UNIT 2 COMMUNICATION, INTERPERSONAL RELATIONSHIPS AND COUNSELLING

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2.0 OBJECTIVES

After completing this unit, you will be able to:

- state the meaning and definition of communication, interpersonal relationship and counselling;
list the purposes of communication and counselling;

explain the process of communication and methods for effective counselling;

discuss the types of communication;

explain basic skills required for successful communication and interpersonal relationship;

discuss the barriers of communication;

discuss the meaning of information, education and communication (IEC) and its role in patient care; and

follow the guideline for developing communication skills.

2.1 INTRODUCTION

In the previous unit we have discussed about the basics of home care and meaning of important terms related with home care. We have also discussed qualities of home based care provider as well as roles and responsibilities of care providers. Some of the other highlights were about common conditions in which home care is required and common mistakes made. Hence it is important that you should know about communication and developing interpersonal relationship so that you can provide quality patient care. Counselling would help to solve the problem and make a person independent to take decisions at his own.

In your daily life you are constantly in touch with people and communicate with them in your neighborhood and society. While providing care to sick people at home you have to communicate with your patients, their relatives, visitors and friends and may be the doctors and the nurses under whose care your patients are being looked after. While talking with your own relatives and friends you will be informal but at your work place (home) when passing over or sharing work related information to people you will be formal.

2.2 MEANING AND DEFINITION

Communication refers to the giving, conveying or exchanging of information, ideas, knowledge, meaning etc. among individuals. This is done through the use of language or signs of some kind. It may also be through a body movement or facial expressions.

Definitions

Communication can be defined as anything that conveys meaning and that carries message from one person to another. Communication is exchange of information between people i.e. by speaking, writing or using common signs or by body movements and facial expressions.

Interpersonal Relationship: It is a long term association between two or more people based on regular interactions. Interpersonal relationship takes place in various situations such as family, friends, marriage, workplace, community etc.

When we communicate to the people personally on a one to one basis that is known as interpersonal communication as shown in Fig. 2.1.
2.3 COMMUNICATION PROCESS

Let us know discuss in the following content about how the communication takes place with the help of key elements.

2.3.1 Key Elements of Communication

- Sender
- Message
- Media
- Receiver
- Feedback

A) Sender (Home based care provider)

The sender must be clear in mind about what s/he wants to convey. If sender is not confident what message is to be conveyed, effective communication cannot occur. The sender must convey the message in a language which is understood by the receiver, so that it can attract and hold the interest of the receiver. Sender must have sufficient background knowledge of the message she wants to convey, so that if any question comes up sender should be able to reply and provide information.

B) Message (Health facts e.g. Tuberculosis is an infections disease spread by coughing, sneezing of a diseased patient)

The message should be clear, understandable, useful and relevant. Receiver should be able to put it into action. The message should be given in such a way that there is advice, guidance to do certain things rather than an order to follow your advice. For example, when you are giving health education on personal hygiene, you can advise like this, you should take bath daily to have feeling of well being, rather than take bath daily if you want to remain healthy.

C) Receiver (Patient and family members)

Patient and family members are going to receive the message given by you. It is your duty to know the background of patient and family member. Such as their culture and belief are to be kept in mind. People in every religion have system of
fasting during certain season of the year. So you should respect their religious practices and do not interfere unnecessarily.

D) Media (Channel e.g. Audio-Visual Aids)

Media or the means of communication should be easily available and affordable to the receiver. The channel should be familiar to the receiver. The channel must meet the level of education/literacy of the receiver. In urban areas, people are used to home theatre, multimedia computer, television, mobile phones etc. In rural areas, radio, folk songs, folk dances, puppet shows, role plays are in use.

E) Feedback (Response given or question asked by the receiver)

While talking to patient, you notice that patient is responding not by nodding head, saying hum/yes etc. When patient stops you in between or at the end of the talk and ask question to clarify his/her doubts, it is the feedback you are getting from the patient – How much he has understood or what he wants to enquire further. This feedback helps to develop better understanding between you and your patient, you are responding to his/her queries and giving clarifications, that is how the process of communication keeps on going.

![Diagram of Communication Process]

Let us now discuss the purposes of communication.

2.3.2 Purposes of Communication

- It helps in conveying feelings – Passing information and understanding between two or more people (such as happiness, sadness, anger, excitement)
- Solving problems (through discussion)
- Giving reassurance (for example holding hand when patient is in problem)
- Reduces tension (talking and listening helps in relieving stress/tension)
- Inform people regarding health messages and health services available.
- Educate people regarding good health e.g. by providing health information. You have to share your knowledge with others so that they can lead a healthy life, free of illness.
Motivate the people to practice healthy habits and participate in health care activities e.g. you have to guide and change behaviour and attitude of people towards healthy practices with the help of effective communication. You can change the behaviour of the people, individual and community by providing health information.

2.3.3 Principles of Communication

Let us learn about the points to be kept in mind by home based care provider such as:

- You should understand the needs, problems, views and interests of the patient while talking to him/her.
- Language should be simple, accurate, clear, timely and in tune with the mental and socio-economic level of patient.
- It will be clear that the message given to the patient is understood exactly, when the patient behaves according to the message.
- While communicating with the patient, you should involve as many sense organs as possible e.g. when we listen to radio only hearing organs is involved, on television both eyes and ears are involved. Use of senses such as touch, smell and taste would further improve communication.
- As home based care provider you are sender in the process of communication. So as a sender of messages to your patient, you must keep the following points in mind:
  a) Have clear objectives (what do you want to talk to the patient)
  b) Know the receiver (your patient), their languages, their needs
  c) Know the matter and be sure of the message you would want to communicate to the patient.
  d) Ensure the message is correctly reached by watching the response from the patient.

2.4 TYPES OF COMMUNICATION

There are two types of communication.

2.4.1 Verbal Communication

Verbal communication consists of words only, whether spoken or written. When we talk, or advise regarding health related matters with the patient, we use spoken words. Language is important for verbal communication as it conveys specific meaning. The addition of a single word can change the entire meaning of a sentence. Language is effective only when both the sender and the receiver understand the message clearly. The most natural way of communicating with people is to talk with them. We may talk to an individual, family, small group of people or with many people together.
Oral or verbal communication includes face-to-face conversation, telephonic talks, meetings, conferences etc. Whereas notices, circulars, memorandums, official notes, health records are all written communication.

### 2.4.2 Non-verbal Communication

Non-verbal communication is giving message without the use of words. We continuously communicate non-verbally in face-to-face interaction. Your keen observation will help you to understand non-verbal messages clearly.

**Methods/Ways of Non-verbal Communication**

There are various ways in which we can communicate by non-verbal means.

**i) Facial Expressions**

Face is the most expressive part of the body. It supplies many clues, which help in understanding the message. It is difficult to control facial expressions. Examples of facial expressions such as fear, anger, happiness and sadness etc. as shown in Fig. 2.3.

![Facial Expressions](image)

**Fig. 2.3: Facial expressions**

**ii) Appearance**

A person’s appearance is one of the first impressions noticed during interpersonal communication/interaction. Any sudden change in person’s appearance can communicate about his general health/sickness etc. The patient is not shaving his beards regularly, male person not cutting hair for a longer period, gives untidy looks shows that the person is in stress or tension.

**iii) Posture and Gait**

This means the way people stand and move. It is a visible form to express oneself. Gait may be changed by many factors such as pain, the effect of drugs, fractures,
emotions and depression. Gait and posture provides an important clue about the person's well being.

iv) **Gestures and Mannerism**

Gestures combined with expressions and other non-verbal clues create specific messages. A salute, finger pointed up in the air is a hand gesture. If you lift your shoulder, it is a way of showing that you are not interested or unwilling.

v) **Touch**

Touch is the very personal form of communication. Various messages are conveyed through touch as affection, emotional support, encouragement, tenderness and personal attention. Touch is an important part of interpersonal relationship e.g. striking, greeting, farewell, and holding etc. Although touch can be helpful to a person, its importance must always be clearly understood and accepted.

vi) **Silence**

Silence has its own language. If a person is silent it may be that he does not want to communicate. Sometimes it may also mean that he has agreed to the idea.

**Check Your Progress 1**

1) Define the following terms:
   a) Communication
   b) IPR
   c) Verbal Communication
   d) Non-verbal Communication

2) List the key elements of communication.
3) List the purposes of communication.

2.5 BARRIERS OF COMMUNICATION

We have discussed about how to convey the message to other person with clarity. Inspite of our efforts to communicate effectively with another person, sometime we find some difficulties in the process of communicating with others. Let us now learn about those difficulties which interrupt or does not allow the message to be communicated effectively. If you are aware of these difficulties, then you can adopt some other ways so that your patient is clear in mind, what do you want to say to him/her. These barriers are as follows:

1) **Physical Difficulties**: Hearing (patient is not able to hear clearly), seeing (cannot see clearly), noisy environments, lack of light, lack of fluency in speech.

2) **Talking too much**: To communicate well we need to learn to listen also. It is better not to give too many messages at the same time. If your way of speaking is like an order people may not like it.

3) **Timing**: If people are busy, worried or in pain, they may not be able to take in the message. Even too hot or too cold climate can also affect communication.

4) **Lack of Sincerity**: If we do not practice ourselves what we do and what others should do, people will not accept the message.

5) **Cultural barriers**: We need to respect the customs and beliefs of the patients.

6) **Change of message**: When a message is sent through someone else the idea behind the message may be quite different when it is received by other person.

7) **Misinterpretations**: The receiver may not be familiar with the words or pictures used in the message and may get the wrong idea.

8) **Emotional and psychological barrier**: strong values, belief about the message you want to give.

9) **Uncommon language**: When the language is not understood by the receiver, the message may not be clearly conveyed for example if you say “take this tablet one B.D. for 7 days”.

2.6 INFORMATION, EDUCATION AND COMMUNICATION (IEC) IN PATIENT CARE

After going through the meaning of communication, let us learn about IEC.

2.6.1 Meaning and Definition

Information is the basic right of an individual. It helps in making people aware of
their duties and rights. Health information helps people in becoming aware of their health problems and guide them to solve the health related problems.

IEC means sharing information/ideas in such a way that it is culturally sensitive and acceptable to the community using appropriate message, channel and method.

### 2.6.2 Principles for Effective IEC

The following are the principles to be kept in mind for effective communication:

- Must be supported by interpersonal and group communication.
- Communication channels should ensure availability of feedback mechanisms. This is important for reinforcement and for clarifying questions and issues.
- Personal experiences of affected people put greater impact than any form of communication.
- Creating fear for changing behaviour may not be as effective.
- A mass communication programme dealing with sensitive issues socially validates open discussion of these issues, thus making them part of the everyday agenda.
- Having clear objective/goals.
- Keeping the person concerned at the centre of what is being designed.
- Carefully formulating and testing messages.
- Knowing and using appropriate channel of communication.
- Planning for monitoring and feedback.
- Changing behaviour is not an easy or quick task. To bring about the changes in social and behavioural norms, it is important to remember that everything cannot be changed at once. Also, it is important to focus on what is relevant or not relevant, people learn new behaviours best: when they are learning something they feel is useful, when they can put into practice what they are learning, and when they receive feedback and are rewarded for doing well. Being a role model by care provider is often the best way to teach/learn difficult behaviours.
- Involve the target audience, listen to local language, custom, and experiences.

### 2.7 SKILLS FOR EFFECTIVE COMMUNICATION AND INTERPERSONAL RELATIONSHIPS

Good communication can be learnt and improved. For successful communication, the skills one needs to acquire are:

#### 2.7.1 Human Relationship Skills

The skills of human relationship begins with (getting along with other people) the social development. You as a care provider need to maintain good human relations with the sick as well with his/her family and relatives. For good human relations you need to have the following skills:

- Be honest and open with others to develop a feeling of trust
• Accept people as they are, with all their differences of personality, culture, beliefs and attitudes.

• Have respect for others and their individual freedom.

• Be understanding and feel with others as they feel (empathy) and to see their point of view.

• Be flexible, ready to co-operate with others to reach their goals.

• Listen to what others are saying and respond in a helpful way.

• Control your anger in an argument and maintain calm atmosphere.

• Realize the need of others for love and belonging, recognition and to be useful. Help them to adjust in life and in solving their problems.

• Accept responsibility for your own actions and those for whom you are responsible.

2.7.2 Listening and Responding Skills

Listening is an important skill which must be practiced by you as a care provider. We tend to talk more than we listen. We shut our ears to what we do not want to hear and let our minds wander. Sometimes we pretend to listen but person can usually make out that we are not really listening. Good communication begins with good listening.

a) Listening

Listening effectively is more than just hearing the words of others. It involves all our energies in concentrating and understanding the message with the meaning the sender wants to give. The listening skills are discussed in detail later in the unit.

b) Responding

Responding up to what has been said is important human relations skills. First need to learn to respond not only to what is said but how it is said. To have a positive attitude, responding skills are discussed later in the unit.

2.7.3 Writing and Drawing Skill

These are also the two main skills which we need to develop for communicating with others specially if the language is the problem or there is any physical disability like hearing or talking:

• People learn more and quicker and remember longer from what they can see than from what they hear.

• A good picture is better than words, but it must have meaning and be understood by the patient and the family.

• Writing clearly also needs skill and practice. What is written should be large enough for everyone to see and understand.

2.7.4 Guidelines for Developing Basic Communication Skills

There are three basic skills i.e. Listening, Responding, Questioning and Facilitating which enable us to communicate effectively with others.
a) **Listening**

*Listening* and the ability to listen carefully is the most important aspect of communication. Unless you listen attentively and carefully you will not be able to understand the message and respond appropriately:

- You must listen to others and have desire to understand them.
- You should be on the same level, whether standing or sitting, so that you can see one another face to face on the same eye level. You should be close enough to hear and talk to one another easily.
- You, the care providers give full attention to the person who has a problem instead of concentrating on your own problems.
- You should ask yourselves “what are the internal feelings”, what is said and what has happened. You should notice the tone of voice, facial expression, body movements.

Example: your friend has come to talk to you of some problem which she is recently experiencing. Apart from listening, you would ask her some questions to clarify certain doubts and also encourage her to continue to tell and complete all that she wants to tell, thus facilitating/helping to communicate effectively.

b) **Responding**

You can make communication easy by some means. Listening carefully facilitates the person to talk as fully as possible, facilitating can be verbal i.e. you can say: please tell me about your pain. Where does it pain? Or Non-verbal i.e. nodding your head at the appropriate time, maintaining eye contact is reassuring that you are listening to what is being told:

- Avoid the attitude of judging, advising and probing, which may cause emotional hurt.
- Avoid attitude of over protection which may make people over dependent.
- You need to have the attitude of respect for others as an individual person. Believe that he/she can make his/her own decision. You need to give them the feeling that you are with them and you will try to solve the problem together.
- Use simple and clear words that the others understand while responding. Your response should show that you are listening and understanding the others.
- Use non-verbal communication whenever necessary. Even sitting in silence with a person is also responding e.g. sharing in the sorrow of a person.

c) **Questioning**

Questions asked can be open ended or closed ended. For example

<table>
<thead>
<tr>
<th>Open ended questions</th>
<th>Type of Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you tell me what your problem is?</td>
<td>Patient would give detailed information by such type of questions.</td>
</tr>
</tbody>
</table>
Points to be kept in mind while questioning:

- Use open ended questions particularly at the beginning, when a person is talking about his/her problems.
- Obtain specific information by asking focused questions e.g. if patient has cough. Ask cough related questions e.g. since how long, is it productive cough, is there fever with cough.
- Do not ask too many questions at once, this would confuse the person.
- Make questions simple and short.
- Give time to the person to answer your question and do not interrupt as the person is talking. Listen carefully so that you can write important information later.

d) Facilitating

You can make communication easy by some means. Listening carefully facilitates the person to talk as fully as possible, facilitating can be verbal i.e. you can say: please tell me about your pain. Where does it pain? Or Non-verbal i.e. nodding your head at the appropriate time, maintaining eye contact is reassuring that you are listening to what is being told.

Check Your Progress 2

1) List the barriers of communication.

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2) Write true or false against the statements given below:
   i) The ability to listen is important to communicate properly. (T/F)
   ii) The way we respond depend upon our attitude towards other person. (T/F)
   iii) Trust and care about each other is not important for building up good interpersonal relationships. (T/F)
   iv) Writing and drawing skills are important as communication skills in case of presence of a disability. (T/F)
   v) While communicating, the care providers do not need to put their thoughts and worries away. (T/F)

3) List down the skills for effective communication and interpersonal relationship.

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2.8 COUNSELLING

It is a very important method of communication aimed at solving the problem. It is a face to face communication in which one person helps the other to make decisions and take action.

2.8.1 Meaning and Definition

Counselling is face to face communication by which you can help the person to make decision and act on them.

Counselling is a helping process with major goal to solve the problem of the person with appropriate decision.

2.8.2 Purposes

Purposes of counselling aims at making the patient independent. Let us now discuss the purposes of counselling in brief:

- It helps people to understand themselves better in terms of their own needs, strengths, limitations. It brings about changes through a supportive relationship aiming to make client independent.
- It helps in establishing a trusting relationship between the care provider and the patient and the family.
- Provide psychological support to patient and family members.
- Motivate patient and family for change in lifestyle to promote health.

The care provider as a counselor should be able to express concern and use various communication techniques for effective counselling.

2.8.3 Qualities of Counsellor

Let us discuss the qualities of counsellor; although in Block-1, Unit-1 we have already talked about it, as this is very important, hence we highlight some of these qualities once again such as:

- be dependable
- have knowledge
- be trustworthy
- good observer
- good listener
- develop communication skills
- develop empathy
- maintain courtesy
• dignity
• honesty

To be a good counsellor/a better care provider you should keep the above mentioned qualities in mind while taking care of the patient. To make you comfortable with the counselling, let me give you some tips while you counsel a client:

**Tips for good counselling:**

• Greet your client/patient.
• Make him/her comfortable.
• Create the confidence of the client in you and assure confidentiality.
• Listen carefully to his/her problems.
• Do not interrupt while he/she is talking.
• Try to bring out more information regarding his/her problem.
• Counsel over a number of sessions and be sympathetic towards the client.
• Provide information on issues for which your client has come.

Read the example given below in which the care provider is encouraging the patient to give up smoking.

**Example:**

**Care provider:** How are you today?

**Patient:** I am fine except when I get up coughing in the middle of the night.

**Care provider:** You have not given up smoking as yet?

**Patient:** I did try but just could not give it up.

**Care provider:** I know it is not easy to give up a habit of so many years. But you know this can affect your heart and general health.

**Patient:** I am trying my best but I cannot give up smoking.

**Care provider:** How many cigarettes you smoke in a day?

**Patient:** Still 20 a day, sometimes less.

**Care Provider:** Why don’t you try to reduce the number of cigarettes gradually?

**2.8.4 Methods for Effective Counselling**

It is very important to develop support i.e. a trusting relationship between the counsellor and the client. Hence, it involves various communication techniques for effective counselling.

• Observing

While interacting the counsellor/home based care provider observe verbal and non-verbal behaviour of the patient and the family. Such as, taking glass of water, speaking in low tone.
• **Questioning**

Counselor should ask the question to obtain specific information, and help the client to communicate clearly, asking questions which are answered in yes/no by the client.

• **Listening**

Counsellor maintains active involvement with the patient through eye contact with client, in between talks nodding of head. Counsellor should listen patiently and observe carefully the verbal and non-verbal message.

• **Focusing**

The counselor should help the client to focus on the most important issues on hand or the priority related issues related to the problems. Let us come back to safety measures at home for elderly.

• **Appropriate use of silence**

Silence in the counseling sessions is important. At times it gives the client the opportunity to think and tell about the factors related to the problem.

• **Providing information**

Counselor should provide information in a clear manner and answer the questions in a simple tone and manner.

Note: If the counsellor is not competent to provide answers to all the questions and patient’s concerns at that moment she can ask for time to respond later/refer to the appropriate agency and call for an expert to answer.

• **Summarizing**

The counselor at the end of the session should summarize which should reflect what has been discussed. This will lead to positive thinking and result in solution to the problem or a step in the direction of problem solving.

**Check Your Progress 3**

1) Define counselling.

2) List qualities of a counsellor.
3) Write down the tips for conducting counselling session.

4) Explain communication technique for counselling to be effective.

2.9 LET US SUM UP

In this unit you have learnt communication, its process, elements, purposes and types. We have also highlighted the barriers of communication.

We have also discussed IEC. IEC means Information, Education and Communication. We have highlighted principles of effective IEC and requisites for implementing IEC.

It is important that the care provider must be able to provide and pass on or communicate accurate and update information to the patient/family under her care, using appropriate language, terminology and with positive attitude. IEC creates awareness, increases knowledge thus educating people and help in bringing about lasting and positive changes in the attitudes and behaviour of people. To make it effective, the care provider’s behaviours also need periodical monitoring, reinforcement, and updating. Skills for effective communication and interpersonal relationship are discussed.

2.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1) a) Communication can be defined as anything that conveys meaning and that carries message from one person to another. Communication is exchange of information between people i.e. by speaking, writing or using common signs or by body movements and facial expressions.

b) Interpersonal Relationship: It is a long term association between two or more people based on regular interactions. Interpersonal relationship takes place in various situations such as family, friends, marriage, workplace, community etc.

c) Verbal communication consists of words only, whether spoken or written.

d) Non-verbal communication means the other parts of communication, such as the tone of voice, facial expression and gestures or the body movements used by the person speaking.
2) • Sender
• Message
• Media
• Receiver (Audiences)
• Feedback

3) • It helps in conveying feelings: Passing information and understanding between two or more people (such as happiness, sadness, anger, excitement)
• Solving problems (through discussion)
• Giving reassurance (for example holding hand when patient is in problem)
• Reduces tension (talking and listening helps in relieving stress/tension).
• Inform people regarding health messages and health services available.
• Educate people regarding good health e.g. by providing health information.
• Share your knowledge with others so that they can lead a healthy life, free of illness.
• Motivate the people to practice healthy habits and participate in health care activities e.g. you have to guide and change behaviour and attitude of people towards healthy practices with the help of effective communication. You can change the behaviour of the people, individual and community by providing health information.

Check Your Progress 2

1) • Physical difficulties
• Talking too much
• Timing
• Lack of sincerity
• Cultural barriers
• Change of message
• Misinterpretations
• Emotional and psychological barrier
• Uncommon language

2) i) True
ii) True
iii) False
iv) True
v) False
3) • Human relationship skills
• Listening and responding skills
• Writing and drawing skills

Check Your Progress 3

1) Counselling is face to face communication by which you can help the person to make decision and act on them.

Counselling is a helping process with major goal to solve the problem of the person with appropriate decision.

2) • be dependable
• have knowledge
• be trustworthy
• good observer
• good listener
• develop communication skills
• develop empathy
• maintain courtesy
• dignity
• honesty

3) • Greet your client/patient.
• Make him/her comfortable.
• Create the confidence of the client in you and assure confidentiality.
• Listen carefully to his/her problems.
• Do not interrupt while he/she is talking.
• Try to bring out more information regarding his/her problem.
• Counsel over a number of sessions and be sympathetic towards the client.
• Provide information on issues for which your client has come.

4) It is very important to develop support i.e. a trusting relationship between the counsellor and the client. Hence it involves various communication techniques for effective counselling.

• Observing

While interacting the counsellor/home based care provider observe verbal and non-verbal behaviour of the patient and the family. Such as taking glass of water, speaking in low tone.
• **Questioning**
  Counsellor should ask the question to obtain specific information, and help the client to communicate clearly, asking questions which are answered in yes/no by the client.

• **Listening**
  Counsellor maintains active involvement with the patient through eye contact with client, in between talks nodding of head. Counsellor should listen patiently and observe carefully the verbal and non-verbal message.

• **Focusing**
  The counsellor should help the client to focus on the most important issues on hand or the priority related issues related to the problems. Let us come back to safety measures at home for elderly.

• **Appropriate use of silence**
  Silence in the counselling sessions is important. At times it gives the client the opportunity to think and tell about the factors related to the problem.

• **Providing information**
  Counselor should provide information in a clear manner and answer the questions in a simple tone and manner.

Note: If the counsellor is not competent to provide answers to all the questions and patient’s concerns at that moment she can ask for time to respond later/refer to the appropriate agency and call for an expert to answer.

• **Summarizing**
  The counsellor at the end of the session should summarize which should reflect what has been discussed. This will lead to positive thinking and result in solution to the problem or a step in the direction of problem solving.