

# PART I

## INTERPERSONAL COMMUNICATION

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### Objectives:

By the end of Part I of the training, the participants will be able to:

- Define interpersonal communication and counseling.
- Discuss the difference between advocacy, education, and counseling.
- Explain the importance of feedback in the communication process.
- Identify the skills required for effective interpersonal communication.
- Explain why there are no correct or incorrect ways of perceiving; there are only different ways.
- Identify their attitudes, feelings, and values and assess the significance and impact of these on the counseling process.
- Understand provider and client values and the importance of respect in the counseling process.
- Identify the underlying reason for specific rumors and misconceptions and identify factors that lead to the distortion of information.
- Counteract common rumors and misconceptions about TB.
- Identify forms of verbal and nonverbal behavior used in communicating and counseling.
- Identify common barriers and mistakes in communication.

**Time:** 2 hours

### Sessions:

1. Definition of interpersonal communication. Counseling: Goal and objectives
2. Overview of communication process and the basic elements of effective communication
3. Skills for effective interpersonal communication
4. The effects of personal attitudes and values in communication and counseling
5. Rumors and misinformation
6. Verbal and nonverbal communication. Forms of verbal and nonverbal behavior used in counseling
7. Barriers to effective communication and common mistakes

### Materials

1. Handouts:
  - #1 Interpersonal communication and counseling training. Participant agenda
  - #2 Skills for effective interpersonal communication
  - #3 The behaviors of interpersonal communication

- #4 Barriers to effective interpersonal communication
2. Slides #1–33
  3. Statements for group exercises “What am I doing?” “Main message,” “Agree/disagree,” and cards for “Body language exercise.”

## Introduction

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Inform training participants that Part I of this training offers information and practical exercises on effective interpersonal communication. Interactions between health care provider and client are very important for achieving treatment success. If a medical worker sees a client as not only an object for treatment, but also understands his or her life circumstances and his or her personal peculiarities, the medical worker will be able to motivate the client to follow treatment recommendations and support a client’s decision to be healthy and optimistic. In turn, the client is able to actively participate in the process of recovery, and the chances of treatment completion improve. Hippocrates once said, “There are three of us – you, me, and disease. Treatment success depends on whose side you will take.”

Unfortunately, because of the lack of time and of good communication skills, medical workers often tend to limit their conversations with clients. They give them recommendations without understanding how realistic it is for the clients to follow them, and what the barriers are to completing TB treatment. Information provided in this part of the training and skills gained by the training participants during group work and exercises will help them to improve understanding of their clients and to establish cooperation with them during the treatment process.

### SESSION 1

#### Definition of interpersonal communication. Counseling: Goal and objectives

#### Training steps:

1. Brainstorm with participants on what the word “communication” means (*see Trainer’s Resources on page 27*).
2. Record their answers on the flip chart.
3. Group together similar answers.
4. Tell participants that interpersonal communication could be used to advocate, educate, and/or counsel people. Explain the difference between education, advocacy, and counseling (*see Trainer’s Resources on page 27, slides 1 and 2*).
5. Emphasize that the most effective form of communication with clients is counseling – a process of defining feelings, providing unbiased information, determining barriers to treatment completion and ways of overcoming them, and empowering clients to make their own decisions. Clients’ understanding of health information and their ability to follow through with treatment regimens can be affected by providers’ communication skills. Clients who

better understand a health service tend to be more satisfied with the service and promote it to others. (See *Trainer's Resources* on page 27, slides #3-7).

6. Invite participants to participate in the exercise "What am I doing?" The goal of this exercise is to help participants learn the differences and similarities among advocacy, education, and counseling.

- Read each statement from the list below.
- After each statement, ask one person in the group to identify the speaker as a counselor, educator, or motivator.
- Ask the audience why it is important to not substitute counseling with education or advocacy. Ask them to explain it by using one of the statements just discussed.

- ✓ I am explaining to a client, who was referred to me by his family doctor, how to collect a sputum sample for TB testing. (Education)
- ✓ I am participating in a TV program and appealing to the audience, "TB is a serious problem. Since 1991, the number of people diagnosed with TB yearly doubled. If you notice TB symptoms, go to see your doctor immediately!" (Advocacy)
- ✓ I am listening to a woman who just learned that she has TB disease. This woman is scared that she might infect her children. She worries about who will take care of them while she is in the hospital. I propose some ideas about solving the problem. (Counseling)
- ✓ I am talking with a TB client who receives outpatient treatment and feels he is healthy. Using facts, I am trying to persuade him that it is necessary to continue treatment until its completion. (Advocacy)
- ✓ I am explaining to an HIV-positive mother about the danger of developing TB disease. I am describing TB symptoms and telling her how important it is to see a doctor immediately if she notices these symptoms. (Education)
- ✓ I am talking to a client who is concerned about side effects caused by TB drugs. I am listening carefully, clarifying information provided by the client, and offering possible solutions. (Counseling)

7. After the exercise, review the key points of this section.

### Key points to emphasize

- The goal of TB counseling is to help clients make **informed** and **voluntary** decisions regarding TB treatment, which is the foundation of effective counseling.
- Tools for effective counseling: interpersonal communication skills, technical information, and understanding the stages of the counseling process.
- Objectives of TB counseling are: prevention of TB transmission, provision of emotional support to TB clients, motivation of TB clients to complete treatment, and helping clients make their **own** informed decisions about their behavior and supporting them in carrying out their decisions.

## SESSION 2

### Overview of communication process and the basic elements of effective communication

#### Training steps:

1. Tell participants that interpersonal communication is a large part of the process of information exchange in all areas of TB services. Medical providers who are good interpersonal communicators, who can convey concern and inspire trust, as well as express themselves clearly, simply, and in a respectful manner to their audience, are essential to quality TB services and positive behavior change of TB clients.
2. Brainstorm with participants the key elements of the communication process (source, message, channel, receiver, filter, and feedback). Record participants' answers on the flip chart.
3. Ask participants whether communication is effective when the message reaches the receiver.
4. Present to participants and discuss with them key requirements of an effective communication process. (*See Trainer's Resources on page 30, slides 8-13*).
5. Emphasize that communication is effective only when there is feedback from the receiver that the message has been understood.
6. Conduct the exercise, "Main Message." The goal of this exercise is to help participants identify the main message embedded in a longer oral or written communication and to recognize the importance of making the main message clear to a listener.
  - Tell participants that you will read them a short passage and they are to identify what the main message is.
  - Read a paragraph from a brochure for a patient (below):

Your doctor needs to get a sample of sputum that you expectorate from your lungs. They will test this sputum for TB bacteria in a laboratory. It is very important for accuracy of the test to expectorate sputum deeply from your lungs. Although some people have a higher risk of developing active TB disease (for example, former prisoners, drug users, alcoholics, homeless, and HIV-positive people), more than 70% of TB patients don't belong to these vulnerable groups. Everybody can get TB. A sputum test is the best way to determine whether you have active TB disease. Don't provide saliva. Sputum is usually thick and sticky. Saliva is watery and thin.

- Ask participants what they think are the main messages of the paragraph? Ask them if it was it easy to identify and remember them? Why?
- Ask participants to change the text so that the main messages are clearer and more attractive and the information is provided to the reader in a more logical way.

**An example of how text order can be changed to make the main messages easier to identify:**

Everybody can get TB. Although some people have a higher risk of developing active TB disease (for example, former prisoners, drug users, alcoholics, homeless, and HIV-positive people), more than 70% of TB patients don't belong to these vulnerable groups.

A sputum test is the best way to determine whether you have active TB disease. Your doctor needs to get a sample of sputum that you expectorate from your lungs. They will test this sputum for TB bacteria in a laboratory.

It is very important for accuracy of the test to expectorate sputum deeply from your lungs. Sputum is usually thick and sticky. Saliva is watery and thin. Don't provide saliva.

- Emphasize that the main messages for the client in that paragraph are: everybody can get TB, a sputum test is the best way to determine whether you have active TB disease, and it is very important for accuracy of the test to expectorate sputum deeply from your lungs.

7. After the exercise, review the main points of this section.

**Key points to emphasize**

- Communication process consists of the key elements (message, source, channel, receiver, filter, and feedback).
- It is important that each key element meets its requirements for communication to be effective.

## SESSION 3

### Skills for effective interpersonal communication

#### Training steps:

1. Tell participants that communication is very important in everything we do in life. It doesn't matter with whom we are communicating—spouse, children, siblings, parents, peers, boss, neighbors, or even pets—it is the process that influences relationships and makes relationships work. Many of our problems in our personal and professional relationships result from poor communication. We spend much of our time communicating, so we tend to assume that we are experts. When we have problems understanding or making ourselves understood, the natural tendency is to blame the other person(s). Although effective communication is a difficult process to master, it is a set of skills that can be learned and used successfully.
2. Brainstorm with participants what skills are needed for effective interpersonal communication. Record participants' answers on the flip chart.
3. Brief participants on knowledge and skills that are necessary for communication to be effective (*see Trainer's resources on page 33, slides 14-18*).
4. Review the main points of this section.

#### Key points to emphasize

- The importance of effective communication between the provider and the client cannot be overemphasized. Providers need good communication skills to encourage clients to feel comfortable talking about and exploring their needs.
- In order to place the needs of the client at the center of the communication process, providers need to see this process through the eyes of the client.

## SESSION 4

### The effects of personal attitudes and values in communication and counseling

#### Training steps:

1. Tell participants that for communication to be effective it is important to remember that individuals come from different backgrounds. People perceive and think about things differently depending on who they are and how they feel at the time.
2. Ask participants what the word “perception” means to them. Discuss what factors influence people’s perceptions. Emphasize that perception cannot be correct or incorrect. It is unique to each individual. Medical providers should take this into account when communicating with TB clients. (See *Trainer’s resources on page 34, slides 19-21*).
3. Invite participants to participate the following exercises. The purpose of these exercises is to demonstrate that individuals’ perceptions may vary greatly and affect how we each interpret and understand educational materials, people, and communication messages differently.

#### Exercise: “Cat”

- Ask participants to close their eyes and relax. Tell them that you are going to say a word, and that each person should use their imagination to picture the object in their mind.
- Say the word “CAT” out loud and clearly, and leave a moment of silence. Ask people to keep their eyes closed and imagine what kind of cat – color, shape, and personality. Leave another moment of silence and then ask participants to open their eyes.
- Ask participants to describe aloud what kind of cat they imagined. Ask them to describe the cat’s size, color, and personality.
- Remark that while you said only one easily identifiable word, each person in the room imagined a different type of cat. Note that while communication seems to be simple, our personal experiences influence how we perceive things.

#### Exercise: Old/young woman

- Show slide #22 of a woman. Tell the group that you would like them to examine the illustration very closely.
- Ask participants to describe aloud what they see.
- Probe, “How old do you think this woman is?” Ask participants to describe the person’s features, how attractive the person is, and what the person is wearing.
- Ask the group to explain how the picture can represent both the old and the young woman. Now show slides 23 and 24 to demonstrate that part of the group could see the young woman and part of the group – the old woman.

- Conclude that people see and hear things in different ways and that understanding perception is the foundation of understanding communication and relationships. How we perceive others affects the way we communicate and relate with them. Different people have different opinions, experiences, knowledge, and attitudes. We need to respect our differences.
4. Brief participants on the importance of acknowledging their clients' values. Because perceptions vary from one individual to another, values also vary. Values are the principal standards that guide what we do. We use values to guide and improve our behavior and to make appropriate decisions. Values are those things we consider important, such as family, happiness, health, etc. Everyone has different values. When counseling, it is important to keep these differences in mind so that you can help your patients make up their own minds based on their own values and situations. People tend to want those they respect and trust to agree with their views and values. It is the same for your patients. It is not, however, necessary to agree with all the views or values of your clients. By acknowledging your client's values and presenting information to him or her in a way that does not contradict these values, your client will be encouraged to respect and trust your opinions and counseling.
  5. Invite participants to participate in the exercise on how different perceptions produce different attitudes. It is designed to help participants clarify their own values and understand how their perceptions and personal belief systems influence their behavior, which, in turn, can influence their clients. Understanding their own values will help participants avoid personal bias when advising and counseling clients.
- Tape papers labeled "Agree" and "Disagree" to opposite walls of the room.
  - Read a few statements from the list of attitudes (below). After each statement, ask participants to go the sign that best represents their feeling.

- ✓ Children should be taught about HIV and other STIs in school.
- ✓ Homosexuals can change if they really want to change.
- ✓ Women infected with HIV should not have children.
- ✓ TB patients who refuse treatment must be forced to get treatment.
- ✓ The TB strategy used in Soviet Union was the most effective.
- ✓ It is a crime for people who are infected with HIV to have sexual relations without informing their partners.
- ✓ People who get HIV through sex deserve it because of the behavior that they practice.
- ✓ Only a woman herself has a right to decide about having an abortion.
- ✓ TB is solely a disease of low-income people who cannot get good nutrition.



- ✓ People with AIDS should be isolated from the rest of the community.
- ✓ To attract young medical providers to work as TB providers, it is necessary to raise salaries dramatically.
- ✓ Health care providers who get TB have a moral obligation to resign from their jobs.
- ✓ Condom use is a sign of caring and not distrust.
- ✓ A doctor should report to a parent of a teenage client that she is having unprotected sex and might be in danger of getting HIV.

- Once there, tell them to look around and notice who else is standing under this sign, but do not debate the statement. Read the next statement and again ask participants to stand under the sign that best suggests their feeling or opinion.
- Process the exercise by asking:
  - Did any of your responses surprise you? Which ones?
  - How did people respond to different statements?
  - How did you feel about other people’s responses? Why?  
(Possible responses: defensive, judgmental, ambivalent, afraid to express opinion, decisive, etc.)
- If the group is not homogenous and there are many varying responses to the statements, discuss.
- Summarize by saying, “You are from similar backgrounds, but have had very different responses. People’s different experiences lead them to different conclusions. You must first be aware of your own value systems to ensure that you do not impose your beliefs on your clients. Our perceptions, beliefs, and values shape our attitudes, or the way that we think about and act toward particular people or ideas. How you communicate your beliefs and attitudes (both verbally and nonverbally) is an important part of interactions with the clients. Your attitudes, feelings, biases, and values affect how you treat your client’s problems, needs, and concerns. For example, your private reaction to the client’s look, social class, reason for seeking TB care, or health behavior may affect your tone of voice and ability to make eye contact, the gentleness or harshness with which you perform procedures, the delay that might be imposed on clients, etc. Regardless of your personal beliefs, as health care providers, you have a professional responsibility to offer TB care in a respectful and nonjudgmental manner. Being aware of your own beliefs can help you identify the potential for being judgmental and alter your behavior, so as to avoid it and the negative effects that this can have on clients.”<sup>3</sup>

6. Review the main points of this section.

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<sup>3</sup> Adopted from EngenderHealth. Comprehensive Counseling for Reproductive Health: An Integrated Curriculum. Participant’s Handbook, 2003.

### Key points to emphasize

- How we perceive others affects the way we communicate and relate to them. We must learn to respect others' values and beliefs.
- When counseling clients, it is very important to know one's own values and be aware of them. Your own feelings on many issues, the words you use, and your experience with and attitude toward certain issues may influence your perspective when talking to a client.
- When counseling, we need to avoid influencing clients on the basis of personal biases, and instead evaluate each individual's history and experience and assist him or her in making his or her own decision.

## SESSION 5

### Myths, rumors and misinformation

#### Training steps:

1. Brief participants on the negative role of rumors and misinformation and their effect on how TB clients perceive TB services (*see Trainer's resources on page 35, slides #25-26*).
2. Invite participants to participate in a rumors and misinformation exercise. The following exercise will demonstrate how rumors and misinformation can occur and how TB providers can correct them.
  - Divide the participants into groups of five. Ask each group to think of three rumors or pieces of misinformation on TB that they have heard about in their practice and identify the reasons that they likely to occur.
  - Each group should make three columns on a flip chart. Head the first column with the word "Rumors," the second column, with "Reason," and the third, with "How to Correct," and fill out this table with their three examples of TB rumors, their reasons, and the ways to combat them.
  - After 10 minutes, bring the attention of the groups together and have the group representatives report on their groups' responses.
  - Discuss how the participants can combat the rumors and identify resources that would be valuable in correcting rumors.
3. Review the main points of this section.

#### Key points to emphasize

- Rumors and misconceptions are often the result of trying to make sense out of incomplete or confusing information. People often try to "fill in" or interpret information according to their own knowledge or values.
- Once the underlying reasons for a belief are understood, it is easier to find appropriate responses to counter incorrect information.
- Believable sources with similar values and backgrounds can help counter rumors. Distributing print educational materials can also help people know the facts.

## SESSION 6

### Verbal and nonverbal communication. Forms of verbal and nonverbal behavior used in counseling

#### Training steps:

1. Brief participants on verbal and nonverbal communication. *(See Trainer's resources on page 35, slides #27-33.)* People communicate on many levels, giving messages in many ways, both verbal and nonverbal. Effective communication means being sensitive to the many behaviors people use to communicate their feelings. Verbal communication mainly transmits a person's thoughts and describes feelings. Nonverbal communication shows emotions and attitudes and creates the communication background. Interpreting the verbal and nonverbal messages of the client correctly can give the skilled TB provider important information about the client and his or her background and help the TB provider to know whether the client understands and accepts key messages.
  2. Conduct the exercise "Body Language." The purpose of this exercise is to illustrate expressions of nonverbal communication.
    - Give slips of paper with different emotions to volunteers from the group and ask them to act out the emotion before the group. They may use expressions and body language, but no words or vocal expressions.
    - Ask the whole group to observe volunteers' presentations and try to guess the emotion or feelings.
    - After several participants have done this, ask the group:
      - Was it difficult trying to convey a feeling without words?
      - Was it difficult to interpret emotions without a verbal explanation?
    - Explain that clients may not feel comfortable expressing their feelings verbally, so it is important to be able to recognize feelings from body language. They also read our emotions from our behavior. Ask participants what happens if the client does not feel comfortable with the medical provider. Ask them to provide you with suggestions of what medical providers can do to make sure that the client feels that the provider is concerned and interested.
- Possible responses:
- Shake hands
  - Introduce yourself
  - Be patient
  - Don't interrupt
  - Make eye contact
  - Don't discuss other clients
  - Keep office and desk clean.
3. Review the main points of this section.

### Key points to emphasize

Sometimes people feel uncomfortable expressing their emotions in words. It is important to recognize nonverbal clues to clients' feelings and to be aware of the feelings we may be nonverbally communicating to our clients. Nonverbal communication demonstrates our attitude and establishes emotional background for communication.

## SESSION 7

### Barriers to effective communication and common mistakes

#### Training steps:

1. Brainstorm with participants about things people say or do that are obstacles to good conversation or good interpersonal interaction. List their responses on the flip chart.
2. Distribute HO #4 and discuss with participants the barriers that they did not name.
  - ✓ False reassurance – It is a way of seeming to comfort another person while actually doing the opposite. This barrier does not allow the comforter to really be with the other. It can be a form of withdrawal. Reassurance is often used by us when we like the idea of being helpful but do not want to experience the emotional demand that goes with it.
  - ✓ Giving unsolicited advice – We give the other person a solution to their problems. Advice can be a basic insult to the intelligence of the other person. It implies a lack of intelligence in the capacity of the person with the problem to understand and cope with their own difficulties. Another problem with advice is that the advisor seldom understands the full implications of the problem, the complexities, the feelings, and other factors that lie hidden beneath the surface.
  - ✓ Moralizing – Many of us love to express our own values about what is right and what is wrong. We tell another person what he or she should do. We speak with "shoulds." Moralizing fosters anxiety, arouses resentment, tends to frustrate honest self-expression, and invites dishonesty.
  - ✓ Value judgments – Conveying your approval or disapproval about another person's behavior or about what the patient has said. Using words such as "good," "bad," or "nice."
  - ✓ Criticizing – Many of us feel we need to be critical, or other people will never improve. For some people, criticism is a way of life. We make a negative evaluation of the other person for his or her actions or attitudes.
  - ✓ Personal story sharing – We push the other's problems aside through distraction. We switch a conversation from the other person's concerns to our own topic. Some of us divert a conversation because we lack the awareness and skills to listen effectively.
  - ✓ False inferences – Making an unsubstantiated assumption about what a patient means. Interpreting the patient's behavior without asking for validation. Jumping to conclusions.
  - ✓ Logical argument – We attempt to convince the other person with an appeal to facts or logic, usually without consideration of the emotional factors involved. When we are under stress or there is a conflict between others, providing logical solutions can be infuriating. Logic focuses on facts and typically avoids feelings. When we use logic to

avoid emotional involvement, we are withdrawing from another at the most inopportune moment.

- ✓ Ordering – We command the other person to do what we want to have done. An order is a solution sent coercively and backed by force. When coercion is used, we often become resistant and resentful. Sabotage may result. Orders imply that the other's judgment is unsound and thus tend to undermine self-esteem.
- 3. While discussing, emphasize consequences of those barriers for patient-provider interaction and understanding each other. Ask training participants to provide examples of poor communication and existing barriers from their experience.
- 4. Discuss how those barriers can be overcome.

#### **Key points to emphasize**

- Showing respect and attention to the client's needs are very important elements of effective communication with the client.
- Any signs of demonstrating authority and lack of respect, attempts to control the client or force him or her to take certain actions, will provoke protest and lead to distrust.

# **Trainer's resources**



## SESSION 1

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### Definition of interpersonal communication. Counseling: Goal and objectives

#### Slides #1, 2

**Interpersonal communication** is verbal and nonverbal exchange of information or feelings through speech, signs, or actions, from a **source** to a **receiver**. It is used to advocate, educate, and counsel people.

Education is the process of providing factual information and clarification about a topic to an individual or group. It presents additional unbiased information to someone already motivated to seek it. Information creates awareness, and the way it is presented (the process of education) may motivate the receiver to adopt a change in behavior.

Advocacy is the act of persuading an individual or group to adopt a specific behavior or behaviors by providing information about their benefits.

Counseling is the act of helping a client to make **her or his own decision**, by providing unbiased information and asking questions about what the client wants and what the client thinks that he or she can do.

One-on-one discussions are most effective when a TB provider:

- Makes people feel comfortable.
- Has the discussion in a setting that encourages questions and comments.
- Talks at a moderate pace and appropriate volume.
- Presents a message that is clear and simple.
- Asks questions to make sure that the listener understands the message.
- Is patient when the listener has difficulty understanding.

#### Slide #3

**Counseling** is a special process. It is a confidential dialogue between a medical provider and a client that helps a client to define his or her feelings and to cope with stress. The goal of TB counseling is to help a patient to make informed decisions and, ideally, to follow the physician's recommendations to complete TB treatment. These decisions will affect a client's life, so it is very important that they are the client's decisions, not the counselor's decisions. Informed and voluntary choice is the foundation of effective counseling. A well-informed client who voluntarily chooses to complete treatment is more likely to be satisfied and to continue the treatment. To be informed, clients need to have clear, accurate, and specific information. The medical provider determines informational needs, provides information, and helps the client to make the decision. Usually people need training to be a good counselor.

Counseling is different from education, although education can be an important part of counseling. Counseling is **NOT** solving the client's problem for him or her or giving advice. In the counseling process, the medical provider avoids taking on the client's problem or telling him or her how to solve the problem or what decision or action to take. Instead, the medical provider brings a set of skills to the interaction that can enable the client to reach a better understanding

of the problem, deal with his or her related feelings and concerns, and assume responsibility for evaluating alternatives and making choices.

### **Slide #4**

#### **Characteristics of effective counseling:**

1. Client-centered
2. Interactive
3. Private and confident
4. Individualized

The most important aspect of effective counseling is centering the interaction and discussion on the needs and desires of each client. In a client-centered session, the provider is more likely to give information needed by the client, facilitate choice, speak in solidarity with the client, and support the client to make decisions. In this case, the chance that the client will follow a decision is much higher as it was made by him or her and not for him or her.

In a physician-centered session, the provider tends to give instructions, give directions, make negative statements, and ask questions. In this case, the provider makes the most acceptable and comfortable decision for himself (provider), but not always the client. In such a situation, the client isn't comfortable asking questions and discussing treatment decisions made by the provider. Moreover, the client doesn't understand the disease and its treatment, feels insecure, and doesn't participate in the processes of his or her own recovery. The chance that the client will not follow the provider's recommendations is significant.

It doesn't take a lot of time to make the client-medical provider interaction client-centered. This interaction just needs to be re-focused and re-structured. Clients are more likely to be satisfied if all staff, not only the physician, treat them with respect and friendliness. In turn, client satisfaction is associated with effective use, continuation of treatment, and positive "word-of-mouth" reports. Conversely, poor interaction with the client is associated with discontinuation and treatment failure. For example, research in Egypt found that client-centered (vs. physician-centered) consultations were associated with a three-fold higher level of both client satisfaction and treatment continuation, even though the client-centered sessions lasted only one minute longer on average than standard sessions.<sup>4</sup>

Traditionally, when a client comes to a clinic, only the doctor is considered an expert. This results in a diminished role for the client. The doctor and the client need to work as a team to meet the desired goal of informed choice. A useful way to consider the interaction that happens in a counseling session is to recognize that there are two experts in the room. Clients are experts because they know their own situation and needs best. Providers are considered experts because they are expected to have technical knowledge and skills.

Interactive counseling means that the provider should not only ask questions, but encourage the client to ask questions as well and provide the feedback. Providers need to listen to and respond to the client's concerns and encourage discussion. Effective counseling actively involves the client in every part of the process. Only counseling that is interactive and

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<sup>4</sup> Abdel-Tawab, Nahla and Roter, 1996. Provider-Client Relations in Family Planning Clinics in Egypt. Paper presented at the Annual Meeting of the Population Association of America.

responsive can identify each client's needs, risks, concerns, and preferences within a life-stage and life-situation context. However, some providers tend to make counseling a one-way process. This may be due in part to modeling the behavior most health workers observed in their own schooling and in part to the social distance between providers and clients that make "instruction to a client" more natural than "engaging with an individual."

Counseling should be private and confidential. Many of the issues that are discussed may be highly sensitive. Clients will be more comfortable and talk more when they know others will not overhear or learn about the conversation.

Counseling should be individualized for each client. Individual needs and preferences vary extensively by age, lifestyle, life stage, and other factors. Each counseling session should be tailored to address the particular needs of each client. Medical providers should avoid standard lecture-type information and other approaches that result in less attention to the particular circumstances of the person being counseled.

Some conditions are particularly challenging for good counseling, such as crowded clinics, settings that make privacy difficult, limited staff and time, and long waiting lines. Providers will have to adapt to these conditions in order to incorporate elements of good counseling.

### **Slide #5**

#### **Tools for effective counseling:<sup>5</sup>**

1. Communication skills.
2. Technical information.
3. Understanding the stages of the counseling process.

During this training, we will discuss in detail what providers need in order to use these tools effectively. Good interpersonal communication skills include treating clients with respect, asking clear questions, and helping them feel more comfortable talking about their needs.

A provider needs to have technical knowledge about their area of expertise. A provider needs to understand the steps involved in counseling. We are using the word "counseling" to refer to all three of these dimensions of the interaction – communication skills, technical information, and the steps of the counseling process. During counseling on TB, the three dimensions operate simultaneously.

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<sup>5</sup> Family Health International. Contraceptive Technology and Reproductive Health Series. Client-Provider Interaction: Family Planning Counseling. Self-Study Module. <http://www.fhi.org/training/en/modules/CPI/intro.htm>, April 2009.

### Slide #6

#### Objectives of TB counseling:

1. Prevention of TB transmission.
2. Provision of emotional support to TB clients.
3. Motivation of TB clients to complete treatment.
4. Helping clients make their own informed decisions about their behavior and supporting them in carrying out their decisions.

### Slide #7

It is easy to confuse the concepts of “advocacy,” “education,” and “counseling.” Sometimes a medical provider moves from one activity to another, but it is important to remember that they have different objectives:

- Advocacy: Persuade a client of the benefits of the behavior.
- Education: Provide specific TB information.
- Counseling: Assist a client in making informed decision regarding TB.

## SESSION 2

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### Overview of communication process and the basic elements of effective communication

#### Slide #8

**Communication** is the act of **transmitting** information, thoughts, opinions, or feelings, through speech, signs, or actions, from a **source** to a **receiver**. It is a two-way process, and both the TB provider and the TB client can be a source (sender) and a receiver of information.

The communication process consists of the following key elements:

- Message
- Source (sender)
- Channel
- Receiver
- Filter
- Feedback

#### Slide #9

The sender initiates the communication process and selects a channel for transmitting the message to a receiver. The message is the main thought that the sender wants to transmit. While communicating, the sender can send one or several messages. For example:

*“Tuberculosis is curable!”*

*“TB treatment in Ukraine is free of charge.”*

*“Even though you can feel healthy, it is most important that you keep taking pills until the full course is completed.”*

*“HIV infection can be transmitted from an HIV-positive pregnant woman to her unborn baby. If you are pregnant, talk to your doctor about this.”*

*“Counseling and testing on HIV is offered at XXX clinic.”*

The channel is the means of communication, such as interpersonal communication, print materials, theater, or mass electronic and digital media. A sender should define the purpose of the message, construct each message with the receiver in mind, select the best channel, time each transmission thoughtfully, and seek feedback. It is important to adapt messages based on their understanding and feedback from a receiver. If there are no filters (barriers) for communication (for example, unfamiliar terminology, noise, presence of a stranger, frequent phone calls during conversation, etc.) the receiver will rely to sender (provide feedback).

For example:

*Sender (provider), “Mycobacteria of TB is very stable, so antibacterial therapy should be provided for a long time. Please tell me what you think about such long treatment?”*

*Receiver (client), “I don’t know.”*

*Provider rephrases his message according to the client’s needs, “Tuberculosis is caused by bacteria, which live and reproduce in the human body. It destroys the body’s organs, causing cough, high fever, and other symptoms. Treatment is long and complicated because it is very difficult to kill this bacteria. It is very tenacious. That is why you should take pills for a long time – 6-8 months, maybe even longer. If you stop treatment sooner, the bacteria will start to reproduce again. What do you think about treatment now?”*

*Client (provides feedback), “I think it is necessary to take pills until the bacteria are killed completely.”*

*Provider, “Thank you. This is the most important thing to remember.”*

It is important to consider possible barriers (filters) during communication. They could be caused by physical factors (communication environment; for example, it is too hot, too cold, or too noisy) and psychological factors such as emotional tension between people, lack of interest, lack of focus on communication topic, etc.

Communication can break down at any one of these elements if the requirements for effective communication are not followed.

### **Slide #10**

Effective communication requires the **message** to be:

- Clear and concise
- Accurate
- Relevant to the needs of the receiver
- Timely
- Meaningful
- Applicable to the situation

Every **message** has a purpose. The sender intends to accomplish something by communicating. Messages typically have a definite objective: to motivate, to inform, to teach, to persuade, etc. This definite purpose is one of the principal differences between casual conversation and professional communication.

A message can be verbal and/or nonverbal. A nonverbal message has important influence on communication. Ninety percent of the meaning of communication comes from nonverbal communication. How many times have you heard, "It is not what you say, but how you say it"? Nonverbal communication is comprised of all forms of communication that do not involve the spoken or written word and is interpreted by us subconsciously. Perception of nonverbal communication involves all the senses including hearing, gestures, body language, objects, and the use of space.<sup>6</sup> Human ability to interpret and react to somebody's body language is more ancient than the ability to communicate with words. Body posture, gestures, tone, and timbre of voice are important factors that create an emotional background for communication and provoke people's trust or distrust, comfort or tension, benevolence or anger. Nonverbal information can also be transmitted with use of space (for example, distance between communicators).

It is difficult to control body language as our body follows our emotions, and nonverbal information is formed based on our attitude toward the person with whom we communicate the topic of communication, and its environment. It is important for a medical provider to develop neutral and nonjudgmental attitudes to a client's lifestyle and behavior. Condemnation or criticism of the client will destroy the communication atmosphere, even if the medical worker attempts to maintain an outwardly friendly appearance.

### **Slide #11**

Effective communication requires the **sender** to:

- Know the subject well
- Be interested in the subject
- Know the audience members and establish a rapport with them
- Speak at the level of the receiver
- Choose an appropriate communication channel

### **Slide #12**

The **channel** should be:

- Appropriate
- Affordable
- Appealing

For example: after informing the client about his diagnosis (TB), the provider gave him a brochure to read. The client is very upset, needs support, and has a lot of questions related to upcoming changes in his life and communication with his relatives and friends. He is afraid of the future. Most probable, the client will not be able to retain information from the brochure. In such a situation, it is better to talk to the client. If he doesn't respond, show him your sympathy (offer some water, sit down next to him and lean towards him, etc.), give him some time to calm

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<sup>6</sup> Improving the Communication Process to Improve Care, CareManagement, Official Journal of ACCM.

down and organize his thoughts, and then respond to his questions.

### **Slide #13**

The *receiver* should:

- Be aware, interested, and willing to accept the message
- Listen attentively
- Understand the value of the message
- Provide feedback

The ability to provoke a client's interest is an important skill for a medical worker. He should be able to show the client the benefits of information and how it can be used for improving a client's situation. For example, "Issues that we discuss with you will help you to understand how to solve your problems, organize your treatment process, and get you healthy as soon as possible."

## **SESSION 3**

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### **Skills for effective interpersonal communication**

#### **Slide #14**

We have no choice but to communicate. If we try to avoid communicating by not replying to messages, we still are sending a message, but it may not be the one we want or intend. The only choice we can make about communication is whether or not we are going to attempt to communicate effectively. Effective communication begins with recognition that not everyone experiences the world in the same way and that others' views may be as correct – perhaps even more correct – than our own.

Interpersonal communication appears to be a natural skill and as a result, most people pay little attention to the skills that comprise their interpersonal communication styles. Effective interpersonal communication is learned. We should make a conscious effort to improve these skills. You will be introduced to skills that can help you become a more effective communicator, supervisor, and TB medical provider. You already use some of these skills although you may not be conscious of them. Other interpersonal communication skills that you don't currently use can be learned, developed, and improved by studying and practicing them.

#### **Slides #15, 16**

Knowledge and skills needed for effective interpersonal communication include:

- An understanding of one's own values and willingness to withhold judgment about the other people's values.
- Skills in verbal and nonverbal communication.
- Ability to show empathy and encourage others.
- Skills in asking questions and listening.
- Ability to paraphrase and summarize the concerns of individuals and the community.
- Ability to observe and interpret behavior of other people.
- Ability to use language that other people understand.
- Skills to effectively use support materials.

### **Slide #17**

An effective verbal communicator:

- Clarifies
- Listens
- Encourages empathically
- Acknowledges
- Restates/repeats

### **Slide #18**

An effective nonverbal communicator:

- Relaxes
- Opens up
- Leans toward the other person
- Establishes eye contact
- Shows appropriate facial expressions

In order to place the needs of the client at the center of the communication process, providers need to see this process through the eyes of the client. TB client-provider interactions begin when a client comes into contact with the TB service delivery system, and they continue throughout the patient's contact with this system. All of these contacts will affect the client's experience.

The first interaction the client has with the TB services may be with a facility that is hard to reach, a long waiting line, or information about services. These types of exposure to services will affect the client's feelings and views about TB services even though they do not yet involve direct interactions with a person working in the TB service delivery system.

During this training, we will focus on direct interaction between clients and TB providers.<sup>7</sup>

## **SESSION 4**

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### **The effects of personal attitudes and values in communication and counseling**

Individuals come from different backgrounds. People perceive and think about things differently depending on who they are and how they feel at the time.

#### **Slides #19-21**

Values and perceptions are ingrained in our personalities, opinions, and actions. They are learned and reinforced through messages given to us from our family and the outside community. Our values are often so ingrained that we are unaware of them until we are confronted with a situation that challenges them. Understanding our own perceptions and values is essential to being a sensitive counselor. By understanding his or her own perceptions

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<sup>7</sup> Adopted from Contraceptive Technology and Reproductive Health Series. Client-Provider Interaction: Family Planning Counseling. Self-Study Module.



and values, a TB provider is better able to appreciate and respect the various experiences that shape the perceptions and values of his or her clients.

Perception is how we understand what others show or say to us. It is motivated by several factors such as age, gender, education, social status, past experiences, culture, economic status, etc. Perception cannot be correct or incorrect. It is unique for each individual. You should be careful not to impose your own perceptions on your clients.

### SESSION 5

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#### Myths, rumors and misinformation

##### *Slides #25, 26*

Rumors and misconceptions are common barriers to accepting new information. Rumors most often result from transmission of incomplete facts or the exchange of information in which the truth becomes distorted or exaggerated. Rumors and misinformation affect how TB clients perceive TB services. Medical providers must correct the rumors and misinformation. People hear selectively based on their values, interests, etc. A truth can become an untruth when people think they are only repeating what they've heard. As many people as possible should hear the correct message directly from the expert with the information. It should be given simply, in terms that people can understand. This is one reason why printed materials are important, as they can help people remember factual information without distortion. In order to counteract rumors effectively, medical providers need to understand the cause of the rumor. Then, they can explain why the rumor is not true and what the truth is.

### SESSION 6

#### Verbal and nonverbal communication. Forms of verbal and nonverbal behavior used in counseling

People communicate on many levels, giving messages in many ways, both verbal and nonverbal. Effective communication means being sensitive to the many behaviors people use to communicate their feelings. Verbal communication transmits mainly a person's thoughts and describes his feelings. Nonverbal communication shows emotions and attitudes and creates communication background. Interpreting the verbal and nonverbal messages of the client correctly can give the skilled TB provider important information about the client and his or her background and help the TB provider to know whether the client understands you and accepts your messages.

Nonverbal communication means communicating without words. Smiling and frowning are two examples of nonverbal communication. People communicate nonverbally by tone of voice, facial expressions, gestures, body language, use of space, and other visual cues.

##### *Slide #27*

Ways in which people communicate with one another:

- Facial expressions
- Touch
- Body movement

- Tone of voice
- Eye contact

### Tone of voice

Often, communication is characterized by how it is said rather than what is said. What the person is saying in words and what they communicate by tone of voice can be very different. For example, if someone yells, "I am not angry!" - you will not believe the words because the tone shows that they are upset. When working with the client, it is important to be aware of the tone of your voice. Here are some examples of emotions and the tone of voice that often go with them:

Anger	Very loud or very soft
Fearful	High voice
Nervous	Rapid speech, giggles
Shy	Very soft, often high voice
Confused	Soft, mumbled words
Sad	Low falling tone, slow
Happy	High and rising
Bored	Slow and rising
Impatient	Fast, like spitting words

Only a few tones of voice may be appropriate when talking with a patient:

- Sympathetic
- Interested
- Concerned
- Serious
- Factual
- Friendly
- Courteous

Space is an important aspect in nonverbal communication. Space can be considered as the physical area surrounding a person and existing between persons. Every person determines his personal space individually, and "invading" another person in this space can be perceived negatively. It is usually from 1 to 1.5 meters depending on culture. (For some cultures, it might be even shorter.) Increasing this distance can be considered as a sign of remoteness, and decreasing it can violate a person's feeling of security. The TB provider should determine how close he will be to a client during an interaction based on observation of the client's reaction and should give the client an opportunity to feel comfortable.

Another consideration is the positions that the medical provider and the client assume in space. Are the bodies oriented in the same or in different directions? What is the distance between the bodies in space? When bodies are oriented and positioned in similar directions, it is considered as a commitment between both. Some configurations represent involvement and commitment, whereas other configurations represent lack of involvement and commitment between the bodies. The body position and direction affect the meaning of the relationship and can be a determining factor in the success of communication. For example, if the TB provider is trying to teach the client the signs and symptoms of TB, it would be important to have the medical

provider's body directed toward the client. If he is not facing the client, the message sent - regardless of what is said - is that the medical provider is not with the client.

### **Slide #28**

Examples of good body language include:

- Making eye contact
- Leaning towards the patient
- Smiling
- Listening attentively
- Nodding (or saying "Mmm") to show you are listening

### **Slide #29**

Body language can also make clients enjoy talking with you, or make them bored or uncomfortable. Examples of poor body language include:

- No eye contact
- Poor posture, leaning away
- Angry or bored expression
- Interrupting constantly
- Shuffling papers
- Looking at watch

If you act this way, patients may not talk frankly with you or may not listen or trust you.

### **Slides #30-33**

It is important for the TB provider to make sure that verbal and nonverbal communication match. If the nonverbal cues don't coincide with the verbal, the communication may be wasted or the wrong message may be received.<sup>8</sup> The medical worker can recognize clients' feelings based on different indicators (nonverbal clues), for example:

#### Impatience:

- Drumming one's fingers on the table or tapping with something
- Fidgeting in the seat, swinging one's leg
- Examining one's watch
- Looking "past" you

#### Emotional discomfort:

- Collecting nonexistent fibers
- Shaking off one's clothing
- Scratching one's neck
- Taking off and putting on a ring

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<sup>8</sup> Improving the Communication Process to Improve Care, CareManagement, Official Journal of ACCM.