

Part VII

Final Steps in Implementing Integrated SRH Counseling

The final sessions in this curriculum will help you actually practice or apply integrated SRH counseling by putting all of the components together. You will receive the opportunity to practice a complete counseling session in counseling role plays or in a clinical practicum, using skills and approaches covered in previous sessions and receiving feedback.

It is important for all to recognize that applying new counseling skills acquired in training requires more than training itself: Administrators and supervisors need to be supportive of new practices and approaches, to help you and your co-workers adjust to and sustain any changes that are required. Also, you will need follow-up from trainers and supervisors to help you overcome problems, continue to improve your skills, and maintain your commitment to providing integrated SRH counseling.

Session 29

Counseling Practice—Final

By the end of this session, you should be able to:

- Demonstrate integrated SRH counseling skills in role plays (or in a practicum), assessing the client’s needs and risks, addressing content issues and counseling concerns, and applying the principles and approaches discussed in this training

Essential Ideas—Session 29

- This counseling practice is the culmination of all of the shorter practice sessions conducted throughout the training. As you try to “put it all together,” you may find it hard to remember specific steps or questions. This is normal when learning a new skill; it is even harder when trying to “relearn” an area in which you already have some skills and habits established.
- Remember that, whatever counseling framework you are using, the most important thing is to focus on the client’s needs and how you can help him or her.
- As with any new skill, integrated SRH counseling gets easier with *practice*. After this workshop, you should continue to practice these counseling skills and discuss these subjects with co-workers, with friends, and with family members. You may laugh about how awkward you and others may feel, but *keep talking* about sexuality issues and about how important they are to your work, and one day doing so will no longer be awkward.
- Time is a major concern for most providers who are developing counseling skills, worrying that they will not have enough time to do “good” counseling. This, too, gets easier with practice. For this session, we ask you to think about ways that time could be saved in the role plays, and include your ideas in the feedback. (This will be discussed in more detail in Session 30.)

Observation and Feedback Guide for Counseling Practice

Rapport-building:

How did the provider build rapport with the client?

Introducing the subject of sexuality:

How did the “provider” let the “client” know that sensitive and personal questions might be asked? How did the “provider” try to make the “client” comfortable about this? Did the “provider” seem comfortable?

Session 29

Accurate assessment:

How did the “provider” assess the “client’s” risk for HIV and STIs or for unintended pregnancy? How did the “provider” help the “client” explain any other concerns about his or her sexuality or reproductive health? What could the “provider” have done differently?

Did the “provider” miss any important cues or pieces of information from the “client”?

Information giving:

What specific information did the “provider” offer? What other information should have been given? What level of language was used? How did the “provider” talk about sexuality issues?

Decision making:

How did the “provider” assist the “client” to make his or her own decision?

Implementing the decision:

How did the “provider” help the “client” to develop a plan of action? Did the plan include reducing the risk of HIV and STI infection? If not, why not?

Referral/revisit:

Did the “provider” make referrals to services that could support the “client” in implementing his or her plans (for example, a referral to voluntary counseling and testing services)?

Saving time:

What could the “provider” have done to save time? What information could have been left out or covered by someone else?

Session 30

Meeting Providers' Needs and Overcoming Barriers to Offering Integrated SRH Counseling

By the end of this session, you should be able to:

- Describe three areas of the needs of health care staff and give examples of how these apply to integrated SRH counseling
- Identify barriers to providing integrated SRH counseling in the work setting and strategies for overcoming those barriers
- Name at least two strategies for saving time in counseling and explain how these can be applied in your own work setting

Essential Ideas—Session 30

Needs of Health Care Staff

- The general needs of health care staff have been described in three categories:
 - Facilitative supervision and management
 - Information, training, and development
 - Supplies, equipment, and infrastructure

Barriers

- The most common barriers to providing integrated SRH counseling that are cited by health care staff are:
 - Lack of sufficient time to properly counsel individual clients
 - Lack of space to ensure privacy during counseling and confidentiality during staff discussions
 - Lack of support from co-workers and supervisors for changes (e.g., in space and time) that may be required for counseling to be provided effectively
 - Lack of awareness among other staff about the importance of counseling
 - Embarrassment about raising with clients issues of sexual relationships and behaviors
 - Reluctance to identify the SRH needs of clients that cannot be met on-site or for which a referral site is not known (or for which services do not exist)

Strategies for Saving Time

- *Accurate assessment:* The key to reducing counseling time is to accurately assess the client's needs, knowledge, and concerns and then to prioritize which need to be addressed now and which can be taken care of later or elsewhere.

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Essential Ideas—Session 30 (continued)

- *Tailoring information-giving to the client's needs:* It is critical not to waste time by providing information that the client does not need or already knows. A good rule of thumb is that the client should do most of the talking at the beginning of the session, until you are clear about what the issues are and what decisions the client needs to make.
- *Group education prior to counseling:* As we saw in the session on using simple language, a lot of time can be saved in counseling by having group education talks prior to counseling. Also, if an intake worker or receptionist can gather basic information about the client, then the provider needs only to review this information.
- *Use of other staff:* In some health settings, nonmedical staff can handle basic levels of counseling, with clinical staff addressing diagnosis and treatment. In short, a team approach to counseling can be used to cover different aspects of a client's needs.
- *Referral and revisit:* Another important strategy to make counseling more efficient is referring clients to other services for specialized counseling or SRH services not provided in this setting. Also, a client can be asked to come back for a revisit on issues that are less urgent. The provider then can focus for that day on the highest-priority issues. However, requiring the client to return for additional services may create an unnecessary burden. Since a client may *not* follow up on a referral or show up for a revisit, it is important to be clear about priority needs and concerns and make sure that these are addressed while the client is with the provider.

The Needs of Health Care Staff

Facilitative supervision and management

Health care staff function best in a supportive working environment in which they receive facilitative management and supervision that provides clear performance expectations, motivates staff, enables them to perform their tasks well, and helps them better meet the needs of their clients.

Information, training, and development

For a facility to provide quality health care services, staff must possess and continuously acquire the knowledge, skills, and attitudes needed to provide the best services possible.

Supplies, equipment, and infrastructure

For health workers to provide quality health care services, staff need reliable and sufficient supplies, equipment in working order, and adequate infrastructure.

Note: Adapted from: Huezo & Diaz, 1993.

Session 31

Individual Plans for Applying What Was Learned in This Training

By the end of this session, you should be able to:

- Identify three changes that you want to make in your work immediately to implement what you have learned in this training, and explain why
- Make action plans listing specific activities, barriers that might be encountered, and strategies for overcoming them

Essential Ideas—Session 31

- Some of what was covered in this workshop may not have been new to you; some of it may have been completely new. Some of it may have made you feel good about your work, while some of it may have made you feel that you will never be able to do integrated SRH counseling (or perhaps that you do not even want to). As these ideas settle in, you may try out and reject some strategies and try out and keep others. Some ideas you may share with colleagues or friends or perhaps even sexual partners; others you might not have been able to accept and may bother you for weeks or months to come.
- All of this is okay. You are learning how to help people deal with life-and-death decisions affecting the most important, and yet the most private, part of their lives—their sexuality. This work is not easy. If it were, people would have figured out how to do this effectively a long time ago, and we would not have the rates of maternal mortality, teenage pregnancy, and HIV infection that are found today in the world.
- No kind of lasting change happens overnight, or even in the course of a six-day workshop. In the individual action plans, focus on *a few key ways* of applying what you have learned to your work setting, as soon as you get there. These concrete and probably small changes will give you a chance to practice what you have learned and to see how it works for you. Bigger changes will take more time, but they have to start with someone—and right now, that “someone” is you.
- During the Daily Wrap-Ups, you selected one activity that you could implement as soon as you return to work. This session is meant to remind you of those ideas and to give you a framework for implementing them.

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Essential Ideas—Session 31 (continued)

- Being clear about *why* you are carrying out these action plans will be very helpful if you encounter people who are curious or concerned about the changes they see or whose work is also affected by the changes you are making. Knowing why you want to make a change also gives you an idea of the desired “outcome”—e.g., to make clients more comfortable discussing these issues, to be able to cover more information with clients, to be able to address needs more accurately—and these point you toward concrete indicators for outcome evaluation.
- These action plans will be reexamined during follow-up visits after the training (see Session 32). We encourage you to share your plan with your supervisor when you return to your work site.

Individual Plan for Applying What Was Learned

Specific action to be implemented immediately	Why do you want to make this change?	Challenges that might be encountered	Strategies for overcoming challenges

Session 32

Training Follow-Up

By the end of this session, you should be able to:

- Describe the follow-up plans of the host institution, of your own institutions, and of the trainers

Essential Ideas—Session 32

- One training does not make you an expert at integrated SRH counseling. Presumably, you already had some counseling skills before you started this workshop. Skills development comes with practice, and you will get better at this if you keep trying—*and* if you can receive feedback on how you are doing.
- A common failing of trainings like this is a lack of follow-up. Making changes on your own in your work setting can be difficult, and many people give up after a while, no matter how enthusiastic they were after the training. That is why the trainers and the host institution are committed to providing follow-on trainings and site visits, so you will have the needed technical and emotional support to change the way you work.