

## Part VII

# Final Steps in Implementing Integrated SRH Counseling

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The final sessions in this curriculum help the participants to actually practice or apply integrated SRH counseling by putting all of the components together. The participants are now given 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 trainers and providers 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 participants and their co-workers adjust to and sustain any changes that are required. Also, providers need follow-up from trainers and supervisors to help them overcome problems, continue to improve their skills, and maintain their commitment to providing integrated SRH counseling.



# Session 29

## Counseling Practice—Final

### Objective

- 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

### Materials

- Props for role plays (i.e., visual aids and materials that would normally be found in a health care or counseling setting)
- Client profile flipcharts (from Session 6)

### Advance Preparation

1. Organize transportation and other logistics for a clinical practicum, if possible.
2. Review Session 29 in the Participant’s Handbook (page 131) for specific questions to ask for more in-depth role-play feedback by observers.
3. Review the Detailed Steps for Session 29 and determine which option to use for the role-play assignments in the final counseling practice session.
4. Prepare a flipchart with the eight headings in bold from the “Observation and Feedback Guide for Counseling Practice” on pages 131 and 132 of the Participant’s Handbook.
5. Prepare an additional flipchart with feedback guidelines for the “provider” and the “client” in the role plays (see below).

#### Role-Play Feedback

- \* “Provider”: Which counseling skills are you trying to apply? What do you think you are doing well? What do you think you can improve on?
- \* “Client”: Is the “provider” addressing your needs? Do you feel like you are being heard? Are there questions that you want to ask or things that you need to say that you do not feel you can? Why?

6. Post the client profile flipcharts from Session 6 where all participants can see them.

## Session 29

### Time

Variable,  
depending on  
the needs of  
the participants;  
a minimum  
of 4 hours

### Training Activities

### Time (minimum)

- A. Small-group work . . . . . 30 min.
- B. Role plays/feedback (1st round) . . . . . 30 min. per group;  
20 min. role play, plus 10 min. feedback  
(2 hours, 30 min., total for all five groups)
- C. Role plays/feedback (2nd round) . . . . . 45 min.  
(15 min. preparation,  
plus 30 min. role play and feedback)
- D. Summary/discussion . . . . . 15 min.

## Session 29 Detailed Steps

### Introduction

Counseling practice time can be structured in many ways. Factors will include the number of participants, the participants' skill levels, the amount of time available, whether participants are staying overnight at the workshop venue (which allows for preparation and practice time in the evenings), and whether a clinical practicum site is available. The training team will need to determine which approach to counseling practice best fits the participants' needs and circumstances.

A counseling practicum (i.e., in a clinic setting with actual clients) is the best practice opportunity for participants and should be arranged, if at all possible. The counseling practicum would be held at a nearby service setting. When working with actual clients, a member of the training team or an experienced provider from the service site (who is familiar with the principles of the training) *must* monitor each of the participants while he or she is counseling. Clients must be asked for their permission to be counseled by a trainee and to have observers present. Allow plenty of time for discussion afterward, back at the workshop venue.

If a practicum is not possible, the counseling practice can be conducted through role plays. Depending on the option chosen for counseling practice during the training (i.e., same or different groups of participants, with same or different client profiles), you will decide how to assign groups and client profiles for these two final counseling practice sessions.

Once the assignment of groups and profiles has been determined, the sequence of activities is basically the same:

1. Allow preparation time for the participants, in their role play groups
2. Conduct the first round of role plays with all other participants observing, and give feedback (see first bullet, below)
3. Conduct another round of role plays (see second bullet, below), with time for preparation before and feedback after
4. Summary discussion

The development of client profiles was intended to ensure that the participants become familiar with a *range* of SRH problems and concerns during this training. This training was also designed to allow for numerous opportunities for the participants to practice specific counseling skills throughout the workshop. (By this time in the training, all of the participants should have had a chance to do a practice role play at least once.) Therefore, consider the following points when planning how to use your time for the final counseling practice sessions:

- For all participants to learn about the *range* of issues and needs to address in integrated SRH counseling, in the first round of role plays each client profile “team” should do a demonstration role play while the rest of the participants observe. The discussion can then focus on issues and content of counseling for particular clients and for particular needs, as well as counseling skills.

## Session 29

- To permit more participants to get practice with *counseling skills*, the second round of role plays should be conducted concurrently (i.e., with all groups practicing at the same time). The number of concurrent groups would be determined by the number of training team members, since you must have a member of the training team to observe each role play and facilitate feedback. Depending on how much time is available, these concurrent rounds can be repeated several times, giving many more participants a chance to practice counseling skills.

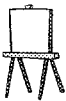
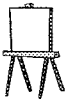
### Activity A: Small-group work (30 minutes)

1. Explain the structure and timing of the counseling practice. For role plays, explain that each group will have 20 minutes to conduct their role play of the entire counseling session, with 10 minutes for feedback.
2. Post and briefly review the feedback guidelines flipchart (or refer the participants to pages 131 and 132 in their handbook).
3. Divide the participants into five groups and assign client profiles.
4. Instruct the participants to use the remaining time to prepare for their role plays, in their role-play groups.



### Activity B: Role plays/feedback (2 hours, 30 minutes)

1. Ask for a group to volunteer to begin the role plays. Before the role play begins, briefly review the client profile for that role play (from Session 6).
2. Have the group conduct the role play. (20 minutes)
3. Facilitate feedback, referring first to the “provider” and “client” role-play feedback flipchart. Then refer to the “Observation and Feedback Guide” for comments from other participants. (10 minutes)
4. Repeat Steps 1, 2, and 3 for the remaining four groups. (2 hours)



### Activity C: Role plays/feedback (45 minutes for each “round”)

1. Assign new client profiles. (Putting participants into new groups is optional.) Spread the groups around the room, or send some into break-out rooms, since they will all be conducting their role plays at the same time.
2. Ask the participants to briefly prepare for a role play with the new client profile. (15 minutes)
3. Ask each group to begin their role play. A member of the training team must be with each group and should stop the role play after 20 minutes.
4. Have the training team member with each group facilitate feedback, using the “provider”/ “client” sheet first and then the “Observation and Feedback Guide.” (10 minutes)
5. Conduct as many more rounds of concurrent role plays as time permits. (45 minutes for each round)

### Activity D. Summary discussion (15 minutes)

Ask participants (and trainers) to summarize the most important things that they learned from these counseling practice sessions.

# Session 30

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

### Objectives

- To describe three areas of the needs of health care staff and give examples of how these apply to integrated SRH counseling
- To identify barriers to providing integrated SRH counseling in the work setting and strategies for overcoming those barriers
- To name at least two strategies for saving time in counseling and to explain how these can be applied in the participants' own work setting

### Materials

- Flipchart paper, markers, and tape

### Advance Preparation

1. Review Session 30 in the Participant's Handbook (page 133).
2. Prepare a flipchart entitled "The Needs of Health Care Staff," listing the three categories (Activity A).
3. Prepare at least two two-column flipcharts for listing barriers to integrated SRH counseling and strategies for overcoming barriers (see Activity B and the Trainers' Tool, pages 166 to 167). Make the "strategies" column wider than the "barriers" column.
4. Review the Trainers' Tool (page 168) for ideas for facilitating the discussion on strategies to overcome barriers to integrated SRH counseling (Activity C).

### Time

45 minutes	Training Activities	Time
	A. Presentation . . . . .	5 min.
	B. Brainstorm . . . . .	5 min.
	C. Discussion . . . . .	25 min.
	D. Presentation . . . . .	10 min.

## Session 30 Detailed Steps

### Activity A: Presentation (5 minutes)

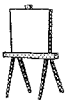
1. Explain that, having faced a bit of the reality of integrated SRH counseling through the counseling practice, the participants should consider what providers need if they are to be able to offer effective counseling and how they can overcome barriers that might exist or problems that could occur.
2. Post the prepared flipchart on the needs of health care staff, briefly describing the three categories and why they are important (see Participant’s Handbook, page 134). Note to the participants that you will return to these categories a bit later in the session.



<b>The Needs of Health Care Staff</b>
<ul style="list-style-type: none"> <li>• Facilitative supervision and management</li> <li>• Information, training, and development</li> <li>• Supplies, equipment, and infrastructure</li> </ul>

### Activity B: Brainstorm (5 minutes)

1. Post the two-column prepared flipcharts on barriers (see below).



<b>Barriers to Integrated SRH Counseling</b>	<b>Strategies for Overcoming Barriers</b>

2. Ask the participants to think about what might make it difficult for them to provide integrated SRH counseling when they get back to their work sites.
3. List the participants’ responses in the barriers column.

### Activity C: Discussion (25 minutes)

1. Starting with the first barrier on the list, ask the participants which needs category this falls into.
2. In the right-hand column, write “F” for “facilitative...,” “I” for “information...,” or “S” for “supplies...,” depending on the participants’ discussion.
3. Then ask what could be done to solve this problem or overcome this barrier. Note that the type of need this barrier reflects could give them a clue about how to overcome that barrier. After a brief discussion, summarize the participants’ ideas in the right-hand column (see Trainers’ Tool, pages 166 to 167, for examples).
4. Continue the same procedure for the rest of the barriers.

*Note:* Administrators and supervisors must address the need to motivate and reward providers for making the changes that may be necessary to providing integrated SRH counseling. The Trainers' Tool on page 168 lists 10 ideas for motivating staff; these may be duplicated and distributed to the administrators and supervisors who participate in this training.

#### **Activity D: Presentation (10 minutes)**

1. Note that “not having enough time” is a constant theme in counseling associated with any kind of health care. This is so for a number of reasons, over which many providers have very little control. This discussion will focus on the things that we *can* do to make the best use of time in integrated SRH counseling.
2. Give a brief presentation on the strategies for saving time noted in the Essential Ideas on page 133 of the Participant's Handbook. Some of these may already have been covered during the brainstorm and discussion, so just review them briefly.

#### **➤➤ Training Tip**

One strategy that is out of the providers' control, but that could be addressed through this training, is to promote greater support for integrated SRH counseling from program managers and supervisors. For example, if managers and supervisors understand the importance of the extra time needed to do an adequate risk assessment, they might adjust some of the working conditions that limit time for counseling. (Presumably, some managers and supervisors attended this training.) Alternatively, a shorter version of this workshop has been developed for program managers and supervisors, both to foster better supervision for trainees once they return to their work sites and to encourage greater support for implementing changes that may be necessary for the provision of quality counseling.

### Trainers' Tool

Here are some examples of barriers that providers may identify and *possible* strategies to address those barriers. (*Note:* These should not be presented as “the answers,” nor should you try to cover *all* of these barriers and strategies.) Strategies need to be developed that address the specific barriers in different service sites or programs.

- F** = Facilitative supervision and management
- I** = Information, training, and development
- S** = Supplies, equipment, and infrastructure

#### Barriers to Integrated SRH Counseling

#### Strategies for Overcoming Barriers

Lack of time for counseling

**F:**

- Clinic flow is reorganized to use time more efficiently and free up staff for counseling.
- Staff who are assigned to counseling are not required to do other tasks.
- Frontline staff are involved in intake and in group education, to cover basic informational tasks of counseling.

(The strategies depend on the nature of the problem, but many of them are influenced by administrators and supervisors.)

Lack of space to ensure privacy

**F/S:**

- Large rooms (e.g., waiting areas) can be partitioned off or curtained to provide visual privacy.
- One area of a large room can be set aside, with chairs arranged far enough away to provide listening privacy.
- Multiple usage of semiprivate spaces (e.g., examining rooms or administrative offices) that are not always in use.

Lack of support from co-workers and supervisors for changes necessary (e.g., space and time)

**F/I:**

- Supervisors need to explain to the entire staff about the importance of counseling and the changes that may be necessary.
- Supervisors will likely need to be oriented to the importance and needs of counseling.
- Other staff can also be oriented about the importance of counseling and their own roles.

Lack of awareness among other staff

**F/I:**

- Supervisors need to communicate to all staff about the importance of counseling.
- Orientation programs should be conducted for the entire staff.

(continued)

**Trainers' Tool** *(continued)***Barriers to Integrated  
SRH Counseling****Strategies for Overcoming Barriers**

Embarrassment about raising  
issues of sexuality

**F/I:**

- Supervisors reinforce the importance of raising issues of sexuality, acknowledge that it can be embarrassing for providers, and help with problem solving (e.g., through role-playing).
- Follow-up to training should address this issue (whether providers mention it or not) and provide reinforcement for overcoming the embarrassment.
- “Peer support groups” of providers who have gone through the training can help each other by acknowledging that embarrassment is normal and by providing tips for getting over it.

Reluctance to identify needs  
that cannot be met on-site

**F/I:**

- Information should be provided about where services are provided off-site.
- Supervisors need to motivate providers to utilize referral systems.

Pressure from administrators  
to meet service-delivery targets

**F/I:**

- Supervisors and administrators need to be oriented to the benefits of meeting clients' needs (as opposed to meeting “targets”).
- Administrators and supervisors need to be clear about the purpose of service-delivery “targets” for planning purposes and not impose them as “quotas” for individual providers.

## Trainers' Tool

### Top 10 Ways for Administrators and Supervisors to Motivate Staff

1. Personally *thank* employees for doing a good job—one-on-one, in writing, or both—in a timely way, often, and sincerely.
2. Take time to *meet with* and *listen* to your staff.
3. Provide *specific* and *frequent* feedback to staff about their performance, being sure that performance expectations and standards have been clearly explained. Support them in their efforts to improve performance.
4. *Recognize, reward, and promote* high performers, based on clearly stated performance expectations; handle low or marginal performers so that they improve or leave.
5. Keep staff *informed* about how the organization is doing, about upcoming services or products, about strategies for being competitive, about the organization's financial position, and about any new policies, among other things.
6. *Involve* staff in decision making, especially in decisions that affect them, as involvement leads to commitment and ownership.
7. Give staff an opportunity to learn new skills and to develop, and encourage them to do their best.
8. Show all staff how you can help them meet their *work* goals while achieving the *organization's* goals. Create a partnership with each employee.
9. Create a working environment that is *open, trusting, and fun*. Encourage new ideas, suggestions, and initiative. Learn from, rather than punish for, mistakes.
10. Celebrate successes—of the organization, of the department, or of individual staff members. Take time for team-building and morale-building meetings and activities. In short, be creative.

# Session 31

## Individual Plans for Applying What Was Learned in This Training

### Objectives

- To identify three changes that the participants want to make in their work immediately to implement what they have learned in this training, and explain why
- To make action plans with specific activities, barriers that might be encountered, and strategies for overcoming them

### Materials

- Flipchart paper, markers, and tape
- Copies of the “Action Plan Framework” (from the Participant’s Handbook)—one for each participant
- Flipchart of “Barriers and Strategies” from Session 30
- Daily wrap-up flipcharts

### Advance Preparation

1. Review Session 31 in the Participant’s Handbook (page 135).
2. Make enough copies of the “Action Plan Framework” (on page 137 of the Participant’s Handbook) to have one for each participant.
3. Post all of the Daily Wrap-Up flipcharts where the participants can see them.
4. If you have access to a copying machine during the training, make a copy of each participant’s completed action plan before the end of the workshop. Return the original to the participant, and keep the copy for use during the follow-up visits (see Session 32). If this is not possible, keep the original action plans, make copies later, and return the originals to the participants as soon as possible.

### Time

1 hour	Training Activities	Time
	A. Introduction . . . . .	5 min.
	B. Individual exercise. . . . .	30 min.
	C. Plenary . . . . .	20 min.
	D. Summary. . . . .	5 min.

## Session 31 Detailed Steps

### Activity A: Introduction (5 minutes)

Review the training goal and objectives (Session 1) and the purpose of integrated SRH counseling (Session 2).

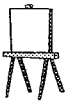
### Activity B: Individual exercise (30 minutes)

1. Distribute the “action plan framework” handout, and describe it as a place to record:
  - Specific action to be implemented immediately
  - Why you want to make this change
  - Barriers that might be encountered
  - Strategies for overcoming barriers
2. Review the flipcharts from the daily wrap-up sessions, with the participants’ ideas about how they can apply what they have learned in their work sites.
3. Ask the participants to identify (to themselves) three concrete actions they would like to implement when they get back to their work site, based on what they have learned in this training. Then, have each participant fill in all four columns of the action plan framework. Explain why it is important for them to say why they want to implement each action (see Essential Ideas on page 136 of the Participant’s Handbook). Note that the “barriers/strategies” flipcharts from the previous session should give them some concrete ideas for this. (20 to 25 minutes)



### Activity C: Plenary (20 minutes)

1. Ask each participant to briefly share his or her three concrete actions, why he or she wants to make those changes, the barriers he or she may encounter, and strategies for overcoming these barriers.
2. Tick off the barriers and strategies noted by the participants on the flipchart from the previous session.



### Activity D: Summary (5 minutes)

1. Collect the participants’ action plans. Have them copied, ideally before the participants leave. If this is not possible, explain to the participants that the action plans will be returned to them as soon as feasible.
2. Ask the participants what similarities and differences they noted in each other’s action plans.
3. Point out any patterns that emerged from the “barriers/strategies” that the participants identified.
4. Note that the next and final session will discuss follow-up strategies, which include ways of checking to see how they are doing in carrying out their action plans.

# Session 32

## Training Follow-Up

### Objective

- To describe the follow-up plans of the host institution, of the participants' own institutions, and of the trainers

### Materials

None needed

### Advance Preparation

1. Review Session 32 in the Participant's Handbook (page 139).
2. If plans for follow-up and evaluation activities were not made prior to the start of the workshop (see "Before the Training Course" in the Introduction for the Trainers, page xix), discuss follow-up and evaluation with the host institutions for this training prior to this session and determine what follow-up will be conducted, by whom, and when.
3. Arrange for a representative of the host institution to address the group about follow-up and evaluation plans.

### Time

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30 minutes	Training Activities	Time
	A. Presentation . . . . .	15 min.
	B. Presentation/discussion . . . . .	15 min.

## Session 32 Detailed Steps

### **Activity A: Presentation (15 minutes)**

Describe the training follow-up plan. This may include follow-on or in-service workshops to focus on specific content areas for SRH counseling, as well as technical assistance site visits—to see how the participants are doing in implementing their action plans, to provide guidance for further development of skills, and to assist with problem solving.

### **Activity B: Presentation/discussion (15 minutes)**

1. Have the host institution representative go into as much detail about follow-up and evaluation plans as he or she is able.
2. Ask if the participants have any questions.

#### **➔ Training Tip**

Research has clearly shown that one-time trainings with little or no follow-up have a very limited impact. The commitment to follow-up by the host institution, the trainers, or both must be negotiated before this training is scheduled. This may include regular site visits to the participants' workplaces, to follow up on their progress in implementing the action plans and to provide technical assistance for the further development of their skills and problem-solving abilities (see "After the Training Course" in the Introduction for the Trainers, page xxv).

The trainer can start this session with Activity A, but a representative of the local host institution should go into detail in Activity B. The participants will need to start looking to this institution as the coordinator for follow-up activities and assistance.

# Session 33

## Workshop Evaluation and Closing

### Trainers' Objectives

- To administer the self-assessment posttest
- To evaluate the participants' impressions of the training and to get suggestions for improving future workshops
- To formally thank all involved in this workshop, to wish everyone well, and to close the proceedings

### Materials

- Copies of the self-assessment posttest (one per participant)
- Corrected copies of the participants' self-assessment pretests
- Copies of the evaluation form (one per participant)
- Certificates of participation (one per participant)

### Advance Preparation

1. Identify and invite guests for the closing ceremony.
2. Make enough copies of the self-assessment posttest to have one for each participant.
3. Make enough copies of the evaluation form to have one for each participant.
4. Prepare a certificate of participation (as appropriate for each setting) for each participant.
5. Identify one of the participants to give closing remarks on behalf of the participants. (Preferably, this would be done earlier in the day.)
6. Summarize the workshop for any guests attending the closing ceremony (this can be done by a participant as well), and prepare the guests to give brief comments. If possible, invite them to attend the entire afternoon session, when participants will be discussing action plans and sharing with others what they learned.

### Time

1 hour, 30 minutes	<b>Training Activities</b>	<b>Time</b>
	A. Posttest . . . . .	45 min.
	B. Evaluation . . . . .	15 min.
	C. Closing ceremony . . . . .	30 min.

## Session 33 Detailed Steps

### **Activity A: Posttest (45 minutes)**

1. Administer the self-assessment posttest. (30 minutes)
2. When everyone is finished, review the answers to the self-assessment posttest, while the participants correct their own papers. (10 minutes)
3. Hand back the pretests, so the participants can compare their scores before and after the workshop. (5 minutes)
4. Collect all self-assessment posttests, so the scores can be recorded for pretest-posttest analysis. Remind the participants of your commitment to keep scores confidential. (Participants can keep the pretests.)

### **Activity B: Evaluation (15 minutes)**

1. Distribute the evaluation forms.
2. Allow 15 minutes for the participants to complete them.
3. Collect all copies of the evaluation.

### **Activity C: Closing ceremony (30 minutes)**

Conduct a closing ceremony appropriate to the setting. Thank the participants and celebrate the completion of the training.