

## HELP & SHELTER

### TRAINING & CAPACITY BUILDING TO ENHANCE SERVICE DELIVERY PROJECT (FUNDED BY THE USAID GOVERNANCE ENHANCEMENT PROJECT BY AGREEMENT WITH PROJECT IMPLEMENTER TETRA TECH ARD)

#### Activity Report: Upgrading Counselling Skills Workshop – Days 3 & 4 (27 & 28 January 2011)

##### **1. Introduction/Background**

The last 2 days of this 4 day workshop was held on January 27 & 28, 2011. Help & Shelter, like other NGOs, in order to continue to deliver quality counselling services to the Guyanese public in the area of DV, GBV and child abuse prevention recognizes the need to upgrade the knowledge base and improve the skills of its counsellors so as to meet the growing demands and requirements of our clients. In meeting this challenge our general strategy and technical approach included implementing a 4 day training and capacity building workshops using participatory and interactive methodologies where counselling theory and practice was incorporated to enhance learning and output at the point of delivery i.e. counselling services to clients.

In planning this workshop it was envisaged that participants would have already benefited from some form of professional training in counselling and exposure to counselling practice. As mentioned previously this workshop was planned exclusively for Help & Shelter counsellor with the last 2 days focused on practical application of theory, evaluation of risk assessments and documentation.

##### **2. Methodology**

The methodology used was a combination of power point slide presentations, role plays using actual Help & Shelter case studies, case conferencing, group discussions, reports on homework exercises, documentation of client cases and evaluation. The sessions were participatory and interactive.

##### **3. Topics and Participants' Feedback**

The main focus areas of days 3 & 4 were:

- Review of days 1 & 2
- Counsellors' reports on homework assignments
- Power point presentation – Conferencing & Listening Skills, topics covered included:
  - a) What is counselling- goals, understanding self, dealing with crisis, decision making, enhancing personal growth
  - b) Counselling Steps- revelation, analyses, awareness, exploring options
  - c) Counselling Aims – developing good decision making, behaviour change, providing information
  - d) The client/counsellor relationship
  - e) Issues requiring counselling- substance abuse, family breakdown, HIV/AIDS, grief, sexual abuse, mental/physical disability, relationships
  - f) Counselling skills- listening techniques, empathy, respect, care
  - g) Keys to good listening- SOLER
  - h) Blocks to listening – comparing, assumptions, filtering, losing concentration, advising, arguing, derailing, placating, inability to be objective, anxiety, inadequate physical conditions
  - f) Filtered listening – information can be affected by biases of class, gender, race, religion, politics, sexual orientation
  - g) Guidelines for perfecting listening skills – sensitivity, reflecting back, not substituting words for client ending with assurance and support for client
  - h) Active listening – getting the core message of client and their situation effectively and with understanding
  - i) Active listening checklist – participants asked to make their own list of Do's and Don't's and use this in role play activities
- Case studies & role plays
- Assessment & use of record formats

### Participants' Feedback

Out of a total of 6 participants 5/83% of participants completed H&S evaluation forms. Feedback from these forms indicated that 100% of participants definitely agreed, that information was presented in a way they understood and the workshop was well facilitated, 60% definitely agreed and 40% somewhat agreed that the workshop increased their knowledge and understanding of conferencing and listening skills, 60% felt there was enough time for discussion and sharing of information 20% felt that there was somewhat enough time and 20% felt there was not enough time.

Counsellors reported on homework assignments, they were given at the end of the first 2 days, including reporting on at least 1 case where exploring the past history & childhood of a client allowed a better understanding of client's present situation, presenting social care plan for at least 1 client and follow up on one case describing outcome.

In all the responses childhood experiences played a major role in the shaping of client's lives and in influencing their present situations. These experiences ranged from abandonment, little or no schooling, having to take care of their younger siblings, having to go out and work to earn for the upkeep of their family, physical, sexual, psychological abuse as a child, alcohol abuse as a child etc. Social care plans for clients included applications for Protection Order using DVA, maintenance for children, arrest of perpetrators, counselling for abusive partner and other relatives, going back to school, skills training, pursuing plans to set up small business, referrals for specialized medical help, legal aid, pursuing prayer and religion to help with depression, referral for substance abuse counseling and help, couple counselling, ongoing counselling at Help & Shelter

Case studies were role played where each counsellor played the role of client and of counsellor. After each acted out case study feedback was given by the rest of the participants on the case. Counselors were asked to address the 3 stages of counselling, use questioning and listening skills to do a risk assessment and general assessment of client etc.

### What participants found most useful

- The way facilitators presented the case studies to counsellors, not giving them out in advance. this was helpful in the sense that counsellors were not aware of cases and as such prepared for it. This way counsellors were able to demonstrate their skills, knowledge and abilities in dealing with cases presented to them
- Additional meaning of silence during counselling which was shared
- Case studies and learning more about active listening
- All of the information and role plays
- Sharing of experiences

### What participants learnt

- The importance of active listening
- I learnt more about listening and about person's personal behaviour change when it comes to issues they have
- The acronym SOLER and what it means
- Every case is unique and the approach may not be the same for each case

### How participants will use the information gained

- I will use it in my work and also share it with other colleagues in this field
- Information gained will be applied to my counselling practice
- Include it in my daily interaction with my clientele

## **4. Follow-up sessions**

Two other counselling training workshops are planned:

- 3 day basic counselling workshop for community facilitators and volunteers
- 3 day training workshop in child counselling

**5. Qualitative reporting techniques**

Qualitative information was gathered through homework assignments that counsellors reported on, discussion and feedback on evaluating the role plays of case studies and the use of open ended questions on the Help & Shelter participant evaluation form. Forms were anonymous so opinions expressed could not be traced to any one individual. Participant feedback above was gathered from Help & Shelter participant evaluation forms.

**6. Quantitative reporting techniques/methodologies**

Quantitative information was gathered through the use of tools such as:

- ARD-required attendance sheets and registration forms.
- Participant evaluation forms developed by Help & Shelter, which assessed quantitative information on delivery and grasp of information, increased knowledge and understanding of the topics covered, workshop facilitation and adequacy of venue and food.

Participants were given registration forms in their file folders to fill out and return by the end of the workshop. As participants arrived they were directed to fill out required information on the attendance sheet. Participant evaluation forms were given out and participants were asked to fill them out and return to the M&E officer at the end of the workshop.