

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

HIV and AIDS Voluntary Counselling and Testing

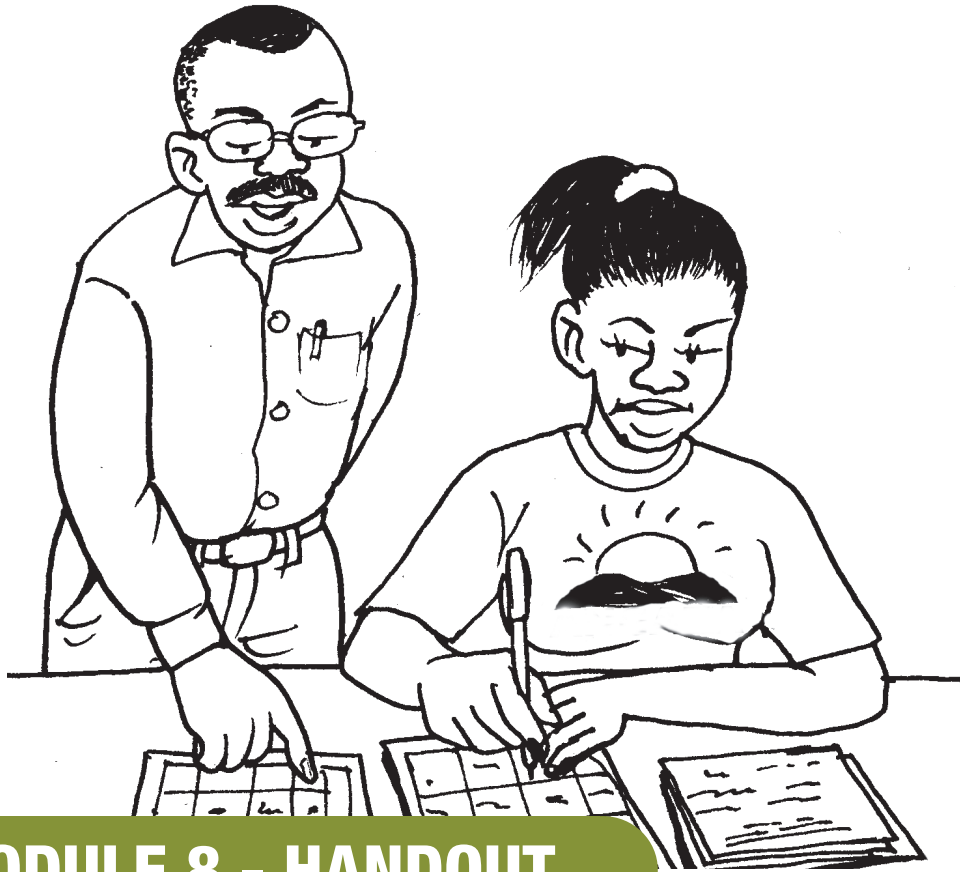
MODULE 8

Counselling Skills, Ethical Codes and Supervision of Counselling Practice



National AIDS Control Programme

February 2008



MODULE 8 - HANDOUT

Counselling Skills, Ethical Codes and Supervision of Counselling Practice

Distribute to the participants after all sessions of module eight have been covered

Session 5 Ethics in Voluntary Counselling and Testing

1. Ethical issues/dilemmas that arise in the delivery of VCT:

- Revolve around refusal of partner notification by a positive client
- Mandatory testing to clients
- Clients not showing up for their results
- Clients denying test results
- Counsellor imposing his or her attitudes on to the clients
- Counsellor judging his/her client's behaviour and decision making in line with the counsellor's own thinking
- Lack of understanding human attitudes playing part in counselling

2. Effective responses to ethical dilemmas

Important issues to consider are:

- The counsellor should never discuss cases which have been brought to him/her for counselling with anyone except where permission has been granted by the client to discuss them for professional purpose.
- Even when cases are used for professional purposes the identify of the client should be hidden.

Privileged communication:

- This is any communication, which the counsellor gets from the client during counselling sessions. This communication involves personal things revealed to the counsellor by the client with the understanding that they will not be divulged to anyone else. (Divulged to give to information that is to be secret)

Absolute privileged communication:

- This involves communication, which is not to be divulged to any person under any circumstances.

Qualified privileged communication:

- This implies that the communication is divulged under certain conditions.
- Conditions under which information can be divulged include information that a client has intention of causing harm to himself/herself or to other, or in cases where national security is threatened.
- For example, if a person reveals a plan to commit suicide or to go and attack of kill somebody it is the counsellor's duty to inform the authority so that this individual can be stopped from causing harm.

Dual relationship:

- One important aspect to be considered before counselling clients is the presence of dual relationship.
- Dual relationship signifies the existence of more than one relationship. For example employer-employee relationship and counsellor – client relationship.
- Dual relationship may hinder development of appropriate counsellor – client relationship.
- It is advisable for a counsellor to refer such clients to another counsellor.
- If a counsellor discerns that the counsellor – client relationship is changing to love relationship, he/she should immediately act to remedy the situation such as making referral or seeking supervision or support of an experienced counsellor.
- To avoid such a situation a counsellor should not engage in erotic touching or sexual relationship with a client
- A counsellor should make the limits known to any client who seems to be working towards such a relationship.

2.2 Three major types of values to be observed by counsellors:**Social values:**

Are some standards of behaviour determined by society e.g. good manners, inheriting deceased brother's wife.

Moral values:

Is objective an unchangeable in born knowledge of what is right and wrong e.g. tell lies, indulge in extramarital sex, disrespect of one's own parents.

Religious values:

Are those based on particular faiths in a society i.e. spiritual organization not emphasis condom use.

N.B: Counsellor must be careful not to let these attributes affect his/her own self and work.

2.3 Counsellors need to review and practice the following standards:

- Maintain confidentiality
- Recognize your limitations. Your service must be rendered within the area of your competence. Do not use the interview as a place to delve into the life of another person
- Seek consultation. Counselling is often private. It is therefore important that one should be cautious while seeking consultation. Consultation should only be with another professional.

- Treat the clients, as you would like to be treated. Every person deserves to be treated with respect, dignity, kindness, and honesty. Such attitudes will complement your integrity and competence.
- Be aware of individual and cultural differences. Client's uniqueness and self-concept can guide a counsellor.

Session 6 Introduction to Ethics in VCT

Objectives:

1. Define counsellor professional ethics
2. Enumerate need for counsellor ethics
3. Describe four principles which builds standards of VCT counsellor
4. Identify other important issues to consider beside standards
5. Recognize professional ethics and their implication in counseling process.
6. Explain major responsibilities /job description of a counselor.

Introduction:

An effective counseling session depends on counselor observing professional ethics.

1. Definition:

Counsellor's professional ethics are systematic body of moral principles that guide or determine the counsellor's behaviour in his/her relation.

2. Need for counsellor ethics:

The counselling profession like any other profession has a code of ethics, either written out or ingrained in its practice. The professional ethics guide and protect the professionals in their practice.

3. Counsellor Ethical code of Conduct

3.1 Counsellor should adhere to ethical code of conduct:

- Counsellors shall ensure privacy of clients during counselling
- All personnel that are handling clients in VCT site shall treat information obtained during counselling and HIV test results confidentially
- No HIV test shall be performed without informed consent from the client
- Should be followed by counselling
- Only code numbers and date shall identify specimens for HIV testing
- Laboratory test results shall be kept safety under lock and key an released only to authorized persons
- Test results shall not be released to a third party without a client's written consent
- Counsellors shall promote shared confidentiality with their client's and encourage them to share their sero-status with their significant others as well as health personnel in cases where referral to care and support services is necessary

- Counsellors must avoid stigmatising their clients and instead assist them to deal with stigma

3.2 Professional ethics and their implication in counselling process:

Specific professional ethics for counsellors include,

Acceptance:

Any client who will be counselled in connection with, for example, HIV/AIDS should be made to feel accepted by the counsellors regardless of his/her past life style, past behaviour, race, religion or any other distinguished characteristics. This will be possible only when the counsellors understand and overcome their own prejudices. In many cases counselling will not be possible if the client does not feel accepted.

Consistency:

All information, for example, about HIV/AIDS must be always accurate and consistent, the counsellor should be well equipped with up to date information on HIV/AIDS.

Trust and Confidentiality:

The client must be assured of confidentiality. The relationship between the counsellor and the client is built on the understanding that whatever is discussed remains a private matter between the two. In any case the client must be informed if there is risk of breaking confidentiality in places where counselling is done. The counsellor should never try to persuade a client to reveal personal or damaging information which will be recorded, in so doing it will not remain confidential.

Informed consent:

Before any HIV testing to the client is performed, the counsellor should take the responsibility of informing the client the meaning of the examination or testing for HIV, and the personal, psychological, legal and social implications after the HIV test in a way which will help the client reach a decision.

Protection against discrimination:

Arrangements for testing for HIV should minimize the risk of discrimination. The individual rights must be recognized and respected. The counsellor must be great care to ensure that discrimination is not imposed upon a already distressed person.

Purposeful expression of feelings:

Human behaviour is never purposeless. By accepting clients' behaviour as having a purpose, the counsellor will be enabled to freely work with the client. So the counsellor should know the hidden purpose behind the behaviour of clients.

Self-determination:

The counsellor believes in the dignity of the individuals and the fact that they have the right to make own choices from the alternatives. This is respected within the limits of accepted social standards, excepting pursuance of serious harm to others or self.

3.3 Four principles which builds standards for VCT counsellors:

- Standards we define as a frame work within which to work in accordance to code of professional ethics.
- Standards are built of 4 principles.

Competence

Responsibility

Confidentiality

Accountability

Competence:

The counsellor must

- Have necessary knowledge and skills necessary for counselling and ability to use them.
- Have accurate and up to date information on issues of HIV/AIDS.
- Have undertaken a basic course in counselling
- Have help behaviours throughout the counselling process.
- Therefore, competence is necessary to transmit and building confidence and hope in clients.

Confidentiality:

A key concept in all ethical considerations

- It involves keeping any records on client locked in cabinet only counsellors have access to the information.
- Environment should assure code confidentiality counselling process (code number will be used)
- It involves not revealing information of client unless permission if from client.

Accountability:

Answerable for your own decision or acts.

- Is to ensure within his/her profession boundary that he/she will not abuse the individuality and vulnerability of the client.
- Counsellors have to facilitate growth and behaviour change without undermining the individuality of the client.

- Counsellor within his/her capacity is to encourage clients to improve their life style skills.

Responsibility:

- Observe professional ethics during counselling
- Recognize the values/dignity of client irrespective of origin status, sex orientation age, race belief.
- Maintain a professional relationship with the clients.
- Stop counselling refers the client and seeks advice from other counsellors when the counselling relationship becomes emotionally unmanageable.
- Acknowledge own weakness and be able to seek advice from supervisors, other counsellors and to refer the client to other people (Helpers)
- Encourage and facilitate the self development of the client
- Be dependable, reliable and faithful.

3. Reasons for obtaining informed consent and maintain confidentiality in continuum of care

- Informed consent is deliberate permission given by the client to a health care provider to proceed with the proposed HIV test procures
- Carer takers will have opportunity to have knowledge on HIV and how PLHIV care
- PLHIV shall have access to have support from HIV related organization
- Home based care providers will have access to give care at home

4. Shared confidentiality in the continuum of care

- Is process of a client releasing his or her sero- status information to other health care providers' legal representatives and relative
- Counsellor shall release such information only where he/she believes that the client shall benefit or where it is mandatory by law
- He or she shall also do this with the full understanding and consent of the client

5. Importance of Shared confidentiality continuum of care

- To provide needed care and infection control
- Assist the couple to understand and focus on their ability to enhance the health and well-being of the infected partner
- Parents who have shared their HIV status with their children tend to experience less depression than those who do not

Major responsibilities of counsellor:

1. To provide counselling services to client/patients in need while in hospital setting.
2. To develop a net working and referral system in collaboration with the management of the hospital.
3. To develop a recording system this always has to be updated and to report to hospital management.
4. To make a time table for counselling and follow up of clients/patients.
5. To sensitize hospital, community on counselling and to promote counselling in the hospital.
6. To set time for supervision for both peer group and vertical supervision.
7. To provide on the job training on counselling to other professionals working in the hospital.
8. To be a resource person for the entire hospital and community.
9. To collaborate with other counsellors and professionals in the hospital and work as a team.
10. To adhere to professional ethics when providing counselling services to clients/ participants.
11. To keep all information on clients/patients confidential.
12. To carry out any other job related to counselling as will be given by the hospital management.

Session 7 Counsellor Support

Introduction:

Counselling in HIV infection and the AIDS disease is stressful. Each day a counsellor meets people in very difficult situations. Each day the counsellor is confronted with the reality of HIV, illness, death, grief and loss. He/she needs assured support.

Definitions:

Burnout is a condition which progresses overtime until the sufferer reaches a point of complete physical, emotional and mental exhaustion (complete burn-out).

Burnout is the result of stress overload, when demands and pressures placed on a counselor exceeds their resources. It is a normal neuropsychological response to excessive stress, and not an indication of deficiency or weakness in those who experience it.

Stress can be defined as anything that stimulates an individual and increases their level of alertness.

Too much stress becomes unpleasant, tiring and may ultimately damage health and well-being. Too much stress interferes with work performance. Stress often originates from an external event or circumstance that places a demand on an individual's inner or external resources.

1. Main features of counsellor support:

- How to inform client the HIV test results, especially the HIV positive or discordant couples.
- Couples refusing to be separated, in counseling situations.
- Disclosing results to partners.
- Conflict between counseling and giving advice.
- Conflict between counseling and giving false hope.
- How to deal with one's own emotions.
- Counselor not having enough knowledge of issues being dealt with.
- Fear of HIV infection
- Fear of stigma
- Unresolvable uncertainties, e.g. natural history of HIV
- Procedures used on the:
 - Reliability of test kits
 - Availability of retroviral medicines
- Family/loved ones' involvements

- Over-work
- Role expansion
- Advocacy whereby the counselor has to advocate for the vulnerable.
- Media that may be biased or uncaring for the affected and counselors.
- Policy formation that does not involve the major players – the clients.
- Teaching about HIV/AIDS that is hardly received because of sheer negligence or apathy.
- Clinical responsibilities emanating from diminishing resources, and political pressure.

2. Importance of stress management and preventing burnout:

Stress management refers to efforts to control or reduce the tension felt when a situation is perceived to be especially difficult or beyond one's resources.

Heavy demand and high performance expected of VCT counsellors make them continue to work hard in the face of high-sustained stress. Thus, it is essential that counsellors learn to pay attention to their own needs and feelings. This means knowing when to relax, get more sleep, or implement stress management strategies. Therefore, the importance of stress management and preventing burnout is:

- To remove all effects of stress that can hinder better performance.
- To maintain the sense of balance and establishing longevity in the field.

3. Strategies for addressing stress and preventing burnout:

- Take personal health responsibilities, e.g., eating, exercising and taking time off when sick.
- Have periods of winding off between work and home life (Counselors should regulate the balance between their work life and personal life so that work does not consume all of their time).
- Have regular individual and group support sessions.
- Make stress management and the work plan e.g. refresher workshop, peer supervision, retreat workshop.
- Solicit recognition and support from the institutional authority to undertake this kind of work.
- Use of relaxation techniques if feeling of stress comes from within (e.g. caused by anxiety, worries about client results, issues beyond their control, or anxiety based on their own behavior) Counselors can use meditation that helps one to feel peaceful, relaxing the body and clearing the mind of stressful thoughts.

- Adopt a healthy lifestyle (Counselors can care for themselves by talking to others like friends, family members, colleagues, supervisors about their stress and asking for help when needed.)
- Time management (Counselors can better manage their time by working more efficiently, rather than harder.) Counselor need to set goals and routines; managing and avoiding distractions; and choosing priorities.
- Changing the way one thinks – Sometimes counselors neutralize stress by transforming negatives into positives. For example, if counselors experience significant stress from other people, they can eliminate negative feelings by having a more positive outlook, welcoming changes and changing irrational belief.

Session 8 Counsellor Supervision

1. Introduction:

Since supervision is virtually for education/training purposes, supervisors should announce their supervisory visits in advance. In this announcement, the supervisor is advised to include indication of what MODE of supervision he/she would use. Preparation of a checklist of things to be dealt with during the forthcoming supervision visit and sending the list to the counsellor/supervisee quite in advance.

2. Basic concepts, technical and administrative counselling supervision:

Generally, supervision embraces both **technical** and **administrative** supervision: **Technical supervision** in our VCT Supervision exercise for counsellors will concentrate on supporting and providing skills to the counsellors:

The beginning of “actual” counselling should begin with making the client feel comfortable and willing to undergo the counselling exercise. This can be observed live if prior informed permission for supervisor to sit in the counselling interview was sought and granted by the client(s).

The main body of supervision will be based on the mode and model you informed the supervisee in advance that you would use during the supervisory visit, e.g., case – centered, or counsellor – centered mode. The model would either be supervisor – to – supervisee; supervisor to a group of supervisees, whatever the case could be. Other crucial Forms in technical supervision include, VCT Counsellor’s Notes, Client’s Referral Form and VCT consent to inform a third party.

At the end of the supervision session, which normally should not exceed one hour, there should be a feedback session where the supervisor and supervisee(s) share their views and feelings regarding the exercise; and plan for subsequent supervisory visit(s). This session should be held in a relaxed, tension – free atmosphere for best results.

Administrative supervision looks at, work schedules to ensure that counselors have enough time to exercise their skills; have and attend planned peer supervision sessions; and have manageable workloads lest they succumb to burnout. Peer supervision meetings should begin once a week and taper off to once a month which is the recommended normal practice.

Administrative procedures, particularly the counsellor/ site administration relationship. You may wish to use:

- Observance of laid down procedures and guidelines
- Record keeping, e.g., Monthly, Quarterly and Annual.
- Client Intake Record Forms
- Record of preventive materials (condoms) issued upon requests.

3. Recognize the roles and responsibilities of supervisors and supervisee:

(a) Roles of a supervisor:

- Announce supervisory visits in advance
- Prepare a checklist of things to be dealt with during forthcoming supervision visit.
- Maintain good supervisor/ supervisee relationship
- Give supervision feedback to supervisee
- Plan for subsequent supervisory visit
- Observes laid down procedures and guidelines
- Check records of preventive materials like condoms issued upon requests.
- Observes record keepings
- To write a supervision report

(b) Roles of supervisee:

- Ask client's permission for supervisor to sit in the counselling interview
- Write out the good or problematic discussion
- Present case study during supervisory visit

Conclusion

Supervision and monitoring are often used interchangeably. In fact, supervision is both external monitoring and internal, or self-monitoring of the counselor's performance. Supervision is generally regarded as the backbone of quality assurance of the counseling profession. In this process, the counselor is helped to rectify shortcomings in his/her actual practice of counseling and, therefore, to finally deliver quality services.

Quality assurance in counseling services draws heavily from quality supervisory work. Good supervisor/supervisee (counselor) relationship is crucial in quality supervision. The attitude of either supervisor or supervisee to impress either party by unsound practices tarnishes the supervision exercise and eventually adversely affects quality assurance of counseling services.

In summary, counsellors must be capable individuals in the counselling field, gaining constant professional growth through proper supervision, and likeable both politically and socially in order to effect quality assurance of their performed counselling services.

Session 9 Field Practice**Session 10 Sharing Field Experiences****1. Purpose of field practice at VCT sites:**

- To put theory into practice and apply skills on a real client.
- To practice post training counselling in real situation
- To gain more assistance from counsellor supervisor so as to strengthen basic and specific skills of counselling.

2. Practicum procedures, objectives /requirements:**2.1 Objective:**

To expose and assess the counsellor trainees on real client so as to put into practice the acquired knowledge and skills in VCT.

To write interesting case study

2.2 Practicum procedures /protocol in the field work:

- Report to the allocated VCT sites
- You will meet counsellor supervisor and introduce self at the centre.
- Familiarize with staff and get orientation of the site.
- If possible observe one counselling session from the supervisor.
- Conduct counselling under supervision and that one will not be assessed the next counselling session will be assessed.
- Make self assessment starting with strong point and ending with weak points.
- Able to indicate areas which need more input or emphasis.
- Receive strength and weakness and suggestion for improvement from counsellor supervisor.

N.B: A trainee is the one who will introduce the client to the supervisor and explain the importance of the supervisor during the counselling session.

2.3 Requirements:

- Every trainee to select and write an interesting case and will present for 20 minutes and 5 minutes will be used for discussion both trainees and facilitators will participate.
- You can use the available format but any addition is recommended.

3 HIV/AIDS Counselling and testing under selected supervisor:

- A counsellor supervisor will use a guide to assess a trainee at practicum site during counselling.

- A trainee will receive instruction and help from the supervisor.
- A trainee needs to co-operate with the supervisor as much as possible.
- Plenary discussions is very important this includes
 - Monitoring tools
 - Protocol in HIV testing
- How may counsellors and their roles. Etc.

**MINISTRY OF HEALTH
NATIONAL AIDS CONTROL PROGRAMME**

**COUNSELLING TRAINING FOR COUNSELLORS ON VOLUNTARY
COUNSELLING AND TESTING (VCT)**

**GUIDE FOR COUNSELLOR SUPERVISOR TO ASSESS A TRAINEE AT
PRACTICUM SITE DURING COUNSELLING**

1. Objective:

To assess the trainees ability to put into practice the acquired knowledge and skills in Voluntary Counselling and HIV Testing (VCT).

2. Training Coverage:

The coverage has been focusing on HIV and AIDS /STIs, and HIV testing hence the trainees will be assessed on the application of basic and specific Counselling Skills. These will be specifically assessed in the areas of Pre-Test, Post-Test and Supportive Counselling.

3. Assessment Criteria:

The supervisor will assess the trainee using the attached checklist.

4. A part from the Pre-test, Post-test and Supportive counselling the trainees can also be exposed to counselling of the special groups e.g. couple, family, youth counselling.

5. The Supervisor will write short individual report indicating:

“General performance of each trainee including strong and weak points”

“Code of conduct (discipline)”

6. Supervisors will also give a general comment on the performance of the students indicating in the report gaps/areas, which need more inputs.

7. Trainees:

At the end of each assessment:

1. A trainee should make self-assessment starting with strong point and ending with weak points.
2. A trainee will indicate areas, which need more input or emphasis.
3. A trainee should select and write one interesting case study to be presented in the class.

VCT PRACTICAL ASSESSMENT TOOL (CHECK LIST)

1. NAME OF THE TRAINEE:
2. EVALUATORS/SUPERVISOR'S NAME:
3. PRACTICUM SITE/AREA:
4. DATE:
5. TYPE OF COUNSELLING INDIVIDUAL / GROUP
6. DATE:
7. RATING SCALE

Descriptive Term	Numerical Value	Letter Grade
◆ POOR	0 – 49%	E
◆ SATISFACTORY	50 – 64%	D
◆ GOOD	65 – 75%	C
◆ VERY GOOD	76 – 85%	B
◆ EXCELLENT	86 – 100%	A

8. INSTRUCTION

Tick on the appropriate column according to your (supervisor observation/or activities done)

9. Distribution of marks.

- ◆ Item (1) = 5%
- ◆ Item (2) relationship building 15%
- ◆ Item (3) explorations skills 30%
- ◆ Item (4) understanding skills 30%
- ◆ Item (5) action planning skills 15%
- ◆ Item (6) recording keeping 5%

Total 100%

N.B Marks for each item is indicated in brackets ()

S/N	DIRECT OBSERVATION – ACTIVITIES	POOR	SATISFACTORY	GOOD	VERY GOOD	EXCELLENT	REMARKS
1.	Counsellor's Trainee's General appearance (5)						
2.	RELATIONSHIP BUILDING						
	● Welcome the client promptly and appropriately (1/2)						
	● Greets the client (1/2)						
	● Shakes hands with client (1/2)						
	● Building rapport (1)						
	● Gives introduction (1)						
	● Orientation and explains her/his role (1)						
	● Assures privacy (1/2)						
	● Assures confidentiality (1)						
	● Indicates observation/ communication and appropriate Eye contact (1/2)						
	● Listens actively (1/2)						
	● Counsellor Voice (1/2)						
	● Sets mutual time contact (1/2)						
	● Attending behaviour *sitting arrangement – Chair in a V shape arrangement) (1/2)						
	● No Physical barrier (s) between counsellor and client (1/2)						
	● Counsellor closer to the door and near to client (Psychological distance) (1/2)						
	● Relaxed (1/2)						
	● Open body Posture (1/2)						
	● Leans forward (1/2)						
	● Eye contact (1/2)						

S/N	DIRECT OBSERVATION – ACTIVITIES	POOR	SATISFACTORY	GOOD	VERY GOOD	EXCELLENT	REMARKS
	● Respect (1)						
	● Empathy (1)						
	● Trust (1 ½)						
3.	EXPLORATION SKILLS						
	● Open ended questions (3)						
	● Closed ended questions (3)						
	● Minimal encourages (3)						
	● Eye contact (3)						
	● Active listening (3)						
	● Genuineness (3)						
	● Concreteness (3)						
	● Nodding (2)						
	● Grunting (2)						
	● Empathy (2)						
	● Answering (3)						
4.	UNDERSTANDING SKILLS						
	● Summarization (1)						
	● paraphrasing (1)						
	● Reflection of feelings (1)						
	● Empathy (1)						
	● Respect (1)						
	● Identification of client's problem (1)						
	● Ability to discuss sensitive issues (1)						
	● Ability to help client realize perceived information (1)						
	● Ability to give factual information on HIV/ AIDS/STI or as presented problem (1)						
	● Ability to help client make a personalized risk assessment;(2.5)						
	● Client sexual and other behaviours explored (1)						
	● Clients sexual and other behaviours summarized (1)						
	● Clients readiness to change Risk behaviours assessed (1)						

S/N	DIRECT OBSERVATION – ACTIVITIES	POOR	SATISFACTORY	GOOD	VERY GOOD	EXCELLENT	REMARKS
	● Ability to help client make a personalized Risk Reduction Plan (2.5)						
	● Counsellor assess potential barriers to the suggested risk reduction strategies (2)						
	● Ability to discuss on HIV testing and implications (2)						
	● Client given chance to propose strategies for positively living with HIV and AIDS. (2)						
	● Counsellor gives a list of alternative risk reduction strategies for consideration (1)						
	● Counsellor's ability to discuss on significant others (1)						
	● Counsellor supports client's sustainable plan for change of behaviour (2)						
	● Counsellor supports the client to elicit a commitment for change of behaviour (2)						
	● Client's personalized risk reduction plan written by Counsellor and given to client to reinforce Behaviour change. (1)						
5.	ACTION PLANNING (SKILLS)						
	● Concreteness (1)						
	● Genuineness (1)						
	● Trust (1)						
	● Respect (1)						
	● Setting appointment for next visit (3 ½)						
	● Termination of Counselling session (3 ½)						
	● Jotting down important points (4) ● Ability to provide IEC materials(1)						
6.	RECORD KEEPING						
	● Counselling registration form (2)						
	● Consent form used to pass on information to third party (1)						
	● Summary of counselling session (2)						

7.	<p>COMMENTS:</p>
8.	<p>MARKS/SCORES</p> <p>8.1 Sub-Total Marks:</p> <p>8.2 Grand Total Marks:</p> <p>8.3 Overall Grade:</p>
9.	<p>GENERAL COMMENTS:</p>
10.	<p>TRAINEE SIGNATURE:</p> <p>-----</p> <p>SUPERVISOR'S SIGNATURE:</p> <p>-----</p>

CASE STUDY FORMAT

Tentative guidelines for case study should include the following

1. Personal particulars of the client
2. Briefly write history of the client
3. Identify reasons for VCT services
4. Identify type of counselling
5. Outline the situation of counselling done
6. Briefly write the procedure of counselling
7. Write constrains /obstacles encountered during the counselling session
8. Write learning experiences from your case.

