended to cause harm or pain. Aggression can be physical, mental, or verbal emotions.

**Anger:** It is an emotional state that may range from minor irritation to intense rage. Anger becomes the predominant feeling when a person makes the conscious choice to take action to immediately stop the threatening behaviour of another outside force.

**Arousal:** to awaken, or stimulate.

**Beliefs:** It is the simplest form of mental representation and therefore one of the building blocks of conscious thought.

**Cognitive appraisal:** personal interpretation of a situation.

**Cognitive thinking:** It is used in several loosely related ways to refer to a faculty for the human-like processing of information, applying knowledge and changing preferences. It can be used for intelligence, reasoning and learning.

**Compulsive behaviour:** It is a psychiatric anxiety disorder most commonly characterized by a subject's obsessive, distressing, intrusive thoughts and related compulsions (tasks or 'rituals') which attempt to neutralize the obsessions. E.g., An obsession for cleanliness and the compulsive behaviour involves washing hands numerous times, even though it is unnecessary.

**Condescending:** patronizing or arrogant.

**Confession:** an admission of misdeeds or faults

**Confidential dialogue:** interaction between client and counsellor which is like a secret and not to be disclosed to outside parties

**Conscientious:** careful and meticulous.

**Empathy:** the capacity to recognize or understand another's state of mind or emotion. It is often characterized as the ability to 'put oneself into others shoes'.

**Feelings:** It is a conscious subjective experience of emotion.

**Guilt:** In ordinary language, guilt is a state in which one experiences conflict at having done something that one believes one should not have done (or conversely, having not done something one believes one should have done). It gives rise to a feeling that does not go away easily.

# Glossary

**Inhibition:** to be reserved, shy or self conscious.

**Insomnia:** inability to sleep.

**Introspection:** the mental self observation and reporting one's inner thoughts and sensations. It can also be called contemplation of one's self and used synonymously with self reflection.

**Non-directive:** attributed to Carl Rogers, this therapy is designed to allow the individual in emotional turmoil to talk out problems and resolve difficulties with a minimum of direction being provided by the person serving as counsellor.

**Non-judgmental:** not to pass opinions or give advice. To let people have their own beliefs and approach towards issues

**Overt:** not hidden or concealed.

**Perception:** It is the process of attaining awareness or understanding of sensory information.

**Post traumatic stress disorder (PTSD):** It is an anxiety disorder that can develop after exposure to one or more terrifying events in which grave physical/ psychological harm occurred or was threatened. It is a severe and ongoing emotional reaction to an extreme psychological trauma.

**Reasoning:** It is the cognitive process of looking for reasons for beliefs, conclusions, actions or feelings.

**Self disclosure:** sharing information about oneself

**Self esteem:** self-esteem reflects a person's overall self-appraisal of his or her own worth.

**Sexual molestation:** a term defining offences in which an adult engages in non-penetrative activity with a minor or adult for the purpose of sexual gratification: groping and touching a woman's private parts.

**Shame:** is the consciousness or awareness of dishonor, disgrace, or condemnation.

**Simulate:** to replicate or imitate.

**Stressors:** an event or context that elevates adrenaline and triggers the stress response because it throws the body out of balance and forces it to respond; for example: daily stress events (e.g. traffic, lost keys), environmental stressors, life changes (e.g. divorce, bereavement). A stressor can also be an event that provokes stress.

**Substance abuse:** overindulgence in a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

**Termination:** to end

**Thoughts:** It is a higher brain function which helps us to problem solve, make decisions and analyze the world around us.

**Tolerance:** is the appreciation of diversity and the ability to live and let others live

**Vigilance:** attentive, watchful.



# Abbreviations

## List of Abbreviations

<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Anti Retroviral Therapy/Treatment
<b>HIV</b>	Human Immuno Deficiency Virus
<b>IPPF SARO</b>	International Planned Parenthood Federation South Asia Regional Office
<b>MA</b>	Member Association
<b>MTP</b>	Medical Termination of Pregnancy
<b>NGO</b>	Non Governmental Organisation
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>RCH</b>	Reproductive and Child Health
<b>SRH</b>	Sexual and Reproductive Health





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