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Lay Counselor Training in Developing Countries: Needs, Approaches, and Impact on Quality of Life

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Abstract:
Mental health is one of the least developed and most neglected areas of health care in developing countries. The extreme scarcity of mental health professionals and services available in these countries, coupled with the lack of resources to support them, leave millions of people without even the most basic assistance in times of suffering and need. There is increasing evidence, however, that adequately trained lay counselors can make meaningful and long-term differences in the lives of children, adolescents, adults, couples, families, and communities in developing nations. Hence, the needs and demands for skilled lay counselors in developing countries of the world have never been greater. Academic institutions, community agencies, and NGO's within and beyond resource limited countries can contribute greatly to lay counselor training. Such training can enhance people's overall quality of life and have a measureable impact on human development and economic productivity.

Keywords: *Lay counselor training, developing countries, program examples and applications*

1. Introduction

Counseling is rapidly becoming a world-wide phenomenon as evidenced by a number of recent works on the topic (e.g., Gerstein, Heppner, Aegisdottir, Leung, & Norsworthy, 2009; Hohenshil, 2013; Moodley, Gielen, & Wu, R. 2012; Moodley, Lengyell, Wu, &Gielen, 2015). The expansion of counseling in some developing countries has been slow but steady in terms of the growing number of professional training programs, as well as the involvement of secular and religious NGO's in the training of lay counselors and initiation of lay counselor training programs (Carson, Lawson, Casado-Kehoe, & Wilcox, 2011; Patel, Chowdhary, Rahman, & Verdell, 2011). There is increasing evidence that lay counselors can make observable and long-lasting positive differences in the lives of children, adolescents, adults, couples, families, and communities (Dewing, Matthews, Cloete, Schaay, & Simbayi, 2014; Patel et al., 2011; Tan & Scalise, 2016).

Given the density of population and scarcity of resources in many developing countries, it is simply not possible for the mental health needs of people to be met through professional training efforts alone or the small number of academically trained counselors and therapists in these countries. This article examines the need for and potential benefits of lay counselor training in the developing world. The author provides examples of current secular and religious based lay training programs and their potential efficacy in several global regions. He also outlines a program developed by him and his colleagues that has been utilized throughout South Asia for more than a decade in cooperation with indigenous community development co-workers in several South Asian countries. The author's work in India will be particularly highlighted. First, however, it is important to briefly examine how disease, lost work productivity, and quality of life are related to untreated mental disorders and substance abuse in developing countries.

2. Global Burden of Disease Attributable to Mental Disorders and Substance

Findings from the Global Burden of Diseases, Injuries, and Risk Factors Study of 2010 (Whiteford, Degenhardt, Rehm, Baxter, & Ferrari, 2013) sponsored by the World Health Organization revealed a strong connection between mental disorders and substance use disorders and three major criteria: disability adjusted life years (DALYs), years of life lost to premature mortality (YLLs), and years lived with disability (YLDs). Mental disorders (most notably depressive disorders and anxiety disorders), and alcohol and drug abuse, were the leading causes of YLDs worldwide and most closely associated with GBD indicators. The burden of mental and substance use disorders increased by 37.6% between 1990 and 2010, which, according to the investigators, was partly driven by population growth and aging (Whiteford et al., 2013) -- a phenomenon characteristic of many developing countries.

Whiteford et al. (2013) are correct in their assertion that improvement in population health is only possible if countries make the prevention and treatment of mental disorders and substance use disorders a public health priority. Other studies have shown that 3.8% of all global deaths and 4.6% of global disability-adjusted life years were attributable to alcohol abuse alone (Rehm, Mathers, Popova, Thavorncharoensap, & Teerawattananon, 2009). These investigators also found that the costs associated with alcohol abuse accounted for more than 1% of the gross national product in high-income and middle-income countries, with the social harm resulting from

alcohol abuse accounting responsible for a major added proportion to health costs. Similar assertions have been recently made with regard to developing countries such as India (Nadkarni, Vellerman, Dabholkar, Shinde, & Bhat, 2015).

3. The Need for and Efficacy of Lay Counselor Training Programs in Developing Countries

Lay counselor training is relatively new. It has been a focus of attention for only about the past 30 years in the United States and a few other countries around the world. Yet only in recent years has there been any attention paid to the need for lay counselors in the developing world and their potential impact. In an age of strained and broken relationships, marital strife, troubled youth and families, rampant addictions, and various forms of mental illness throughout the life span, the need for lay counselors has increased dramatically. Shrinking resources around the globe and the severe lack of mental health services in developing countries also make lay counselor training a critical and timely issue. Greater awareness of people's mental health needs through public education opens up endless possibilities for citizens to become more psychologically, emotionally, and relationally aware and healthy, and for local communities to become more caring, supportive, and growth-promoting environments.

Despite the variation in mental health issues globally, the experience of human pain and suffering is universal, including that caused by mental, emotional, and relational disturbances. Indeed, the need for trained lay counselors has never been greater, particularly in developing countries where mental health professionals and resources are few. The most effective lay counselor trainers no doubt come from within the culture in which they are teaching and training. However, since developing countries have an extreme shortage of trained mental health professionals to equip lay counselors, assistance from other regions of the globe are often needed and requested by institution and organization leaders in the host country.

According to Patel et al. (2011), two major barriers that impede the path between successful treatments in developing countries include the lack of skilled human resources and the acceptability of treatments across cultures. Counseling in non-Western resource limited countries is often seen as something needed only or primarily by the mentally ill, and not by general members of society (Carson et al., 2011). Moreover, there are often substantial cultural taboos about seeking counseling or therapy among people in developing nations because of social stigma, ostracism, and the protection of marriage and family secrets. Hence, the normalization of counseling for all societal members, as well as a changing paradigm about counseling as a much-needed and legitimate area of health practice, is sorely needed in the developing world. These changes can only come through culturally sensitive and informed public education and competent counseling practices.

When planning, and conducting lay counselor training programs it is essential that trainers from outside the culture work at the invitation of and together with organization partners within that country or area and follow their lead. Moreover, trainers from other areas of the world must understand the culture in which they are training lay counselors (to the best of their ability), and continually check their own assumptions and biases. Outsiders must also lean on co-trainers within the culture and specific locale (who often also serve as translators) to contextualize the training material and its applications. Personal experience and observations of the author has shown that adequately trained lay counselors, regardless of geography and level of education, are often able to filter program information through their own cultural lenses and adapt it to their particular group to make it more personally useful and relevant. They also tend to pick and choose information that is going to be most helpful to them in helping others. Hence, lay trainees can often do a lot with a little, especially if trainers are highly sensitive to cultural differences and nuances, and if they place a strong emphasis on practical application along with a great deal of cooperative, interactional, and experiential learning throughout the training process.

Examples of documented trainee learning and competency, as well as client-related outcomes for trained lay counselors assisting community members in developing countries, include the successful treatment of alcohol abuse in India (Nadkarni et al. 2015), depressive and anxiety disorders in India (Patel, Weiss, Chowdhary, Naik, & Pednekar, 2010), psychosocial problems among persons living with HIV in South Africa (Kagee, 2012), post-traumatic stress disorder (PTSD) among Rwandan and Somalian refugees living in Uganda (Neuner, Onyut, Ertl, Odenwald, & Schauer, 2008), and traumatized children and families in Nepal (Keats & Sharma, 2014). All of these programs provide some empirical evidence that trained lay counselor employees and volunteers in Third World contexts can be a useful and cost-effective means for helping individuals with a variety of substance use and psychological disorders.

4. Examples of Lay Counselor Programs Developed in the United States for International Training

4.1 Secular Approaches

4.1.1. National Board for Certified Counselors Mental Health Facilitator Program

Lay counselor training has become a major emphasis in the international counseling efforts of such groups as the National Board for Certified Counselors International (NBCC-I; 2012; www.nbccinternational.org). The NBCC-I, in cooperation with the World Health Organization (WHO), created and launched their 30-hour Mental Health Facilitator (MHF) program (NBCC, 2012, 2016). Now in a number of developed and developing countries, the MHF Program targets lay persons and non-counseling professionals (e.g., nurses, teachers, police, community leaders and elders) for counselor training in various locations as requested by the host country and area. The purpose of this program is clearly outlined on the NBCC-I (2012) website.

The Mental Health Facilitator (MHF) program is designed to improve access to mental health care within a given community by educating and training professionals, paraprofessionals and lay people in the basics of mental health.

The intent is not to create a new mental health profession, but rather to provide individuals with the tools and skills necessary to identify mental health needs, make referrals, and work with and support those in need of mental health care.

The MHF program is only introduced at the request of local mental health experts. NBCC-I provides a 30-hour core curriculum, which includes a basic structure for teaching helping skills, working with integrity, diversity awareness, suicide prevention, trauma response, and referral and consultation techniques.

To ensure cultural appropriateness, the training program is evaluated and modified as needed to fit cultural norms prior to being presented and has also been translated to other languages as needed (www.nbccinternational.org).

According to the NBCC, Mental Health Facilitation (MHF) is a process that promotes development of relationships to help individuals realize their abilities, cope with the normal stresses of life, find success and fulfillment in their work, and contribute to the general well-being of their communities (www.nbccinternational.org). A comprehensive set of mental health concepts and skills is presented in a training program based on a core curriculum written for individuals outside the mental health professions. The mission of the MHF training program is to provide skilled, responsible access to quality mental health interventions, usually through basic first-contact help and/or referrals to mental health professionals, while respecting human dignity and meeting population needs by balancing globally accepted practices with local norms and conditions.

Based on an international survey of mental health experts in 2007 by members of the National Board for Certified Counselors (NBCC) in the United States, several core competencies for mental health service providers were identified. The basic Mental Health Facilitator curriculum includes: (1) Helping Skills; (2) Mental Disorders; (3) Disaster/Trauma Response; (4) Community Services; (5) Triage/Suicide; and (6) Referral to Mental Health Providers. Use of existing support systems and traditional helping strategies are also emphasized. Local experts contextualize each competency for cultural relevance, and additional competencies that reflect local needs and practices may also be infused into the curriculum. NBCC International recommends a training of trainers (ToT) framework which allows for local community-based providers to be trained. In this framework, trainers go to communities, in contrast to frameworks where community members go to a central training center or university. A corps of master trainers who are mental health experts and have experience as instructors are initially trained with the local curriculum. Master trainers then train other trainers in the local curriculum and workshop leadership so that they, in turn, may train others to be direct providers. Finally, select community members are trained according to the local MHF curriculum and subsequently provide mental health facilitation (www.nbccinternational.org).

The need for and potential contributions of such efforts as the NBCC-I Mental Health facilitator and similar programs in the developing world have been discussed by Seung-Ming, Clawson, Norsworthy, Tena, Szilagyi, and Rogers (2009). Since the MHF program is relatively new, there are mainly anecdotal reports as to the effectiveness of this program. However, the MHF Program serves as a useful guide for the creation of other lay counselor training programs and curricula that can be of widespread use in both developed and developing countries around the world.

Other lay counselor training materials and curriculum developed for use in humanitarian organizations can be seen in the work of Juen, Siller, Lindenthal, Snider, and Nielsen (2013). Based on a needs assessment conducted with the assistance of four humanitarian organizations, a final manual for the independent training of lay counselors within a variety of settings was produced. Programs like this hold much promise and need to be field tested among people in developing countries who are struggling with a wide range of personal, marital, and family problems. Lay counselors can offer practical skills that include manning telephone help lines, assisting those in need, helping people after crisis events, giving focused support to refugees and other vulnerable groups, and simply providing a listening ear and a caring heart when needed.

4.2 Religious Based Approaches

4.2.1 AACC's Caring for People God's Way

Within the Christian context, few authors have captured the need for and essence of counselor training for lay persons better than Siang-Yang Tan (2002, 2016). Although Tan does not outline a specific lay counselor training program for trainees in developing countries, his work does help direct people in the Christian ministry to the appropriate structures, plans, programs, and resources at their disposal for creating such programs, and their training components within the local church and Christian organizations. Many of his concepts and methods are adaptable for use in a variety of international settings.

A number of churches around the United States have now created or adopted their own lay counselor training programs for members -- some with greater success than others. Some of the more prevalent of such programs have been those created by leaders and members associated with the American Association of Christian Counselors (AACC; 2013). Perhaps the most well-known and extensive of these kinds of programs is Caring for People's God's Way I (CFPGW I), and the more advanced program, Caring for People God's Way II: Breaking Free (CFPGW II: BF). Each of these DVD programs includes 30 one-hour topics for a total of 30 hours of training (60 hours total). Topics in the two programs cover both a broad swath (e.g., "The Effective People Helper"; "Marriage: Keeping the Love Alive"; "Using the Bible and Relying on the Holy Spirit in Counseling") and a more narrow and specific one (e.g., "Guilt: Love's Unseen Enemy"; Overcoming Depression"; Divorce Recovery: Starting Over Again"). Although the CFPGW Programs are designed as online programs, these DVD series are also being used "in house" by a number of churches around the U.S.

Although Caring for People God's Way and other similar programs available through the AACC can be useful in a western context, there are several factors that may make their implementation in developing countries impractical as well as inappropriate. These factors include but are not limited to the extensive length of these training programs, the fact that they are designed primarily for online use (i.e., many churches in rural areas of developing countries do not have computers and are even "off the grid"), the detailed nature of the majority of topics (the majority of which are "western" in orientation), the psycho-educational more than counseling

emphasis of these programs, and of course the high expense involved in purchasing these materials. Nevertheless, these programs serve as a helpful guide for others who would want to develop training materials for lay persons in various parts of the world.

4.2.2 The International Lay Counselor Training Program

The International Lay Counselor Training Program (ILCTP) developed by Carson et al. (2011) covers the essential elements of lay counseling in a 24-hour period (3 days of training) but also offers a full two weeks (80 hours) of training for organizations that results in a university sponsored *Certificate of Completion*. Since the short program can be conducted over a 3-day weekend, it is often more feasible that initial trainees (those who then become trainers back in their churches and communities) can attend the training from a particular area or region, in comparison with other programs that require a greater time commitment. The ILCTP includes much of, but also extends, what the NBCC-I MHF Program and the AACC's Caring for People God's Way I Program offers in 30 hours of training. The ILCTP is a strongly applied program that is comprehensive and yet specific enough to be relevant and useful in helping trainees become proficient in primary areas of knowledge and skill. A *training the trainers approach* is central to the International Lay Counselor Training Program (see also Carson & Chowdhury, 2000). Here, select trainees who are trained in key locations become lay trainers, educators, and small group facilitators to others in their respective areas, communities and churches. The International Lay Counselor Training Program (Carson et al., 2011) is designed to educate and prepare a community of helpers (e.g., pastors and volunteer lay counselors) within the church, and those working in Christian NGO's, to offer compassion, direction, hope and personal growth to hurting people in local churches and communities.

The ILCTP has built a network of trained counselors and therapists in the U.S. and South Asia who can offer three day trainings throughout the year in a number of developing countries throughout the world. One purpose of these programs is to train church leaders, and other interested and carefully screened volunteers who are closely associated with a local church, to eventually create some self-sustaining Christian counseling services or centers for lay believers to work in that would be located in or near local churches and interested organizations scattered throughout the country or particular area. Space and resources for such training and associated counseling centers can also be provided by participating NGO's. Further, fund-raising efforts can be conducted by individuals associated with various non-profit organizations and NGO's involved in the ILCTP. One major goal is to create ongoing training and sustainable counseling offices or centers that could accommodate the personal and relational needs of people both in and outside the church.

To make this process work and ensure the provision of quality care and counseling, second tier lay counselors work under the auspices of their local church pastor and leaders, and in some cases (where available) the clinical supervision of volunteer professionals who are trained in counseling and also committed believers. Each supervisor is then closely linked with and available to a small number of trained lay counselors for ongoing consultation and referral. This three day lay counselor training program includes several modules for lay counselor trainees associated with both secular and religious NGO's and other community agencies and organizations. However, the program is flexible. Requested portions of the training can be conducted in one or two-day time blocks depending on the interests and schedules of trainees. Single or multiple modules that can be done in one day may also be offered to professional counselors and therapists, graduate students, and post-graduate trainees at various universities and institutes throughout the world. Portions of the ILCTP have been implemented for the past 10 years that have included a variety of staff associated with both secular and Christian NGO's throughout South Asia, specifically in many areas throughout India, as well as in Nepal, Bangladesh, Sri Lanka, and Myanmar. The author has received exceedingly positive written and verbal feedback from program participants at the end of the training and throughout the year, and has also observed a continuity of knowledge and skills in trainees during a second year of training with some of the same participants.

The training modules of the ILCTP (Carson et al., 2011) are outlined in Table 1 as follows. The program includes the most commonly requested topics made by lay trainees in South Asia the author has received over a number of years of doing counselor training in these areas of the world. Again, within this program there is room for flexibility and a choice of topics based on the interests and needed areas of training voiced by workshop planners and potential trainees. Lay counselor training is conducted in close cooperation with ministry leaders in each specific geographical area so that all of the material and experiences inherent to the program are delivered in a culturally appropriate and effective way.

- Overview of ILCTP Lay Counselor Training Modules
- Day 1 Training Modules

Module 1. Foundations of Counseling, and Basic Counseling Skills and Techniques; Group Counseling; Essentials of Counseling Ethics.

Module 2. Couples and Marriage Counseling.

- Day 2 Training Modules

Module 3: Family Counseling (with a focus on common parent-child difficulties; helping families cope with members experiencing mental, emotional, behavioral, or substance use problems; etc.). Counseling Children and Adolescents.

Module 4. Overview of Major Child, Adolescent, and Adult Psychopathological Disorders; Making Referrals for Physician or Psychiatric Evaluation and Care.

- Day 3 Training Modules

Module 5: Overview of Chemical Addictions and Substance Abuse, and Other Major Addictions (sexual, gambling, internet).

Module 6: Trauma Counseling and Crisis Intervention (e.g., working with clients experiencing grief and loss; domestic violence; histories of physical and sexual abuse; suicidal counselee's; those who have experienced environmental disasters; etc.).

Module 7 (Optional): Special Topics in Counseling Upon Host Country/Area Request (e.g., parental separation and divorce; helping victims of human trafficking; counseling families with disabling conditions and acute and chronic illness, etc.).

5. The Need and Rationale for Lay Counselor Training in Developing Countries: The Example of India According to Carson, Jain, and Ramirez (2009), adults, couples, families, and youth in India are experiencing many of the same personal and relational difficulties that rapid globalization and modernization bring to any nation (see also Carson & Chowdhury, 2000, 2006; Carson, Carson, & Chowdhury, 2007; Carson et al., 1999, 2002; Chowdhury, Carson, & Carson, 2006; Das, 2007; Sonpar, 2005). These problems include, but are not limited to: family and couple conflict stemming from a host of factors (including, for example, inter-caste marriages, and conflicts within or among families over dowries); sexual problems in marriage; disagreements over child-rearing and perceived under-involvement of husbands in dealing with domestic problems and issues; high expectations of parents (including academic pressures on youth to succeed academically and vocationally); child abuse and other forms of domestic violence; inter-generational conflicts; difficulties with in-laws (e.g., mother-in-laws/daughter-in-laws); and a gradual loss or displacement of the role and function of the elderly. Additionally, examples of mental health illnesses and problems include those associated with physical illness, disability, and HIV/AIDS; adolescent conduct disorder; depression and suicide; anxiety and stress-related disorders; and alcohol and drug abuse.

On a national level in India, mental health disorders are not adequately addressed, and the issues of mental health and the need for mental health services have generally been underemphasized (Patel & Thara, 2003; Thara, 2002). Indeed, the mental health needs and problems faced by all Indian citizens have not been met with any consistent efforts by the Indian government or social welfare system (Kashyap, 2004; Natrajan and Thomas, 2002). Moreover, mental health counseling is relatively new in India and remains in the early stages of development (Carson et. al, 2011; Clay, 2002; Raney & Cinarbas, 2005). In addition, outpatient counseling and therapy are generally foreign concepts and practices except in a few major cities such as Delhi, Mumbai, Chennai, Bangalore, and Hyderabad (Carson, Jain, & Ramirez, 2009). Until recently, and with few exceptions, counseling has been a practice confined to mental hospitals, inpatient hospital programs, residential psychiatric centers, and a small number of non-profit government organizations (NGOs) (Kumar, 2002; Thara, 2002). According to some reports, there are fewer than 40 governmentally operated mental hospitals and only 3500 psychiatrists and 1000 clinical psychologists in India (Archarya, 2001). A more recent report has shown that there are currently 0.02 psychiatrists, 0.05 psychiatric nurses, 0.03 psychologists, and 0.03 social workers available per 100,000 people in India (World Health Organization [WHO] and Ministry of Health, 2006). Furthermore, there is a tremendous need for family-based approaches in the delivery of mental health services in India (Chowdhury & Carson, 2006; Mittal & Hardy, 2005; Prabhu, 2003). It is simply not possible for so few trained professionals, most of whom are located in major cities, to meet the mental health care needs of 1.3 billion Indians, most of whom (roughly 70%) live in rural areas. Hence, the lay training approach to counseling is a viable option and appears to hold much promise.

Non-Governmental Organizations (including religious and non-religious), in cooperation with interested institutions and agencies, can play a unique and pivotal role in creating and supporting model programs in mental health treatment that can be replicated or adapted in differing environments, and in raising public awareness about various types of mental illness. One of the strengths of NGO's is their emphasis on working in partnerships and networking with other agencies, academic institutions, and individuals (Carson, Jain, & Ramirez, 2009). Furthermore, multidisciplinary teams often work in cooperation with families and community volunteers, and typically with less red tape and administrative bureaucracy.

Another advantage is that even though NGO's in India are limited in scope and sometimes sustainability, they can bring innovations in practice and training, and with far less stigma, than formal psychiatric services (Thara & Patel, 2003). As Patel and Thara (2003) note, NGO's are acknowledged by the state and national government as non-profit or welfare oriented institutions or agencies that can play a key role as advocates, service providers, activists, and researchers on a range of issues in human development. Historically in India, volunteerism and lay leadership and involvement on the grassroots community level have been central to these NGO endeavors. Since the key to change is first and foremost education and awareness, NGO's can employ (and already have in many non-counseling related cases) a training-the-trainers approach that targets and recruits interested individuals in local communities and equips them with potentially life-changing information and skills for citizens and, when and where possible, resources and support for those in need of mental health assistance.

As the fields of counseling and family therapy continue to take root in India and other countries in Asia and around the world, there will be ample opportunity for cooperation and collaboration among professors in academic settings, trained mental health practitioners at home and abroad, counseling/therapy trainees, and those working in NGO's that have mental health as one of their main priorities. Given that mental health is the least developed and most neglected area even in the non-governmental and private sectors of health care in India (Thara & Patel, 2003), the learning and training process between NGO's, trained counselors in academic settings, and professional practitioners in counseling, family therapy, and related fields, can be mutually beneficial. According to Thara and Patel (2003), more NGO's today (both secular and religious) are investing in enhancing the knowledge and skills of their staff through providing opportunities for their participation in workshops, conferences, seminars, and short-term formal training in mental health work, including counseling. Moreover, an increasing number of universities, colleges, and institutes in India are sending their students to NGO's for field placements and internships. Especially needed are lay counselor trainers who are willing to go out and work in the rural areas of the population in developing countries, and the "hard places" (places where outsiders rarely go or want to go), even if for brief periods of time.

6. Conclusion

It is likely that lay counselors are both born and made. It takes a great deal of concentration and determination to be an effective counselor, and not everyone has the interest or natural ability to serve in this kind of helping role. On the other hand, there is good evidence that even people without "the gift" can be helpful to those in need if they have a caring heart, and some effective training and supervised experience. To help others lay counselors need to be deliberate with listening and frequently remind themselves that their goal is to truly hear what their counselee is saying and understand what he/she/they are wanting, needing, and experiencing emotionally and relationally. Counselors must set aside all other thoughts and behaviors and focus on the counselee. They must ask open-ended questions, reflect thoughts and draw out feelings, paraphrase key statements made by the counselee to ensure that they fully understand (as much as is humanly possible) what the counselee is communicating and experiencing or is unable to express, and collaboratively find ways to help the counselee to heal. Once a counselee's (individual, couple, family, group) greatest need of feeling heard, accepted, and understood is met, the process of helping begins to take on a fascinating life of its own. Even though the majority of people who are trying to counsel others may want or intend to listen carefully, some quickly begin to diagnose and prescribe (and offer advice or possible solutions) to their client. Others tend to focus on sympathizing with their client rather than showing empathy. Each approach reflects a certain amount of impatience and "need to fix" the counselee, which is the opposite of what is usually helpful. However*, effective counseling can never be rushed.*

Perhaps most important for lay counselors to remember is that it is difficult and rarely appropriate to try to persuade another person what to do what we think they should do (i.e., giving advice). Instead, they must seek to understand what the counselee wants and needs, and help them determine if these wants and needs are healthy and realistic for them and their significant others. Lay counselors must also learn from their counselees and work together with them in the helping process, realizing that clients will always know themselves better than the counselor will. Indeed, as wise King Solomon once wrote in Proverbs, "In the abundance of counselors there is safety". A greater number of well-trained lay counselors in the developing world can make this truth a reality.

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